



7th ICFDHP

26–27 August

SEC, Glasgow, UK

**Shape of Faculty Development for
Tomorrow – Implications for Theory,
Practice & Scholarship**

Abstract Book



Opening Session

The SHAPE of Faculty Development

Date of presentation: Saturday 26th August

Time of session: 09:00 – 09:15

Location of presentation: M1

Karen Leslie & Lisette van Bruggen, co-chairs of ICFDHP

Plenary Session 1

Date of presentation: Saturday 26th August

Time of session: 09:15 – 10:15

Location of presentation: M1

Co-creation with learners: an unexploited value for faculty development

Karen Könings¹, Raghdah Al-Bualy¹, Stephanie Meeuwissen¹, Shireen Suliman¹

¹Members of the international SIG 'Co-creation and Educational Change' at the School of Health Professions Education, Maastricht University, The Netherlands

Background

The importance of involving learners as co-creators in educational design is ever more recognized. Arguments for learner involvement in the design process focus on benefits for diverse stakeholders, i.e., learners and faculty, and the development of a quality culture. Implementing co-creation, however, challenges traditional educational practice. In this plenary, we will explore and discuss co-creation with learners and its value in health professions education. What is co-creation about, why would we involve learners in the design process of education, what are inherent challenges and how can we involve learners more meaningfully? In this interactive plenary we will expand more on the added value of co-creation in fostering professional development of teachers and educators in the health professions.



We will elaborate on what we consider as co-creation in educational design and which levels of participation can be applied. Possible challenges for implementation of co-creation will be discussed, focusing on aspects as power and hierarchy. Approaches to facilitate effective co-creation processes refer to ways to involve learners, support teachers, improve their collaboration, enhance relationships, and ensure institutional support. Based on our own projects in different international settings, we will share examples of various co-creation processes. Also, we will share how both the set-up and the timing of a co-creation project impacts the quality of the co-creation activities. Also, we will illustrate how conducting co-creation in an online format offers additional opportunities.

The role of faculty in co-creation is diverse and has a lot of potential. It ranges from a co-creation facilitator to a co-learner and using the feedback during co-creation as a tool for professional growth. We will address the prerequisites for making co-creation a success, the challenges that learners and faculty may anticipate or perceive, and approaches that can be helpful for faculty. Different opportunities on how such co-creation dialogue could be used for faculty development will be explored.

During this interactive plenary, there will be a mix of presentations, small-group discussions, and plenary conversations. There is room for discussion on experiences of co-creation in educational design, how it could be stimulated further, and how it can be used for faculty development. Throughout the plenary, we will share effective practices from projects of different members of our international Special Interest Group, who have studied and implemented co-creation in their own context. These examples can inspire the audience and stimulate further discussion, before closing the plenary with an overview of tips and tricks for co-creation.



Point of View 1 (0088)

Date of presentation: Saturday 26th August

Time of session: 10:30 – 12:00

Location of presentation: M1

From the Silver Screen to Classroom.

Clarice Olivo¹, Milton Martins¹, Ipojuacan Fraiz², Karynne Bossolani¹, Renata Tempski Fiedler¹, Gustavo Gameiro¹, Marina Siqueira¹, Matheus Torsani¹, Patrícia Tempski¹

¹ School of Medicine of the University of Sao Paulo, Sao Paulo, Brazil ² Faculdade Evangelica Mackenzie do Parana, Curitiba, Brazil

Despite being a form of entertainment, cinema is also an educational strategy. Although it is well-known and used, this strategy is still poorly theorized. The cinema's language can be translated, analyzed and understood to be used in the health professions education.

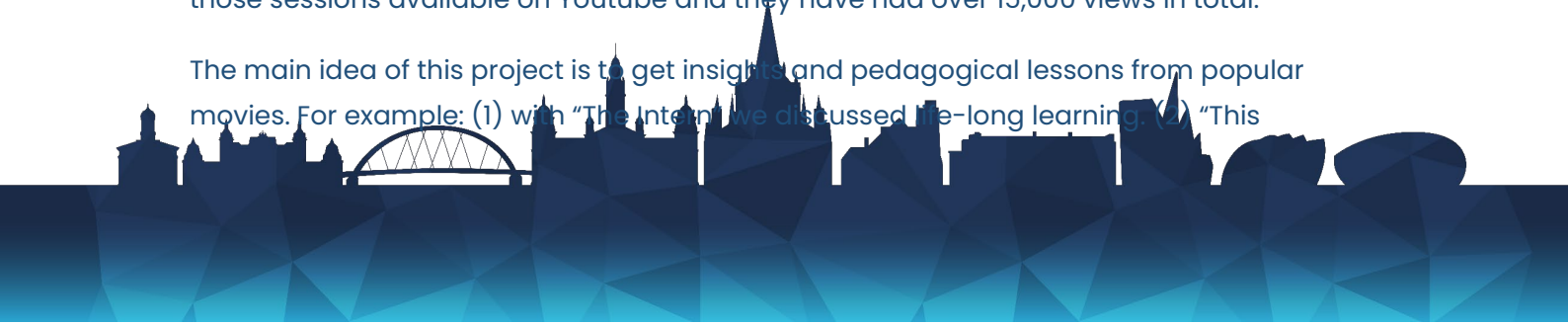
Cinema & Education is a project for Faculty Development of the School of Medicine of the University of Sao Paulo. It is an online synchronous activity, free of charge, open to educators and students in the health field and other people interested.

The coordinators select the movie that will be discussed and announce them by email and social media. The participants can watch the movie when it is most convenient. An on-line session is scheduled, lasting up to 90 minutes, where points of view and reflections based on relevant issues for pedagogical practice are discussed and highlighted by the moderators or by the participants themselves.

The aim of this project is to contribute to professors' pedagogical development, encouraging them to be disruptive and analyze beyond what they see and apply it to their own contexts.

The project began in 2021 and until now 13 sessions of movie discussions were made. The average number of participants in each session was 50 people. We recorded and made those sessions available on Youtube and they have had over 15,000 views in total.

The main idea of this project is to get insights and pedagogical lessons from popular movies. For example: (1) with "The Intern" we discussed life-long learning. (2) "This



Beautiful Fantastic” and “Cinema Paradiso” we reflected about role models and mentorship. (3) “Mauvaises herbes” and “Captain Fantastic” taught us about curriculum plan (4) “Freedom Writers” showed the use of portfolios (5) “Hippocrates” offered a professionalism discussion and (6) “Le Tête en Frinche” helped us to understand how adults learn and their motivation.

We concluded that the educator’s literacy in cinema can contribute not only to learn a new educational process but also to develop a deep understanding about contemporaneous challenges.

There is no conflict of interest.



Workshop 1 (0055)

Date of presentation: Saturday 26th August

Time of session: 10:30 – 12:00

Location of presentation: M2

Do I mentor like I am, like I want, or like I should?

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¹ Department of Educational Development & Research, School of Health Professions Education, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands ² Faculty of Psychology and Educational Sciences, campus Kulak, University of Leuven, Kortrijk, Belgium ³ Department of Health, Human Function, and Rehabilitation Sciences, The George Washington University School of Medicine and Health Sciences, Washington, DC , USA

Background

Mentors in health professions education benefit from critical reflection on their mentoring approach and on the extent to which they can enact this approach within the framework of their educational program. Critical reflection does not only provide direction to the development of mentors, but is also important because mentors are often a role model for their mentees, which includes good reflection skills. While critically reflecting on the enactment of their role, mentors should not only focus on how they do things in practice, but also on the implicit beliefs that drive their mentoring practice. To make these implicit beliefs explicit, we have developed a mentor reflection instrument called MERIT^{1,2}. The MERIT helps mentors gaining insight into the possible discrepancies between their actual and their preferred way of mentoring. The origin of these discrepancies, as well as ways to reduce them, can be discussed with peers. Such reflective interactions can be a great starting point for faculty development initiatives.



Who Should Participate

Teachers in the domain of health professions education with a longitudinal relationship with individual students that is aimed at students' professional development. Examples are mentors, tutors, coaches, workplace supervisors, trainers, faculty developers, and coordinators of mentoring programs.

Structure Of Workshop

In this session, we will start with the discussion of a student case. This case will stimulate participants to consider how they would deal with the issues that this student brings forward. After considering the case, participants will individually complete the MERIT survey. Possible discrepancies between actual and preferred ways of mentoring will be interpreted, compared, and discussed among groups of participants. Based on these group interactions, participants formulate learning goals and think about how these learning goals could be reached through specific faculty development initiatives.

Intended Outcomes

The goals of this workshop are:

- Exploring the professional identity of mentors and how they bring this professional identity into practice.
- Stimulating mentors to reflect on the “what, how, and why” of their mentoring practice and what implicit beliefs underlie their approach.



Workshop 2 (0189)

Date of presentation: Saturday 26th August

Time of session: 10:30 – 12:00

Location of presentation: M4

Development of Pre-Faculty Competencies for Diverse Trainees in Academic Medicine

Rosa Lee¹, Joel Dickerman², Raymond Lucas³, Ashley Rodgers⁴, John Paul Sánchez⁵

¹ Columbia University Vagelos College of Physicians and Surgeons, New York, NY, USA ² CU Health, Colorado Springs, CO, USA ³ George Washington University School of Medicine and Health Sciences, Washington, D.C., USA ⁴ Children's Hospital at Montefiore, New York, USA ⁵ University of New Mexico School of Medicine, Albuquerque, USA

Background

Recruiting and maintaining diverse faculty in academic medicine is critically important to facilitate learner success and effectively address health care needs among diverse populations. Building the Next Generation of Academic Physicians Inc., (BNGAP) is a 501(c)(3) in USA that was founded in 2008 to raise diverse trainees' awareness of, interest in, and preparedness for academic medicine careers. BNGAP has created a novel conceptual framework of "pre-faculty development" to provide medical student and resident trainees with foundational self-efficacy, knowledge, skills, and experiences to be successfully appointed and eventually promoted and tenured within an academic institution. Modeled on the framework of competency-based medical education (CBME), BNGAP has developed competencies to support the creation of curriculum for pre-faculty development. These competencies includes seven foundational domains and four focused domains with corresponding milestones across the undergraduate (UME) and graduate (GME) medical education training continuum.

Who Should Participate

Those engaged and interested in:

- Undergraduate medical education and career advising
- Graduate medical education
- Continuing medical education/ continuing professional development



- Diversity, equity, inclusion

Structure Of Workshop

5 minutes: Introductions and Disclosures

25 minutes: Panel presentation: background; history of BNGAP and definition of pre-faculty development; summary of process for creation of pre-faculty competencies; presentation of foundation and focus competencies and milestones; trainee perspective on pre-faculty competencies

30 minutes: Small Group Discussion: Participants will discuss specific competencies and milestones for one of the foundational pre-faculty competency domains. They will identify potential ways to teach and assess these competencies across different levels of training (UME, GME) as well as discuss potential considerations of these competencies for marginalized groups of trainees in academic medicine.

20 minutes: large group debriefing and questions from audience

10 minutes: Concluding remarks; summary of next steps for utilization of pre-faculty competencies

Intended Outcomes

By the end of the workshop, participants will be able to:

1. Identify pre-faculty competencies as abilities required for diverse trainees to succeed in entering careers in academic medicine
2. Discuss potential ways that pre-faculty competencies may be used to develop curriculum that supports the professional development of diverse trainees in academic medicine careers
2. Identify potential implications and special considerations of pre-faculty competencies for minoritized trainee populations



Short Communications – Curriculum and Assessment

SC CA 1 (0197)

Date of presentation: Saturday 26th August

Time of session: 10:30 – 10:45

Location of presentation: Carron 1

Mapping the terrain of faculty development for simulation: Results of a scoping review

Aimee Gardner¹, David Rodgers², Yvonne Steinert³, Rachel Davis¹, Claire Condrón⁴, Dawn Peterson⁵, Anita Rohra¹, Sandra Viggers⁶, Walter Eppich⁴, Gabriel Reedy⁷

¹ Baylor College of Medicine, Houston, USA ² Indiana University School of Medicine – Bloomington, Bloomington, USA ³ McGill University, Montreal, Canada ⁴ Royal College of Surgeons in Ireland, Dublin, Ireland ⁵ university of alabama birmingham, Birmingham, USA ⁶ Copenhagen Academy of Medical Education and Simulation, Copenhagen, Denmark ⁷ King's College London, London, UK

Background

As simulation education modality continues to expand, there is a need to better understand what interventions and approaches improve the knowledge, skills, abilities, and other attributes for those who are responsible for the design, delivery, and evaluation of simulation-based educational sessions. Our review maps the current state of faculty development for healthcare simulation educators.

Summary Of Work

Medline (Ovid); EMBASE (Ovid); CINAHL (EBSCO); ERIC (EBSCO); PsycInfo (Ovid); and Web of Science were searched without time limits for empirical research and other relevant published works that address faculty development for simulation educators in health professions education. An expert panel performed an in-depth review of these results, mapped the key features, and developed recommendations for future research and practice.



Summary Of Results

The initial scoping review identified 4733 potentially relevant articles. After screening, a final pool of 35 articles were included for data extraction and analysis. Eighteen studies originated in the United States of America, four from Canada, two from Australia, two multi-national (United Kingdom & Kuwait; Germany, Italy, & the Netherlands), and one each from India, Italy, Latvia, Norway, Qatar, South Korea, Sweden, Uganda, and the United Kingdom. The most common (N=11) study type was intervention only, pre-post design with a single group of participants. The majority (N=17; 53%) were single-event workshops, which ranged from 1.5 to 8 hours each. Almost half (N=15; 43%) took place at individual academic institutions. Assessment approaches varied widely, and few went beyond Kirkpatrick Level 1. Less than a third (11/35) of studies reported reliance on any theoretical or conceptual foundation for design, delivery, or assessment.

Discussion And Conclusion

Recommendations for practice include greater theoretical grounding, expanding diversity of content beyond debriefing, utilizing a wider array of delivery modalities, and continuing strengths of multi-specialty programs and partnering with national organizations. Recommendations for future research include articulating definitions to support shared understanding and replicability, applying and testing theoretical and conceptual models already published in the literature, and incorporating more robust and rigorous modalities for assessment and evaluation.



Take Home Messages

Greater continuity and cohesiveness in research and practice for faculty development in simulation is needed.



SC CA 3 (0115)

Date of presentation: Saturday 26th August

Time of session: 10:45 – 11:00

Location of presentation: Carron 1

Feasibility study to introduce computed tomography (CT) alongside medical undergraduate anatomy teaching

Joshua Lauder¹, Liam Young¹, Kristopher Phillips¹, Ayad Al-Moslih¹, Aleksandr Valkov², Umang Grover², Colin Michie ¹, Peter Driscoll¹

¹ University of Central Lancashire, Preston, UK ² Salford Royal Foundation Hospital NHS Trust, Salford, UK

Background

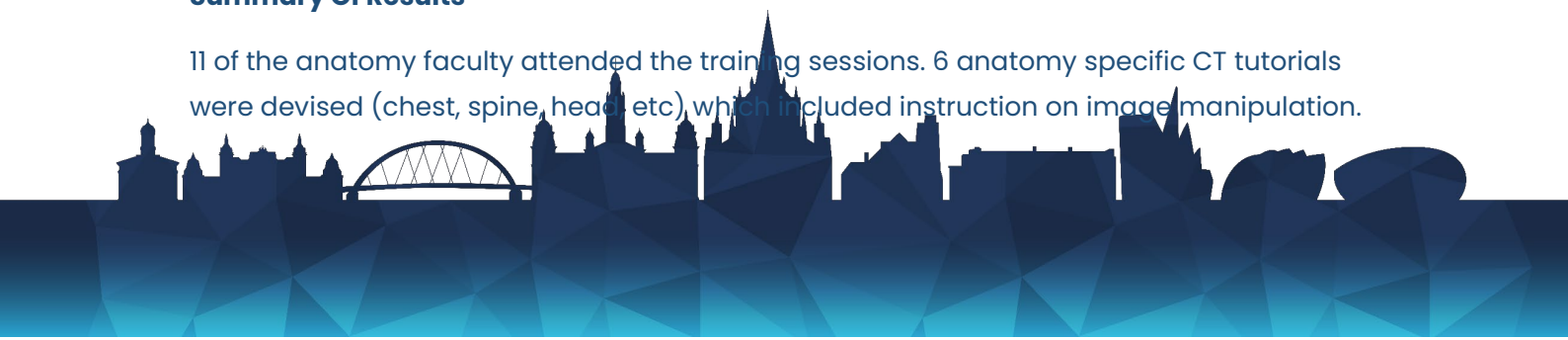
According to the UK and European undergraduate radiology curriculum guidelines; medical students are expected to be familiar with technical aspects of CT and how to recognize common pathologies. However undergraduate teaching of CT is faced with limited access to radiologists and challenges due to the technical expertise required and availability of viewing software.

Summary Of Work

An initiative of strategic radiology training was started in the summer of 2021–2022. The aim was to improve the anatomy faculty's confidence in CT scan navigation and facilitate incorporation of CT anatomy into the full range of teaching modalities. The method was to use a consultant radiologist to train the faculty in CT interpretation as well as familiarity with software (PostDICOM) which allows authentic navigation through a CT scan (i.e., switching anatomical planes, CT window levels and measuring Hounsfield units). There was a focus on 'key anatomical images' which correlate with traditional anatomical planes.

Summary Of Results

11 of the anatomy faculty attended the training sessions. 6 anatomy specific CT tutorials were devised (chest, spine, head, etc), which included instruction on image manipulation.



The faculty then devised Intended Learning Outcomes (ILO) and incorporated CT into online anatomy material, lectures and practical sessions for 1st and 2nd year medical students. Feedback from faculty and students has been positive and the ILO achieved.

Discussion And Conclusion

If CT competency is to be developed in medical school, the anatomy classroom is a natural place for it to exist. This can be achieved by a strategic use of a radiologist to train the trainers. In our experience CT competency comes naturally to anatomists, as it mirrors the traditional anatomical planes and has similarities to x-ray. An integral part of this approach is to have software available which allows navigation (i.e. “scrolling”) through a CT scan rather than using static images. This also facilitates gaining a 3D perspective by encouraging the application anatomical knowledge.

Take Home Messages

CT training in medical school can be effectively introduced as part of anatomy teaching. However, it is vital that the faculty are given CT instruction and have access to software which allows navigation through the scans in a realistic way.



SC CA 3 (0192)

Date of presentation: Saturday 26th August

Time of session: 11:00 – 11:15

Location of presentation: Carron 1

Utilizing Jigsaw Teaching Method to Enhance Student Engagement: Action Research

Abigail Snook¹, Steinunn Olafsdottir¹

¹ *University of Iceland, Reykjavik, Iceland*

Background

Faculty developers need to find ways to help faculty that are challenged when trying to come up with assignments that engage students in learning. The Jigsaw Method was developed in 1971 by Elliot Aronson to reduce racial conflict in the classroom (<https://www.jigsaw.org/>). It is designed to enhance student engagement by encouraging students to become “experts” in their own topic and then putting various “experts” together to learn from each other and apply what they have learned. The purpose of this study was to evaluate how changing to the Jigsaw Method impacted student’s evaluation of an Advanced Communications course.

Summary Of Work

Students’ perceptions of their learning in 2021 when traditional student presentations in groups of 4 were utilized were compared to students’ perceptions in 2022 when the Jigsaw Method was used. Similar topics (e.g., patient-centered care, motivational interviewing, health literacy, diversity competence, shared decision making) were covered. The number of students who agreed or strongly agreed with the statements was reported and compared from 2021 to 2022.

Summary Of Results

Students’ perceptions of the importance of the topics improved from 17/27 to 25/26 students. Students’ confidence in communication skills improved from 18/27 to 22/27 students. Students’ confidence in their interpersonal skills improved from 16/27 to 21/27



students. Twenty of twenty-seven students in 2022 reported enjoying the Jigsaw and 9/21 students specifically mentioned the Jigsaw as something they liked about the course in an open-ended question.

Discussion And Conclusion

Changing to the Jigsaw Method appeared to significantly increase students' perceptions of the importance of the topics discussed and improved their confidence in both communication and interpersonal skills. Overall, it was felt that the change to the Jigsaw Method was very well-received, and it will continue to be used in this course. The teacher has utilized the Jigsaw Method in another course as well.

Take Home Messages

The Jigsaw Method appeared to improve student engagement in an Advanced Communications course. Faculty developers should teach and encourage faculty to use the Jigsaw Method to improve student engagement and learning.



Short Communications – Educator Competencies

SC EC01 (0059)

Date of presentation: Saturday 26th August

Time of session: 10:30 – 10:45

Location of presentation: Carron 2

Developing Teaching EPAs (t-EPAs) at the Charité Berlin: results form a Delphi study

Marwa Schumann¹, Ylva Holzhausen¹, Anja Czeskleba¹, Harm Peters¹

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Berlin, Germany

Background

While being originally developed for physicians' training, the EPA concept has been extended to teacher training and faculty development in health professions education. A comprehensive and overarching sets of teaching EPAs (t-EPAs) has recently been reported for university teachers (van Bruggen et al, 2022). In this study we ask the question how well internationally developed t-EPAs fit and adapt to local educational contexts.

Summary Of Work

This study aimed to develop t-EPAs for the local undergraduate medical program (Modular Curriculum of Medicine, MCM) at the Charité – Universitätsmedizin, Berlin. Based on the teaching formats defined in the study regulations; potential t-EPAs were iteratively elaborated. The content elaboration and validation of the t-EPAs involved a Delphi procedure-based interaction between a writing team and a panel of content experts consisting of purposely selected educators and physicians from the Charité faculty (n=11). The breath and scope of each t-EPA were elaborated according to the EPA writing guidelines (ten Cate et al. 2015).

Summary Of Results



The writing team identified 13 t-EPAs from the MCM study regulation, which were confirmed by the panelists with different professional and didactic backgrounds. In two Delphi rounds, the panellists elaborated on the classroom-based and workplace-based teaching EPAs until the overall acceptance for all t-EPAs was more than 80%, indicating that a consensus had been reached. Our classroom-based build on a framework of teaching competence (domains: cognition, motivation and social interaction) and workplace-based teaching formats on clinical EPAs for medical students, respectively. Differing from the set of t-EPAs for university teachers our results include an elaboration and differentiations of small group facilitation formats, e.g. problem-based learning, communication training and emergency simulation. Another feature was the elaboration of t-EPAs for interdisciplinary teaching.

Discussion And Conclusion

Adaptation to the context of an educational program can complement to the reported t-EPAs for university teachers and the resulting t-EPAs provide a more specific elaboration of their teaching tasks.

Take Home Messages

The application of the EPA concept may serve as a new, complementary approach in faculty development to specify and elaborate teaching tasks adapted to the local context.



SC EC02 (0072)

Date of presentation: Saturday 26th August

Time of session: 10:45 – 11:00

Location of presentation: Carron 2

Toward the development of a pedagogical digital competency framework for health professions education

Ann George¹, Aviva Ruch¹

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Background

Faculty development programmes for blended learning require more than digital competence development. They should develop educators' pedagogical digital competence, which integrates the knowledge, skills, attitudes, and values required to teach effectively. Existing non-health professions education (HPE) digital competency frameworks provide valuable insights into the required competencies, but their varied scope and focus make them unsuitable for HPE. Existing health-related frameworks focus on health workers and students with insufficient regard for educator competencies and include broad competence descriptions that are difficult to translate into policy and practice. We present a core HPE pedagogical digital competency framework to contribute to the conversation about the competencies required to teach effectively using technology.

Summary Of Work

We derived our framework from a content analysis of three non-HPE and four HPE competency frameworks. An initial examination of the 22 competence areas (fields in which professionals must perform tasks capably) and 57 competencies (sets of behaviour patterns needed to perform tasks proficiently) across the seven frameworks led to two learner-focused competence areas being excluded. The content analysis involved grouping the competency strategies (action plans to demonstrate the ability to perform a skill successfully) from the frameworks into core competencies and then competence areas.



Summary Of Results

The seven frameworks differed in that the non-HPE frameworks comprehensively covered the required educator competencies and provided competency strategies, whereas the HPE frameworks provided limited competencies and actionable guidance for effective teaching. Our proposed core HPE pedagogical and digital competence framework consists of three broad competence areas, 10 specific competence areas, and 25 competencies with accompanying competency strategies adapted from the frameworks.

Discussion And Conclusion

Our core pedagogical and digital competency framework addresses the limited focus on teaching competencies, especially technology-based teaching, and the lack of actionable guidance in existing HPE competency frameworks. We present our framework for discussion and further research into supporting faculty developers and educators.

Take Home Messages

1. Effective HPE requires pedagogical digital competence, which integrates the knowledge, skills, attitudes, and values required to teach effectively using educational technology.
2. Competency frameworks must provide actionable guidance to promote their use in policy development and facilitate their translation into faculty development that promotes educators' pedagogical and digital competencies.



SC EC03 (0135)

Date of presentation: Saturday 26th August

Time of session: 11:00 – 11:15

Location of presentation: Carron 2

Clinical reasoning: Promoting reflection on cognitive dimension of clinical competence to improve teaching

María José López¹, Ana Verónica Fuentes Bonthoux¹, María Laura Merlo¹, Romina Fernanda Piccioni¹

¹ Asesoría Pedagógica, Facultad de Ciencias Médicas, Universidad Nacional de Cuyo, Mendoza, Argentina

Background

Nacional University of Cuyo Medicine Program implement since 2020 a course for clinical teachers on clinical reasoning (CR) development, mostly based on Ten Cate, Custers and Durning (2018) Case Based Clinical Reasoning Education (CBCR). Although is a methodology designed for preclinical years, it was seen as useful alternative for clinical years, in a 6-year medical undergraduate program, with PBL in preclinical years, and no explicit curricular activity to develop CR.

Summary Of Work

The “Strategies for the Development of Clinical Reasoning” Course last four weeks and has had six editions, three in 2020, two in 2021 and one in 2022. It includes conceptual, methodological and practical dimensions of CR development and assessment. Consist in theoretical material, examples and activities on Moodle and four virtual encounters in groups of 10–15 people to discuss conceptual and practical topics, and production of vignettes and questions for develop and assess CR.

Summary Of Results

Sixty clinical teachers had passed the Course (20% of clinical faculties, including all course directors). Since 2021, curricular activities has been implemented sistematically on CR in Internal Medicine, Gyneco-Obstetrics, Pediatrics, Surgery (in 6th and 5th years),



complementing clinical practice. Besides, items of writing exams have been enriched with the logic of CBCR assessment. The case-based discussions on real patients seen in clerkships have been re-structured for this logic too. Finally, there are a research in progress on PBL cases themes looking for possible links with CBCR.

Discussion And Conclusion

The Course has had impact in clinical years faculty to inspire new curricular activities and to link different clinical practices under the same logic, reinforcing the meaning and key role of cognitive dimension in clinical practice. These effects were a surprise for Course organizers: CR, beyond methodologies to promote it, has deep role to structure clinical teaching.

Take Home Messages

Reflection on CR, as one part of the core of clinical competence, has an important role in continuous educational development. CR development cannot be underestimated in clinical teachers and supervisors, despite their clinical experience. It is more than a methodology, leads Faculty to analyze their own clinical practice and teaching.



Point of View 2 (0193)

Date of presentation: Saturday 26th August

Time of session: 12:40 – 14:10

Location of presentation: M1

Faculty development to empower faculty to empower students to empower patients

Abigail Snook¹

¹ *University of Iceland, Reykjavik, Iceland*

Results from recent study examining the changing doctor-patient relationship indicated that graduates felt unprepared to foster true patient empowerment (Brennan et al.). One strategy that the authors suggested was to teach students to use clinical reasoning skills which introduce choices, options, and patient preferences and then give the students opportunities to practice these skills regularly, with feedback from supervisors. The authors also advocated for more research in how to empower patients.

What about empowering students by giving them choices, options, and honoring their preferences? Results from our survey of the teachers at a health science school (n=272) indicated that only 51% of teachers felt it was their responsibility to offer choices to students and only 36% had offered choices to their students in the last year (Snook et al., 2021). A follow-up qualitative study identified teachers lacking confidence in their ability to offer choices as one of the major reasons for not offering choices to students. How can we address the fact that our teachers lack confidence in empowering students? Perhaps teachers need to learn teaching skills that tend to incorporate choices, options, and student preferences and have opportunities to practice these skills as part of the regular teaching environment. This may include allowing students to make rules and to lead, providing rationales when choices are not possible, and minimizing rewards and words that could be perceived as controlling (Jones, 2015). These same suggestions could also empower patients.

Finally, what about empowering faculty? Are faculty developers giving teachers choices, options, and encouraging them to explore their preferences and then giving them opportunities to practice so that it becomes a part of who they are as a teacher? Are they



allowing faculty to make rules and lead, providing rationales when choices are not possible, and minimizing words that could be perceived as controlling? Perhaps finding ways to empower our faculty may, in turn, empower our faculty to empower students, and empower our students to empower their patients.



Workshop 3 (0174)

Date of presentation: Saturday 26th August

Time of session: 12:40 – 14:10

Location of presentation: M2

Applying an Equitable Evaluation Framework to embed equity principles within faculty development programs

Suzanne Zerger¹, Latika Nirula¹, Laura Hayos¹, Beck McNeil¹, Lindsay Baker¹, Euson Yeung²

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Background

In recent years, there has been an increase in programming aimed at building faculty competencies in equity, diversity, inclusivity and accessibility (EDIA) within health professions education (HPE). However, if these faculty development programs are developed and conducted without intentionally examining their own assumptions and values, they may unwittingly reproduce the inequities they aim to address. Our Centre for Faculty Development adapted an Equitable Evaluation Framework to help expose potential inequities within our practices and programs and make necessary changes to ensure we are intentionally advancing equity.

The Equitable Evaluation Framework has three overarching principles: evaluative work should 1) be in service of and advance equity; 2) be designed and implemented in line with the values underlying equity work; and 3) answer critical questions. In this workshop, we describe our application of this Framework to the design and development of the Education Scholars Program (ESP), a 2-year program aimed at developing participants' capacity as education scholars to collaboratively solve common challenges encountered in health professions education. Using the ESP as a case example, we will share the specific, concrete actions we took to build internal capacity at our Centre to learn and apply the Equitable Evaluation approach. The ESP case example will also demonstrate how we embedded critical reflexivity exercises to expose inequities to design a more equitable program. We will share how our efforts affected the design and implementation



of the ESP, and our evaluation and program team, and broader organizational learning at our Centre.

Who Should Participate

Education program designers, evaluators, faculty developers

Structure Of Workshop

3. Myth busting opening activity that explores literature on Equitable Evaluation and encourages participants to examine internal biases, beliefs, and roles in program development
4. Mini-theory burst on equitable evaluation
5. Case Study: Unpacking a faculty development program using an equitable evaluation approach
6. Small group case study activity
7. Application: Identifying next steps in personal work/context to apply equitable evaluation

Intended Outcomes

At the end of this workshop, participants will be able to:

- Describe the equitable evaluation approach;
- Apply equitable evaluation approaches to critically examine faculty development programs underpinned by specific anti-oppression principles;
- Identify next steps to apply equitable evaluation in their own work.



Workshop 4 (0218)

Date of presentation: Saturday 26th August

Time of session: 12:40 – 14:10

Location of presentation: M4

Laying foundations for a better tomorrow: Incorporating EDI into faculty development planning

Alison Ledger¹, Riya George², Amaya Ellawala³, Stephanie Bull⁴

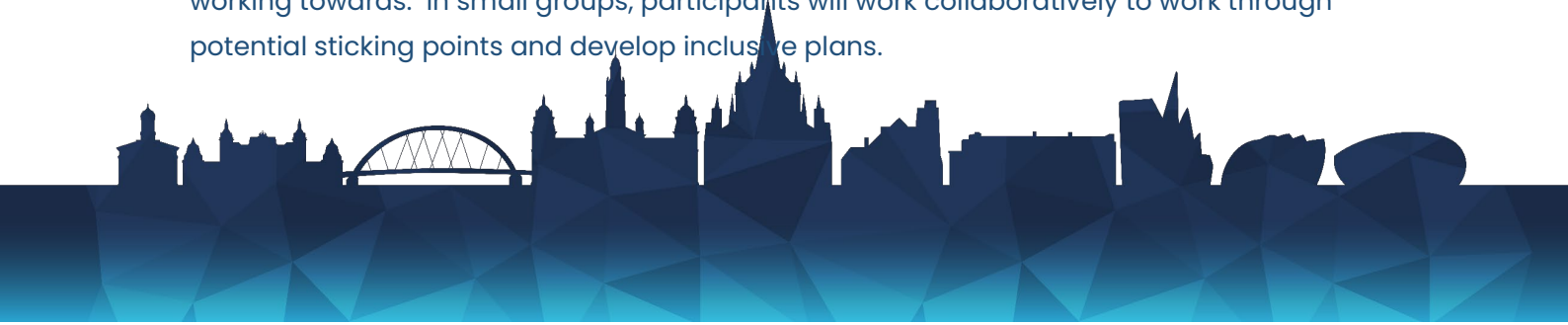
¹ University of Queensland, Brisbane, Australia ² Queen Mary University of London, London, UK ³ Hull York Medical School, York, UK ⁴ Imperial College, London, UK

Background

Equity, diversity, and inclusivity (EDI) has become a key concern within health professions education worldwide, with institutions ramping up efforts to develop and support diverse talent and perspectives and maximise access and participation. To date, faculty developers have largely focused on supporting others to incorporate EDI in their teaching and assessment practice (e.g. Lupton & O'Sullivan, 2020). This workshop is an opportunity to turn the focus back on *ourselves*, consider how we can better reflect upon *our* diversity, and continue to promote EDI through *all* our faculty development events.

The contributors will share their experiences of planning and hosting events for the UK Association for the Study of Medical Education (ASME), in order to stimulate participants' thinking about aspects to consider when planning their next faculty development event. The ASME Researching Medical Education conference will be offered as a case example, to demonstrate possible considerations and pitfalls when striving to include and promote diverse perspectives. Guidance developed by ASME will be shared with others to further simulate thinking and future planning.

Participants will then be invited to practise incorporating EDI considerations into faculty development planning, using either an authentic scenario or a prospective event they are working towards. In small groups, participants will work collaboratively to work through potential sticking points and develop inclusive plans.



Reference

Lupton, K. L., & O'Sullivan, P. S. 2020. How medical educators can foster equity and inclusion in their teaching: A faculty development workshop series. *Academic Medicine*. **95**(12S), pp. S71–S76.

Who Should Participate

This workshop is for delegates with responsibility for organising faculty development events, who wish to be inclusive in their practice.

Structure Of Workshop

0–10mins	Introductions and session plan
10–30mins	Sharing of ASME ERC experience
30–60mins	Activity – planning an event in small groups (5–8 participants per group)
60–75mins	Reporting back to the main group
75–85mins	QnA
85–90mins	Take home messages, close

Intended Outcomes

For participants to:

- Consider ways they can convey a personal and professional commitment to diversity and inclusion when facilitating faculty development events
- Avoid common pitfalls when organising faculty development events for diverse communities
- Develop strategies for promoting diverse perspectives and role models



Short Communications – Faculty Development as an organisational strategy

SC OS1 (0117)

Date of presentation: Saturday 26th August

Time of session: 12:40 – 12:55

Location of presentation: Carron 1

Building a community of teachers within university medical centers – sharing five years of experience

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Background

Within a university medical centre many professionals are involved in education and teaching, within bachelor- and master programs of (bio-)medical sciences. As teaching is often organised per discipline, the educational tasks are mainly organized within clinical and science departments. This way of organization makes that there is not enough opportunity for teachers from different disciplines to connect and share teaching experiences. It also makes that teachers often do not see the broader context of their teaching programs and only focus on their own course or module.

Summary Of Work

In 2018, the authors, being a clinician and a scientist, set up a community to connect all teachers within the Radboud University Medical Centre Nijmegen, the Netherlands: CREA, the **C**ommunity of **R**adboud **E**ducators, for which **A**ctivities are organised. Our aim is to organize 2-3 meetings a year for which all teachers of the University Medical Centre are invited. We have inventoried which topics participants want to discuss or learn about, and each meeting there is ample time to share teaching experiences. After the discussions there is time for informal meeting with snacks and drinks.



Summary Of Results

In the past years, ten meetings have been organized. Major CREA-topics were among others 1) using rubrics for assessment, 2) team based learning, 3) lifestyle and prevention in medical teaching and 4) activating online teaching. The first meetings were organized physically with 25-50 participants per meeting. During the Covid pandemic the meetings were online, attracting 10 – 25 participants each time. Although teachers like to connect, they experience a high workload and may give less priority for connecting with other teachers.

Discussion And Conclusion

We experienced there is a need for meetings organised by teachers themselves for connecting teachers from different disciplines. However, especially during Covid times it was not easy to reach all teachers. In addition, teachers do have a high workload, and there may be less priority given by themselves or their supervisors for these important peer-to-peer meetings.

Take Home Messages

Clinical and science department should recognize and reward their teaching staff more, and allow them to interact with teachers from other departments for building up a teaching professional network.



SC OS2 (0247)

Date of presentation: Saturday 26th August

Time of session: 12:55 – 13:10

Location of presentation: Carron 1

Organizational Impact of a Faculty Development Program on Interprofessional Educators

Gayle Haischer-Rollo¹, Diane Hale², William Bowers¹, John Nowell¹, Ryan Sanborn¹, Reece Tuckerman¹, Thomas McFate¹, Rhiana Saunders², David Honeycutt³, [Jessica Servey¹](#)

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Background

Research has quantified the impact of the continuum of faculty development on individual faculty members. These include increased knowledge of academic roles, skills to advance careers, enhanced promotion and publication rates, and amplified social networks. A smaller amount of literature addresses individual faculty members' behavior changes. There is sparse literature looking at the effects on organizational culture. We performed an exploratory qualitative study of the impact of a faculty development program on the educational culture in an organization with multiple teaching hospitals.

Summary Of Work

We performed a qualitative study from a constructionist orientation. Faculty who attended faculty development over five years were invited to participate in focus groups conducted virtually. Focus groups were conducted with a semi-structured interview, recorded, and transcribed. To maximize anonymity for the team members coding the interviews, the focus groups were conducted by separate interviewers and the participants used aliases. Data was interpreted using thematic analysis. Ethical review was completed at the institution.

Summary Of Results



Ten focus groups were conducted. Participants included physicians from numerous specialties and subspecialties, dentists, advanced practice nurses, and Ph.D. scientists. Participants described the impact on their personal attention to educational skills and improvement. Additionally, increased discussion of educational topics occurred within single programs and between faculty from different programs. Collaboration between departments was emphasized especially when traditionally this would not have occurred, such as discussing challenges. Organizationally, the leadership seemed to recognize the need for and supported the time to attend faculty development. Additional comments were made regarding improved morale and the importance of recognition.

Discussion And Conclusion

We believe that over time faculty development can have significant impacts on the educational environment within the organization. The impacts can be on the individual, within a department or single educational program, between department or programs, and across a large organization. Further research could define in more detail the effects on retention of faculty, continued personal growth, fostering resilience, and organizational strength.

Take Home Messages

1. Faculty development does impact the educational environment within organizations.
2. It may take longer to recognize impacts outside of the individual faculty member.
3. Further work needs to be pursued quantifying retention related to faculty development.



SC OS3 (0099)

Date of presentation: Saturday 26th August

Time of session: 13:10 – 13:25

Location of presentation: Carron 1

Looking to the Future: Strengthening Local Examination Development through Faculty Development

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¹ *Oman Medical Specialty Board, Muscat, Oman*

Background

Oman Medical Specialty Board (OMSB) envisions a future that achieves independency of its core businesses including the development and delivery of its Board Examinations. Fulfilling OMSB's vision entails the development of local subject matter experts (SMEs) and examiners with a direct focus on the local context. To achieve this effectively, a comprehensive examiner development for local examiners is essential.

Summary Of Work

OMSB's comprehensive examiner development program was developed reviewing best practices, utilizing examination experts, and inclusion of technology. The program is composed of a two-level structured progressive framework: foundation and advanced. The foundation level is composed of three modules and enables examiners to write and review items and progress to the advanced level. The advanced level is composed of four modules including examiner leadership, psychometric analysis, and online psychometric exercises. The program provides examiners a clear pathway to enhance their examination development skills and commitment.

To assist with the implementation and sustainability of the program, an all-in-one comprehensive, accessible, and user-friendly local examiners' practice platform is developed. The platform is composed of multiple examination development practice exercises that enhance the examiners' skills.



Summary Of Results

Since the initiation of the program in 2021, 34 training activities were conducted and more than 600 SMEs and local examiners were certified. This transformed the development and delivery of 19 Residency and four Fellowship Board Examinations from international sources to local capacity. In addition, OMSB banked more than 41,000 items and over 130 examination forms to be utilized for specialty and fellowship board examinations.

Discussion And Conclusion

Developing high-stake board examinations undergoes rigorous processes where the involvement and commitment of SMEs and examiners is essential. Examiners commitment to examination processes and difficulty in accessing and working with an externally adopted online platform are major challenges. OMSB addressed these challenges by developing a progressive structured program and utilizing an all-in-one examiners practice platform. OMSB continuously evaluates the program to address arising issues and gaps.

Take Home Messages

Developing a structured development program for examiners strengthens the local development of board examinations that are context sensitive and ensures independence and sustainability.



Short Communications – Identity

SC II (0058)

Date of presentation: Saturday 26th August

Time of session: 12:40 – 12:55

Location of presentation: Carron 2

Supporting teachers' agency and identity in times of disrupted teaching: A realist review.

Mette Krogh Christensen¹, Maria Hvid Stenalt²

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Background

If disrupted teaching refers to teaching practices emerging in times of breakdowns of established practices, then the Covid19 pandemic provides an opportunity to study disrupted teaching unfolding. Teaching has been faced with disruption for some time. New issues impacting teaching in health professions education include datafication and digitization of education. These disruptions are bound to influence teachers' identity and agency. A key task is to identify the mechanisms involved in teachers' transitioning and appropriating to new teaching contexts. This review study seeks to 1) explain what supports teachers' agency and identity in times of disrupted education, and 2) identify competencies and produce guidelines that can be used by faculty developers concerning the matter.



Summary Of Work

We conducted a systematic review adopting an approach inspired by the realist review. Journal articles, book chapters, conference papers, and reports published in English in 2020–2022 were included.

Summary Of Results

In times of disrupted teaching, teachers' agency and identity are influenced by 1) the loss of knowledge and having to learn new content, e.g. new technology, new tools, and new teaching methods, 2) unforeseen emotional or motivational aspects of teaching and learning, and 3) the social context of academic and clinical work. Our review demonstrated that teachers' conduct in appropriating to a new teaching context appears intertwined with the context and the resources (human as well as nonhuman) available.

Discussion And Conclusion

Populating a new teaching context with one's own intention requires a transformation of teaching and oneself as a teacher, which is not without costs. Thus, it is essential to consider what might prepare and develop teachers' capacity to transition in such situations. To help faculty developers take the insight from this review into account, we converted the findings into transformative, relational, and multimodal competencies supporting teachers and teaching in disrupted contexts. In conclusion, we suggested seven questions regarding collegial dialogue, equality, and working conditions as a guideline for faculty developers.

Take Home Messages

Caring for times of uncertainty is needed in the future. Transformative, relational, and multimodal competencies support teacher agency and identity in disrupted contexts. Faculty developers should consider the importance of resonance among people to develop agency and maintain teacher identity.



SCI2 (0237)

Date of presentation: Saturday 26th August

Time of session: 12:55 – 13:10

Location of presentation: Carron 2

Medical Students, Professional Identity, and Threshold Concepts: Reflections on Health, Equity and Justice

[Janice Hanson](#)¹, Yaheng Lu¹, Kaytlin Reedy–Rogier¹, Audrey Coolman¹, Joan Noelker¹,
Heather Hageman¹, Nichole Zehnder¹, Rachel Moquin¹, Colleen Wallace¹

¹ *Washington University in Saint Louis School of Medicine, Saint Louis, USA*

Background

Professional identity formation (PIF) in medicine develops through socialization into the community of physicians. Threshold concepts (TC) (ideas that novices incorporate to become professionals) provide a conceptual framework for examining PIF and the learning environment in which socialization to the profession occurs. TCs are transformative, irreversible, integrative, and liminal (emotionally troublesome). This study identifies threshold concepts that medical students encounter during a longitudinal, pre-clinical curriculum in health equity and justice (HEJ).

Summary Of Work

The HEJ curriculum includes planned observations and activities in the community, group discussions, reflections on personal experiences, and writing on equity, justice, and anti-racism. We randomly sampled de-identified written reflections on four HEJ topics. Investigators analyzed community engagement essays to develop a preliminary codebook, and then analyzed essays about gun violence, food equity, and health care access. Codes were inductively identified, then grouped into categories, with team discussions about code labels and groups, relationships between categories and TCs, and whether the data approached theoretical saturation.

Summary Of Results



105 medical students completed HEJ activities during the Phase 1 curriculum (first 16 months). Students described how teaching, learning, and practicing in the curriculum shaped emerging professional identity. Two groups of themes described students' reactions: 1) *Social and societal context of physicians' professional identity* (relationships are foundational to a physician's work; trust and distrust profoundly affect a physician's work; social and structural determinants of health drive equity/inequity in health and health care) and 2) *Emerging professional identity* (social and personal identity; emotions, attitudes, and responsibilities associated with professional identity; empowerment and motivation to help; what medicine can and cannot do).

Discussion And Conclusion

Students' reflections suggest that a HEJ curriculum introduces threshold concepts related to physicians' relationships; trust and distrust in health care; social, structural, and trauma-related influences on health; responsibilities of physicians to address inequities; opportunities to help; and limitations of medicine. Signs of liminality emerge in students' writing about emotions associated with professional identity and limitations of medicine in the face of deep human needs.

Take Home Messages

A HEJ curriculum may shape medical students' professional identity to incorporate appreciation for physicians' responsibilities to work toward equity and justice in health and health care.



SCI3 (0243)

Date of presentation: Saturday 26th August

Time of session: 13:10 – 13:25

Location of presentation: Carron 2

Promoting Faculty Educator Career Development and Identity Formation through a New Academic Department

Nancy Moreno¹

¹ *Baylor College of Medicine, Houston, USA*

Background

Faculty roles in health sciences universities are expanding beyond traditional research, education and patient care. The work of educators, in particular, is changing to support inclusive teaching, technology applications and collaborative curriculum development. Recognizing these shifts, Baylor College of Medicine launched a new department as an academic home for a cadre of educators representing all disciplines, and to provide increased visibility and support for education as an area of research and scholarly contributions.

Summary Of Work

The Department of Education, Innovation and Technology (EIT):

- Prepares faculty as educators and scholars who apply the science of teaching and learning to create, disseminate and implement effective educational practices in science, medicine and health professions, and
- Collaborates to develop approaches, programs and tools supporting educational excellence.

This vision became reality in 2021 with appointment of an inaugural faculty recruited from across the university. Faculty expertise includes learner-centered teaching, quantitative research, evaluation, technology applications, instructional design, psychology and simulation.

Summary Of Results



Within 12 months, the faculty grew to more than 60 primary or co-appointed members (more than half at junior ranks). Institutional roles of faculty include deans, educational researchers, and educators from a range of clinical, science and technology domains. Services and support to the institutions' overall community of educators is provided through a Center for Teaching and eLearning launched in 2022 as part of EIT.

Major accomplishments include collaborative development of an educator certificate course, formation of faculty mentoring circles, internal funding of faculty pilot grants, and framing of strategies for faculty members to be recognized through academic promotion. EIT faculty have published more than 65 education-related papers.

Discussion And Conclusion

The departmental focus of EIT extends beyond medical education and includes all faculty within a health sciences university. It offers a new environment for bringing educators together and recognizing their accomplishments. Initiatives within the department are designed to bring educators from diverse backgrounds together for planning, collaborative program development and learning experiences.

Take Home Messages

- Institutional recognition of education as a discipline contributes to identity formation.
- Recruiting educators from diverse disciplines broadens perspectives and contributes to knowledge sharing.
- An institution-wide focus on educator support removes barriers to collaboration.



Plenary Session 2

Date of presentation: Saturday 26th August

Time of session: 14:15 – 15:15

Location of presentation: M1

Excellence in Faculty Development programs: get ASPIREd

Anne-Marie Reid¹

¹ *University of Leeds, UK*

Moderators: Pat O'Sullivan & Adri Findyartini (ASPIRE award – moderators)

Background

The shaping of future health professionals relies on a faculty who have the time, resources and expertise to deliver high quality teaching and learning across classroom and clinical settings. The nature of that faculty in Health Professions Education is diverse, spanning undergraduate and postgraduate academic teams as well as multi-professional educators and patients. In order to prepare a diverse community of educators for their roles, a comprehensive portfolio of faculty development, based on the needs of individual and groups and underpinned by scholarship, is required.

In recognition of this, AMEE has established a prestigious ASPIRE to Excellence Award in Faculty Development, to promote and share good practice in this area. This plenary session will outline how Leeds Institute of Medical Education (LIME), University of Leeds, UK has achieved Excellence in Faculty Development as recognised by an AMEE ASPIRE Award. The session will provide an overview of how Leeds met the criteria to achieve excellence across all of the designated areas, drawing on examples from local, national and international work. This will describe how clear goals for Faculty Development were set based on educational need and will outline the breadth and depth of innovative approaches to faculty development encompassed in the Leeds approach. The focus on capacity building for long-term sustainability will be discussed, together with quality assurance of provision through monitoring and evaluation of impact, underpinned by scholarship.

The rationale for inclusion of patients as educators in our provision will be provided, together with the opportunities open to all staff for Continuing Professional Development (CPD) and the encouragement of students as educators. The emphasis on nurturing a community of practice in education will be described, with a longitudinal approach to provision from short on-line 'Bite Size' courses and face to face and on-line workshops through to postgraduate qualifications in Clinical Education for practitioners.



Audience participation will be encouraged so that we share perspectives on the challenges and opportunities available in shaping faculty development for tomorrow's educators. The context in which we conceptualise and deliver faculty development is key to success, and so consideration will be given to how we identify and share principles of good practice across professions and international partnerships.



Point of View 3 (0234)

Date of presentation: Saturday 26th August

Time of session: 15:30 – 17:00

Location of presentation: M1

Remediation of the Struggling Clinician-Educator: Does it Work?

Teri Turner¹, Charlene Dewey²

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Program leaders are familiar with the concept of the learner in difficulty but what do you do with a Clinician-Educator who is struggling to be a good teacher? Can all poorly performing teachers get better? Are there educator behaviors or temperaments which are less likely to improve over time? Can teachers who create an unsafe learning environment be remediated? Should we spend our limited faculty development resources on educators who might never be good teachers? Does it make a difference if they are an excellent clinician and the expert in their field of science? Or is it better to remove these faculty members from our teaching services? We all struggle at some point in our careers and need help to get better. Think back in your medical journey on a time when you struggled but overcame difficulty. Oftentimes when asked this question, we will remember someone in our lives who supported, coached, or mentored us. This is not just important for trainees but also for our teachers. By helping our clinician-educators improve as teachers, we impact the lives of hundreds of trainees and patients. The process is similar to the practice of continuous quality improvement that we have embraced as a part of the health care system. It also builds on the strategies used for the learner in difficulty. This point of view will stimulate listeners to think differently on how we facilitate learning and growth among faculty members who are experts in the clinical science but are novices in the educational science. Arguments will be presented on why we must attend first to the emotions of 'failure' such as shame and anger before we can begin discussing how to improve. The role of coach versus remediator will be discussed and why the latter (not the former) is needed. Parallels will be drawn with the science of behavior change and empowering the faculty to succeed. The session will leverage principles of growth mindset, competency-based education, and positive intelligence to discuss the pros and cons of remediating the educator in difficulty.



Workshop 5 (0051)

Date of presentation: Saturday 26th August

Time of session: 15:30 – 17:00

Location of presentation: M2

Fostering Clinical Trainees' Identity as Teachers of the Future

Jessica Grundy¹, Harish Thampy¹, Subha Ramani², Rebecca Sternschein³

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5Medicine, Harvard Medical School, Boston, Massachusetts, USA , Boston, USA

Background

Clinical trainees are important near-peer teachers. Near-peer teaching has well-recognised educational benefits both for those being taught and for the teachers themselves. Immersed in the clinical environment, many trainees may primarily view their professional identity as that of a clinician first and teacher second, if at all. However, clinicians with stronger professional identities as teachers are more likely to maintain teaching activities, invest in their professional development as teachers, and demonstrate increased enjoyment of the teaching role. There are therefore important reasons to help clinical trainees develop their teaching identity and near-peer teaching experience, though barriers to both exist.

This interactive workshop will explore the value of near-peer teaching and professional identity formation; discuss facilitators and barriers to clinical trainees developing their teacher identity and engaging in near-peer teaching; and generate strategies and solutions to address these concerns as applied to participants' own setting.



Who Should Participate

This workshop is primarily for those with a supervisory, strategic or oversight role in relation to clinical trainees' and their development as teachers, or anyone with a broad interest in faculty development.

Structure Of Workshop

This interactive workshop will utilise brief presentations, small-group tasks and report-back discussions.

Intended Outcomes

- Explore concepts as outlined in the literature in relation to near-peer teaching and teacher identify formation among clinical trainees
- Review potential enablers and barriers to developing the clinical trainee as near-peer teacher
- Identify strategies to strengthen clinical trainees' identity as teacher and increase engagement in near-peer teaching activities



Short Communications – Inclusion and Diversity

SC ID1 (0171)

Date of presentation: Saturday 26th August

Time of session: 15:30 – 15:45

Location of presentation: Carron 1

Curriculum renewal towards critically conscious graduates: implications for faculty development

Julia Blitz¹, Susan van Schalkwyk¹

¹ Stellenbosch University, Stellenbosch, South Africa

Background

Global calls for health professions (HP) curricula to enable new ways of knowing and for graduates to become more responsive to the communities they serve have catalysed important debates about curricula needing to move beyond a biomedical focus and attend to issues such as social accountability, social justice and health equity. This raises questions about how best to support our HP educators who will need to change their practice if they are to embrace these more complex, social constructs.

Summary Of Work

The research question for this qualitative study was: What implications are there for faculty development which can support HP educators as they are expected to incorporate the principles of critical consciousness and social accountability into their teaching as part of a curriculum renewal process. Data from 11 focus group discussions and 11 individual interviews with HP educators from two undergraduate programmes was thematically analysed. Transformative learning theory and models about change provided a sensitising framework.

Summary Of Results



Our findings pointed to an expanded role for HP teachers and for those responsible for faculty development. Three main ideas regarding change were highlighted namely that the sort of change being called for was necessary; that it was not easy to implement, characterised by uncertainty and complexity; and that change needs to be enabled and supported.

Discussion And Conclusion

Curriculum renewal implies change, and that change will always hold implications for the educators responsible for its implementation, irrespective of whether or not they have been involved in its conceptualization, and often extending their roles and responsibilities. Supporting HP educators to embrace this expanded remit, suggests an equally expanded remit for faculty developers – one that calls for initiatives that enable critical, dialogic encounters that might foster critical consciousness, leading to change in HP education, while at the same time challenging us to turn the mirror on ourselves as faculty developers.

Take Home Messages

Faculty developers have roles to play both in, and as a result of, curriculum renewal. In the case of renewal that embraces issues of critical consciousness, this may call for us to rethink not only the content that we address, but also the processes that we model.



SC ID2 (0014)

Date of presentation: Saturday 26th August

Time of session: 15:45 – 16:00

Location of presentation: Carron 1

Anti-Opressive Faculty Development: Examining the Principles and Sustainability of HPE Programs

Qian Wu¹, Abigail Fisher², Betty Onyura³, Hollie Mullins¹, Malika Sharma⁴, [Lindsay Baker¹](#)

¹ Centre for Faculty Development, Toronto, Canada ² University of Toronto, Toronto, Canada ³ Centre for Addiction and Mental Health, Toronto, Canada ⁴ Unity Health Toronto, Toronto, Canada

Background

Institutions are increasingly initiating faculty development programs to better prepare faculty to manage issues related to equity, diversity, and inclusion (EDI) across health professions education systems. However, little is known about the principles that underpin such faculty development programs, nor about their potential sustainability. To fill this research gap we are examining both (a) the principles that underlie EDI faculty development programs and (b) the sustainability of these principles during implementation. Drawing on principles-based evaluation, we explore overarching (broad, underlying values) and operational principles (methods to execute the values) of the programs.

Summary Of Work

The study adopts a multi-case study design. Five faculty development programs in Canada and the US were included as cases. Multi-source data has been collected, including publicly available records and documents, internal administrative records and documents, semi-structured interviews with program coordinator/lead, developer, and teacher/facilitator, participant information survey, and cross-case focus groups. Data underwent framework and matrix analyses.

Summary Of Results



Despite the various lengths, format, and themes in the EDI faculty development programs, they share in their core values to bring awareness to issues to race and equity, to create a safe learning and working environment for students/staff/faculty, and to eventually bring changes to people's actions and to the broader system. These programs takes on various pedagogical paradigms, such as the transformative-change agency paradigm and cognitivism-expertise paradigm, as realized in their choices of pedagogical tools, such as reflective exercises, role play, and OSCE/OSTE. Some common constraining factors in sustainability are the lack of financial support, and dependence on passion from program staff and on a few facilitators who have EDI expertise.

Discussion And Conclusion

This work will inform academic health science institutions and faculty developers in the development and delivery of EDI related programs, in nuanced, ethical, and sustainable ways. All of these efforts take place with a commitment to continually creating a more ethical, anti-racist, society.

Take Home Messages

Anti-oppressive faculty development programs in the study share core values in bringing awareness to race and equity, creating a safe learning and working environment, and bringing changes to people's actions, despite that they vary in pedagogical paradigms, lengths, formats, and themes.



SC ID3 (0253)

Date of presentation: Saturday 26th August

Time of session: 16:00 – 16:15

Location of presentation: Carron 1

Transforming Faculty Development Workshops with an Anti- Oppression/Anti-Racism Lens

Victoria Ruddick¹, Maria Pappas¹, Meghan O'Brien¹, Monica Hahn¹, Allison Gomez¹, Rosny Daniel¹, [Patricia O'Sullivan¹](#)

¹ *University of California San Francisco School of Medicine, San Francisco, USA*

Background

Racism and oppression exist and operate in medical education and frequently go unrecognized. Consequently, faculty development programs must help developers identify and disrupt racism and oppression through their workshops. Prompted by institutional goals, we supported developers (all volunteers) to incorporate equitable, inclusive, anti-racist and anti-oppressive content and methods. This builds on a 2019 initiative for developers to independently integrate diversity, equity and inclusion (DEI) into their workshops.

Summary Of Work

Integrating multiple sources and suggestions from peer review, we developed a “checklist” with 5 primary sections (personal preparation, workshop description, supporting the audience, content review, and activities/cases) and 28 questions that include linked resources. Supplemental sections included reflection, sustainability, and technology. Program staff applied the checklist to workshop content, then engaged the developers in suggested revisions to remove potentially offending images and text, incorporate inclusive teaching strategies, and update their workshop using an anti-racist and anti-oppressive lens.

Summary Of Results



We analyzed workshop attendees' responses, pre- and post checklist, to the question: "Please describe how diversity, equity and inclusion were addressed/demonstrated in the session." Comparing 8 workshops, we found that post attendees made significantly more relevant comments on how DEI were addressed (pre=40%(SD=26); post=75%(SD=18), $p=.025$). Attendees also less frequently reported that DEI were "not applicable" (NA) to the workshop (pre=28%(SD=16); post=8%(SD=15), $p=.023$). We found developers incorporated checklist changes to a high, medium, or low extent. In preliminary data, we found that 4 workshops where the developers had high integration, relevant comments increased by 60%, and NA comments decreased by 25%. We noted that in every workshop, post responses included specific keywords featured in the checklist.

Discussion And Conclusion

While the observed changes may not be attributable to only the checklist, this process revealed that applying the checklist with the support of program staff prompted developers to make detectable anti-racist/anti-oppressive changes. Although applying the checklist independently can be daunting; we anticipate developers will incorporate more elements over time.

Take Home Messages

- Use a checklist to update a workshop with an anti-racist, anti-oppressive lens.
- Updating workshops with this lens is a long-term, iterative process.



SC ID4 (0056)

Date of presentation: Saturday 26th August

Time of session: 16:15 – 16:30

Location of presentation: Carron 1

Training teachers on the importance of valuing and adequately responding to student diversity: A design-based research perspective.

Boukje Compen¹, [Isabelle Maussen](#)¹, Cindy Hulsman¹, Daniëlle Verstegen¹, Diana Dolmans¹

¹ *Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands*

Background

Student populations in (vocational) health programmes are increasingly diverse, for example in terms of competencies and interests. Teachers should be aware of the varying needs of students and be able to respond to these needs adequately (Tomlinson et al., 2003). Since many teachers consider this a challenge, we developed, implemented and evaluated a training on this topic. The main design principles related to using authentic problems representative for teachers' daily practice as a basis, and stimulating teachers to reflect collaboratively on their experiences. Research question: "How do teachers perceive that a training designed around authentic problems and group reflection enhances awareness about student diversity?"

Summary Of Work

This study used an EDR/DBR approach, which allows examining how an intervention with specific characteristics is effective in a certain context (Dolmans & Tigelaar, 2012). Together with teachers from the target group and educationalists, we developed videos in which teachers discussed how they respond to student diversity in their teaching. Teachers watched the videos in the training and were stimulated to reflect in small groups on how they could value diversity and respond to students' varying needs. The trainings were evaluated using a short open-ended questionnaire and focus group interviews with a selection of teachers.



Summary Of Results

Preliminary results indicate that teachers valued the high level of interaction throughout the training and that they could identify themselves with the video content. Teachers' awareness on the importance of responding adequately to differences among students was raised. Additionally, the teachers reported that they learned from the collaborative sharing of strategies on dealing with diversity. However, they felt that they needed more time and coaching to apply these strategies in their own teaching practice.

Discussion And Conclusion

Teachers appreciated the integration of authentic and reflective learning in the training. Although the training provided them with new insights on dealing with student diversity, a longitudinal coaching trajectory appears beneficial to transfer these to their own practices (Steinert et al., 2016).

Take Home Messages

- Faculty development benefits from the integration of authentic and reflective learning
- Longitudinal coaching trajectories at the workplace are preferable



SC MFDI (0036)

Date of presentation: Saturday 26th August

Time of session: 15:30 – 15:45

Location of presentation: Carron 2

FAIMER Global Faculty Development: A Sustainable Partnership Model to Advance Health Professions Education

Rashmi Vyas¹

¹ FAIMER, a member of Intealth, Philadelphia, USA

Background

The Foundation for Advancement of International Medical Education and Research (FAIMER®) offers longitudinal faculty development programs (LFDPs) in health professions education (HPE) and leadership through its International FAIMER Institute (IFI) in USA and FAIMER Regional Institutes (FRIs) globally. This communication describes FAIMER's model, its sustainability and its impacts at individual, institutional and national levels.

Summary Of Work

IFI was launched in 2001 in Philadelphia, USA, as a 2-year part time hybrid LFDP; with the COVID-19 pandemic onset, IFI transitioned to a fully online program. FAIMER fosters mutual collaboration and delineates shared responsibilities for FRI development in partnership with local institutions, using an adapted hub-and-spoke organizational design. The program prepares participants to be educational change agents/leaders and researchers/scholars.



Summary Of Results

Over the past 20 years, 11 FRIs developed in Brazil, Chile, China, Egypt, India, Indonesia, and South Africa, each modeled on the IFI curriculum and adapted to local context. In result, over 1600 IFI and FRI graduates (Fellows) from over 55 countries form a global community of health professions educators who have shared exposure to HPE methods and assessment, leadership and management, educational scholarship and research, project management and evaluation.

Across all global locations and program formats, Fellows (N=1190) self-reported a similar increase (Cohen's $D=1.9$) in knowledge and skills in HPE. All programs center on the Fellows' institutional projects as experiential learning; these have focused primarily (N=1740) on educational methods (50%) and curriculum revisions (25%). An increased quality of education (82%) was reported as the top impact resulting from Fellows' projects (N=1223). Nationally, as a result of these programs, Fellows have influenced education policy and established an academic society for HPE, thus contributing to recognition of the HPE academic specialty.

Discussion And Conclusion

For over 20 years FAIMER has provided LFDPs in HPE resulting in a vibrant network of health professions educators who have influenced country-specific educational policy and practice. The organizational model, with emphasis on partnership and collaboration, has been effective and helped to create sustainability, growth, and impact.

Take Home Messages

FAIMER has successfully developed a sustainable model for advancing HPE globally. FAIMER's model is one approach to building global capacity in HPE



SC MFD2 (0112)

Date of presentation: Saturday 26th August

Time of session: 15:45 – 16:00

Location of presentation: Carron 2

Evaluating the use of Clinician Educator Milestones for professional development in education.

Selma Omer¹, Lewis Goulder¹, Paul Jinks¹

¹ *University of Sheffield, Sheffield, UK*

Background

Milestones are knowledge, skills, attitudes, and other attributes organised in a developmental framework. They are often used in training programmes to aid competency development. The Accreditation Council for Graduate Medical Education (ACGME) developed clinician educator milestones that provide a framework for key areas in educational practice. At Sheffield Medical School we run an online course which introduces our clinical educators to key educational principles.

Summary Of Work

We've introduced the ACGME educational milestones as part of the last session in the course that focuses on personal professional development. We asked learners to first self-assess their level in all of the educational sub-competencies. Then, to complete an educational development plan that focuses on one or two sub-competencies with clear goals and a plan for how to achieve them. We interviewed learners who completed this course to explore their experiences using these milestones for self-directed goal-setting.



Summary Of Results

Our initial findings suggest that learners found using the clinical educator milestones helpful in gaining insights about their own knowledge skills and behaviours. Using the milestones provided them with opportunities to gauge their current level and a roadmap of ideas on how to transcend to higher levels. Furthermore, the milestones highlighted an area of practice that some may not have considered before and prompted them to intentionally focus on advancing in these areas.

Discussion And Conclusion

Clinician educators face a number of challenges in their professional development. Some of these challenges include limited time for educational development, a lack of guidance on how to develop as an educator, unclear career pathways and a lack of role models or mentors who can offer them support. By allowing self-directed learners to self-assess their levels in different areas of educational practice using the milestones as a tool to clearly describe educational sub-competencies, they can independently identify areas for improvement and make a thoughtful and achievable plan.

Take Home Messages

Using this approach can provide a structured stepwise approach to development in sub-competencies which is a familiar process for clinicians. Providing a framework for educational practice alongside existing staff development provision can support clinical educators to plan their own professional development and career aspirations when support is limited.



SC MFD3 (0160)

Date of presentation: Saturday 26th August

Time of session: 16:00 – 16:15

Location of presentation: Carron 2

Faculty development through online journal viewing: How long does it work?

[Cherdsak Iramaneerat¹](#), Pattaraporn Naknagraed¹

¹ *Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*

Background

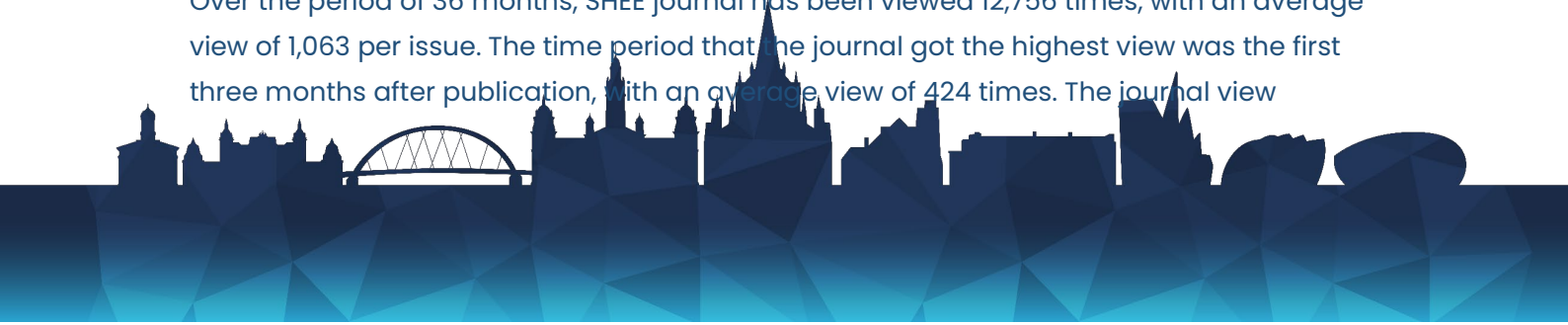
A traditional faculty development approach in a face-to-face workshop, despite its success, has its limitation in engaging faculty members who have busy daily schedule. Siriraj Health science Education Excellence center (SHEE) developed an online journal to allow these busy teachers to update their education knowledge without disrupting their daily activities. SHEE journal is an online journal first published in December 2019. The journal summarizes interesting concepts and trends in health science education into a user-friendly publication that is easy to understand by faculty members.

Summary Of Work

SHEE journal is an open access journal published every three months. Each issue addresses a particular theme (such as learning environment, online learning, non-technical skills, well-being in medical schools). Each issue contains 7 – 21 topics. An editorial team tried to simplify difficult ideas into easy-to-read content with accompanied images and diagrams. Readers have options to just read the journal or log in to read the journal and complete MCQ test to get CME credits. As of January 2023, we have published 13 issues. We analyzed online viewing behaviors of readers.

Summary Of Results

Over the period of 36 months, SHEE journal has been viewed 12,756 times, with an average view of 1,063 per issue. The time period that the journal got the highest view was the first three months after publication, with an average view of 424 times. The journal view



dropped to 181 (46% of the initial three months) in the subsequent three months. The view gradually dropped until reaching plateau at 89 views per quarter (20% of initial) about 18 months after publication. After 30 months, an average view was 10% of initial view. The most popular issue is “Digital technology in education” with 1559 views.

Discussion And Conclusion

Online journal is an effective faculty development approach that can reach significant portion of faculty members. The most effective period is the first three months after publication. The journal view has exponential decay with a half-life of six months.

Take Home Messages

Online journal is a faculty development strategy that can engage significant number of busy teachers.



SC MFD4 (0033)

Date of presentation: Saturday 26th August

Time of session: 16:15 – 16:30

Location of presentation: Carron 2

A Peer Mentoring Program for Educators – Harnessing the Step-Back Consultation Method for Faculty Development

Katherine Mason¹, Emily Green², Kenneth Lynch¹, [Chris Merritt](#)¹

¹ *Alpert Medical School of Brown University, Providence, RI, USA* ² *UMass Chan Medical School, Worcester, MA, USA*

Background

Mentorship and community have positive impacts on faculty development and career satisfaction. Though traditional mentoring involves a mentor and protégé, peer mentoring may have advantages, especially among individuals with shared interests. While educators across disciplines share challenges, there are few opportunities for interdisciplinary crosstalk. In our educational context, we recognized that faculty educators often felt isolated within departmental and other administrative siloes. Our objective was to build a faculty development program built around peer mentorship to foster career development, collaboration, and a community of clinician-educators.

Summary Of Work

We adapted the Step-Back Consultation method of problem-solving professional challenges. Peer educators meet in groups of 4 with a facilitator, initially focused on career goals and challenges. Small-group sessions at 4 and 12 months allow updates and additional consultation. A large-group session at 8 months focuses on educational scholarship. We performed thematic analysis of factors leading to applying. Program evaluation includes surveys of participants, with plans for monitoring future academic outputs and collaborations.

Summary Of Results



Sixteen educators, chosen from 28 applicants from 11 clinical departments, joined the pilot cohort. Motivators to participate included: optimizing time, new roles, joy in teaching, personal growth, scholarly skills, ameliorating burnout, improving teaching skills. After two sessions, participants had achieved on average 68% of short-term goals set in the first session. 9/9 respondents rated the program “Excellent” or “Very Good,” and 8/9 reported that the sessions had done very/extremely well at building community among educators. Participants expressed interest in additional sessions on educational scholarship, networking, and teaching skills.

Discussion And Conclusion

Early results support the effectiveness of the step-back peer mentoring process for educational faculty development across disciplines. Future measures of academic productivity and sustained community-building will be instructive.

Take Home Messages

Peers may serve as sources of mentorship for clinician-educators who may otherwise feel isolated by administrative or other barriers. Peer mentoring programs may function to develop communities of clinician-educators across medical faculty.



SC MFD5 (0085)

Date of presentation: Saturday 26th August

Time of session: 16:30 – 16:45

Location of presentation: Carron 2

Orientation Course in Medical Education as Part of Faculty Development

Anant Khositseth¹, Pongtong Puranitee¹, Thantip Malaisirirat¹

¹ *Faculty of Medicine Ramathibodi Hospital, Mahidol university, Bangkok, Thailand*

Background

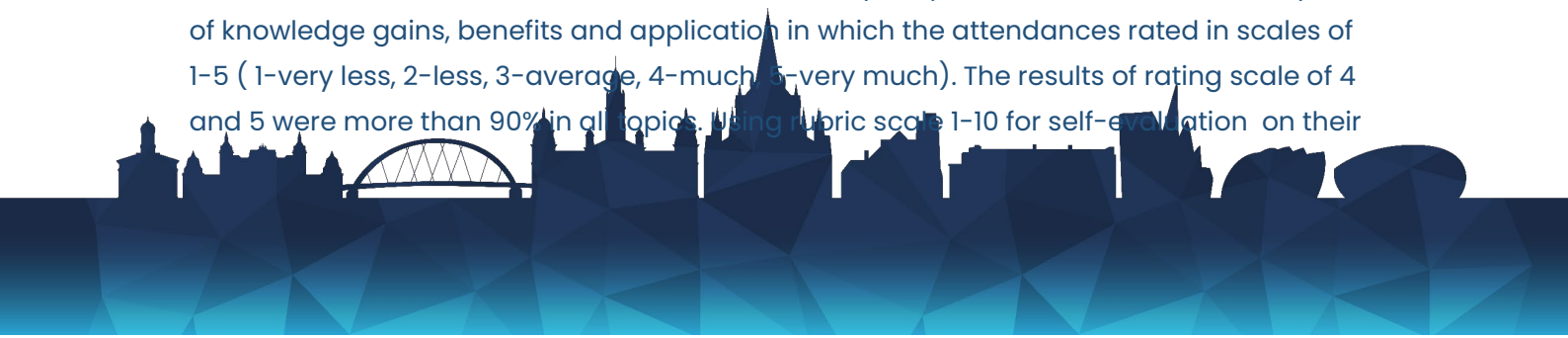
Our medical school sets policies for Faculty development that all newly appointed Faculty staff must attend orientation course in medical education within 2 years after the commencement of teaching duties.

Summary Of Work

This orientation course by medical education experts as lecturers and moderators included 3-day course with workshops of teaching & learning concepts, learning objective & learning outcomes and varieties of clinical teaching methods (ambulatory teaching, bedside teaching, large group teaching, flipped classroom, team-based learning, psychomotor teaching); 2-day course with workshops of assessment & evaluation concepts, authentic assessment (scoring rubrics, rating scales, checklists) of various types of examinations (multiple choice question, multiple essay question, constructed response question); 1-day workshop of objective structured clinical examination and 1-day workshop of lesson plan & learning objectives. Intentionally, the first 2 modules were organized outside Faculty in hotels nearby provinces to let all attendances and medical education experts stayed overnight so that they had a chance build their relationships.

Summary Of Results

The evaluation of the orientation course for each topic by the attendances was in aspects of knowledge gains, benefits and application in which the attendances rated in scales of 1-5 (1-very less, 2-less, 3-average, 4-much, 5-very much). The results of rating scale of 4 and 5 were more than 90% in all topics. Using rubric scale 1-10 for self-evaluation on their



knowledge and understanding in topics of assessments and examinations before and after, there were significantly increased 2 times from rating from 4 to 8.5.

Discussion And Conclusion

A systematic review of Faculty development described 4 levels of outcomes including level 1: reaction (participants' satisfaction), level 2a: attitude/perception, level 2b: knowledge/skills, level 3: behavior, level 4a: organizational practice, level 4b: students benefit, and level 4c: patients benefit. This orientation program in their early academic careers not only provided outcomes at level 1: reaction (participants' satisfaction) and level 2a: attitude/perception, level 2b: knowledge/skills but also help Faculty staff to develop their clinical and academic identities.

Take Home Messages

Faculty development at their earlier career is the important part in medical school to strengthen their teachers' role. Evaluation of outcomes at the level 4a, 4b and 4c is needed to warrant.



Plenary Session 3

Date of presentation: Sunday 27th August

Time of session: 09:00 – 10:00

Location of presentation: M1

Online, hybrid or in-person: Choosing effective faculty development options from an entangled pedagogy view

Tim Fawns¹

¹*Monash Education Academy, Monash University, Melbourne, Australia.*

Moderators: Susan Jamieson & James Boyle

Background

It seems that every faculty development initiative now involves confronting choices about which modality – online, hybrid or in-person – is best suited to our needs. There are many variables: what the research evidence says, what we are used to, cost, technological support, social values, and more. In this talk, I propose a move away from focusing on modalities, towards focusing on specific situations. Every educational situation involves a unique overlap of material, digital and social activity. From this view, effectiveness cannot be attributed to a modality but to the ways in which particular designs are enacted and modified. In other words, the differences within categories (online, hybrid, in person) in how initiatives are designed and run are more important than the categories themselves. The effectiveness of faculty development design is contingent on the purposes (what we are trying to achieve), contextual factors (e.g. who we want to be involved, what they want to learn, at what level, what resources are available), and values (what matters to different stakeholders) in play. To explain this, I introduce the concept of entangled pedagogy, in which any educational activity involves the complex interplay of technologies, methods, purposes, context and values. This perspective can help us move past assumptions about methods, technologies or learners, and open up more possibilities for design and practice. An important aspect of this is troubling boundaries between modalities (e.g. questioning the distinction between online and in-person) or between formal and informal, or synchronous and asynchronous, activities. For example, online situations can (and do) still involve physical interactions; in person situations can (and do) still involve online activity. From this view, expertise in the design and practice of faculty development relates less to the ability to carry out predetermined educational methods and more to the ability to configure complex and emergent material, digital and



social activity. Expertise is distributed across multiple stakeholders working together, and effectiveness cannot be guaranteed in advance. It is prudent, therefore, to resist blank statements about any modality or method being better or more effective than others, and instead to interrogate the suitability of designed faculty development interventions to particular entanglements of technologies, methods, purposes, context and values.



Point of View 4 (0120)

Date of presentation: Sunday 27th August

Time of session: 10:15 – 11:45

Location of presentation: M1

Faculty Development | Forward Together

Heather Billings¹, Larry Hurtubise², Judy Blebea³, Angela Bergene¹, Stacey Pylman⁴, Karen Marcdante⁵

¹ Mayo Clinic, Rochester, USA ² The Ohio State University, Columbus, OH, USA ³ Central Michigan State, Mount Pleasant, USA ⁴ Michigan State University, Lansing, USA ⁵ Medical College of Wisconsin, Milwaukee, USA

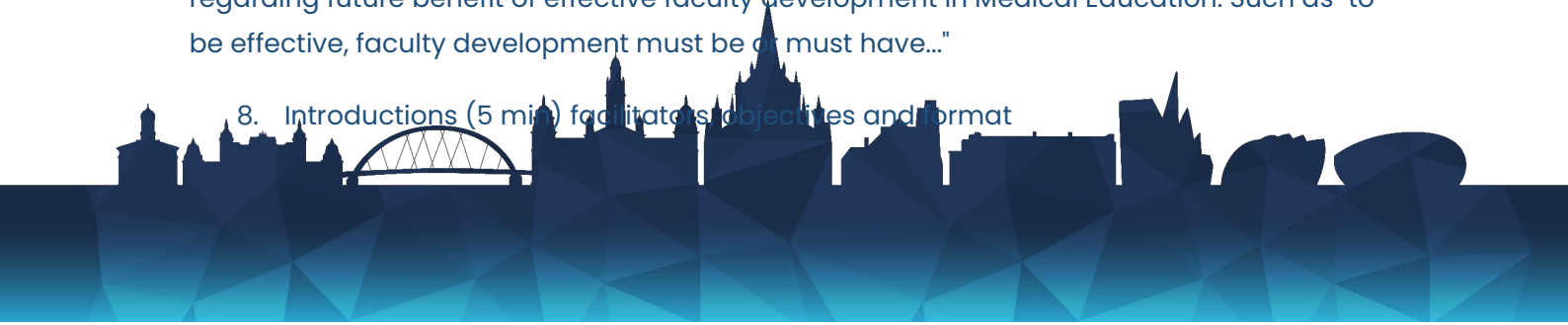
Competencies have been defined for teachers and medical educators (Sherbino et al, 2014) and faculty development (FD) programs have been established to develop and advance these competencies (Steinart et al 2006). However, the breadth and depth of faculty development needs and the format of faculty development programming and resources may require significant modifications and reprioritization in a Post Covid world (Salajegheh, et al 2020). Strategic Doing is a set of steps designed to enable people to form collaborations quickly, move them toward measurable outcomes, and make adjustments along the way (Morrison, 2019). This method facilitates the formation of new networks that generate innovative solutions. This interactive small group discussion **will** leverage "Strategic Doing" strategies to facilitate a conversation about the future of FD in medical education and develop collaborative strategies for meeting emerging needs of teachers and educators

Learning Objectives:

- Identify emerging medical educator competencies
- Engage in a discussion about the future of faculty development
- Contribute to collaborative inter-institutional planning

Quick Start: Participants will be prompted to respond to an appreciative inquiry question regarding future benefit of effective faculty development in Medical Education. Such as "to be effective, faculty development must be or must have..."

8. Introductions (5 min) facilitator's objectives and format



9. Step 1: (7 minutes) Review the quick start activity and frame a conversation around common theme of responses
10. Step 2 – 5 in small groups: Asset Share (7 minutes) Participants will share assets, for example time, resources, or expertise, they can contribute
11. Step 3: Link and Leverage (7 minutes) Participants will propose connections of assets (available resources) to create new opportunities for multi- institutional relevance and accessibility.
12. Step 4: Big Easy (7 minutes) Participants will rank opportunities by impact and feasibility to find an initial meaningful short term project
13. Step 5: Sprint Map (7 minutes) Participants will define steps and assign accountability partners for 30–60 day Sprint.
14. Wrap up (5 minutes) Participants will share contact information and schedule time for an initial post-AMEE conference meeting



Workshop 6 (0250)

Date of presentation: Sunday 27th August

Time of session: 10:15 – 11:45

Location of presentation: M2

Par for the Course Director: A Comprehensive Approach to Faculty Development on Course Administration

Gia DiGiacobbe¹, Delores Amorelli¹, Seetha Monrad², Eva Aagaard³, Abbas Hyderi¹

¹ Kaiser Permanente Bernard J. Tyson School of Medicine, Pasadena, USA ² University of Michigan Medical School, Ann Arbor, USA ³ Washington University School of Medicine, St. Louis, USA

Background

To ensure effective and engaging learning experiences, curricular governance, and accreditation compliance, faculty development on course administration and leadership is essential. Faculty are often thrown into course leadership with limited training, competing priorities, and increasing complexity in health professions education. This is particularly true for increasingly popular integrated courses that require collaboration by course administrators from different disciplines. Meanwhile most junior faculty lack formal training in the science of learning and education administration and have limited experience, often with advanced learners. These faculty find their bandwidth split between clinical responsibilities, research, teaching, and administration. Schools often take a piecemeal approach to training faculty in this work – offering faculty development sessions on syllabi construction or interpreting evaluation data – or rely on informal relationships among faculty.

However, literature on a comprehensive or collaborative approach – or usable resources or tools to support this effort – for preparing faculty for their course administration responsibilities is scant.

This session seeks to address this gap by providing resources to facilitate systematically developing faculty skills in collaborative educational administration. Workshop participants will be provided tools from multiple institutions, designed to train faculty as



leaders in education administration including a session plan for course director training, which includes suggested faculty development activities; a syllabus development guide; and an assessment form inventory, all of which can be adapted for attendees' home institutions. Participants will also discuss strategies for collaboration and mentorship and work together to develop a training plan for course leaders at their home institutions.

Who Should Participate

Faculty developers and those who need to train faculty leaders

Structure Of Workshop

Introduction/context

Large group discussion on challenges with training faculty on course administration

Small group discussion on components of faculty development on course administration

Small group exercise evaluating tools for faculty development on course administration and collaboratively building a session plan for course leadership training

Wrap-up

Intended Outcomes

- Evaluate approaches to preparing junior faculty for course administration
- Develop tools and strategies that can be used to prepare faculty for roles as course administrators
- Describe strategies for collaboration in course administration
- Create a session plan for course leadership training

Workshop 7 (0106)

Date of presentation: Sunday 27th August

Time of session: 10:15 – 11:45

Location of presentation: M4

Conducting Educational Design Research to Bridge Faculty Development Research and Practice

Diana Dolmans¹, Boukje Compen¹, Herma Roebertsen¹, Yvonne Steinert², Patricia O'Sullivan³, Susan McKenney⁴



¹ Department of Educational Development & Research, School of Health Professions Education, Faculty of Health, Medicine and Life Sciences, Maastricht University, , Maastricht, The Netherlands ² Department of Family Medicine and Institute of Health Sciences Education, McGill University, Montreal, Canada ³ School of Medicine, University of California San Francisco, UCSF, San Francisco, USA ⁴ School Development and Educational Technology, University of Twente, Twente, The Netherlands

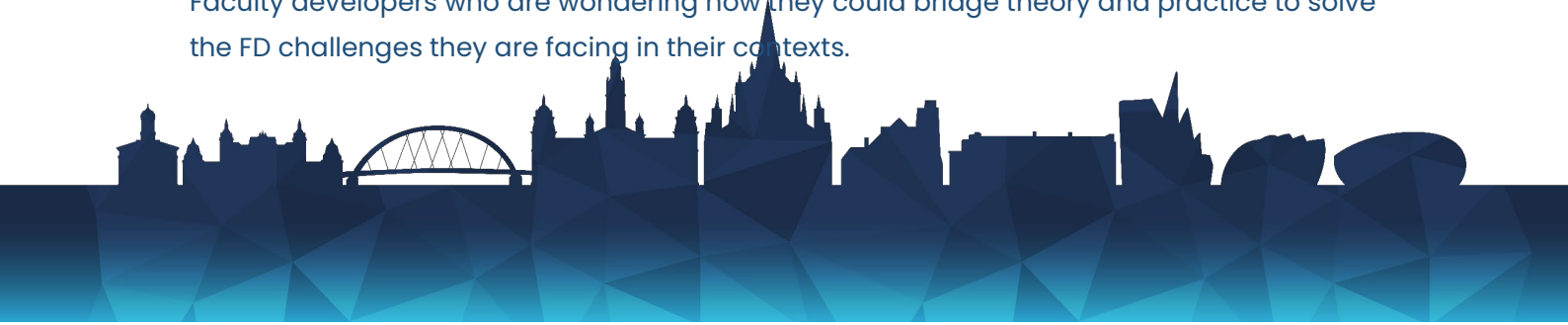
Background

Faculty developers often encounter challenges in offering faculty development (FD) initiatives. Educational Design Research (EDR) – also referred to as Design-Based Research (DBR) – is an approach for analyzing important challenges or problems and simultaneously enabling the development and evaluation of creative solutions. EDR follows three phases: 1) analysis and exploration, 2) design and construction, and 3) evaluation and reflection. In the first phase, the challenge or problem encountered is analyzed from a practical perspective. In addition, the analysis is informed by theory. In the second phase, a possible solution is designed and constructed, informed by a combination of theory and practical experience. In the third phase, the intervention is evaluated, to gain empirical evidence providing insight into what might work – and why – in a given context. In other words, EDR is a practical approach that can inspire faculty developers to (re-)design their FD initiatives and undertake a scholarly approach to advance both practice and research in FD.

In this workshop, we will explain the critical elements of EDR and provide examples to make the participants familiar with the three phases. We will ask participants to adopt the role of a stakeholder in a simulated project addressing an important faculty development challenge, for instance how to enhance transfer of what is learnt to practice, and apply EDR. In this way, participants will learn how EDR can be used to redesign their FD initiative and how FD challenges could be tackled from a practical and theoretical perspective. We hope this will inspire the participants to start thinking about their own EDR projects.

Who Should Participate

Faculty developers who are wondering how they could bridge theory and practice to solve the FD challenges they are facing in their contexts.



Structure Of Workshop

This workshop will start with a plenary introduction, followed by a group assignment. The session will end with a plenary discussion.

Intended Outcomes

Insight into the three phases of conducting EDR to analyze, design and evaluate an educational challenge in FD by involving stakeholders and theories to generate creative solutions to enhance both practice and research in faculty development.



Short Communications – Educator Competencies

SC EC/21⁽⁰¹⁵⁵⁾

Date of presentation: Sunday 27th August

Time of session: 10:15 – 10:30

Location of presentation: Carron 1

Evaluation of the effects of a faculty teaching development program in professional bachelors' education

Marianne Ellegaard¹, Kristian Kildemoes Foss¹

¹ University College Copenhagen, Copenhagen, Denmark

Background

Many higher education institutions require new teaching staff to participate in faculty development programs to prepare them for their new role as teacher. Whether, and how, such programs influence teaching practices is often unclear. We developed a theory of change for an impact evaluation that we carried out after a new faculty development program had been implemented for one year. We present the results of this evaluation¹.

¹Dansk Universitetspædagogisk Tidsskrift, 17/33:2–20.

Summary Of Work

A questionnaire was distributed to all new teachers, that had participated in workshops and/or network activities during the first year of the program. We received 61 answers, corresponding to ca. half of the participants. The questions were aimed at detecting signs of impact on teaching practice, and the answers were analyzed relative to the theory of change for the development program, which was, in short: Cause: *We develop and implement development workshops and networks*; Effect: *The faculty is increasingly engaged in a common effort to develop and improve teaching practices*.



Summary Of Results

The developed theory of change included six effects. We interpreted to which degree these effects were achieved, based on the responses to the questionnaire. One of the main desired effects was developments in the participants' teaching practices, and we saw that ca. 2/3 of the participants use elements from the workshops in their teaching practice at least sometimes.

Discussion And Conclusion

Based on the analyses, we conclude that the development program affects most of the participants' teaching practice and reflections on teaching. However, the analyses also uncovered hindrances to achieving these effects. These were mainly time and logistics (e.g. other tasks hindering participation in, and/or preparations for, the workshops) and the theoretical level in the courses, which was by a few participants considered too high, but also, by a similar number, too low.

Take Home Messages

Basing the evaluation of the development program on a theory of change stimulates the developers to formulate more precise success criteria for the program. The responses to the theory of change-based questionnaire form a better basis for evaluating the impact of the program than an evaluation to gauge the participants' level of satisfaction.



SC EC/2 2 (0076)

Date of presentation: Sunday 27th August

Time of session: 10:30 – 10:45

Location of presentation: Carron 1

Veterinary Epidemiology Teaching Skills (VETS) online workshop: capacity building across the Asia Pacific

Annette Burgess¹, Jenny-Ann Toribio¹, Harish Tiwari¹, Meg Vost¹, Alexandra Green¹, Navneet Dhand¹

¹ *The University of Sydney, Sydney, Australia*

Background

Building workforce capacity in epidemiology skills for veterinarians has been identified by the United Nations as a crucial aspect for achieving health security, essential for strengthening country capacities to prevent, detect and respond to public and animal health crises. Although there are many teacher training programs within health education, there is a paucity within veterinary education. We sought to evaluate the design and delivery of a Veterinary Epidemiology Teaching Skills (VETS) workshop as part of a project sponsored by the Australian government's Department of Foreign Affairs and Trade, to strengthen field veterinary epidemiology capacity in the Asia-Pacific region.

Summary Of Work

In 2021 the VETS workshop was delivered synchronously online across four days, consisting of nine modules, using a flipped classroom format, with preparation requirements and active small-group participation. Activities were formatively assessed, and facilitator feedback was provided. Participants were required to provide peer feedback during small-group activities, and were formatively assessed on their ability to do so. Data were collected by pre- and post-course questionnaires. Questions were based on participants' 1) perceived achievement of learning outcomes, 2) intention to participate in future teaching and mentoring activities, and 3) perception of the course design and delivery. Quantitative data were analysed using descriptive statistics and qualitative data were analysed using thematic analysis.



Summary Of Results

Thirty-four veterinary epidemiologists from Laos, Timor-Leste, Cambodia, Indonesia, Philippines, Papua New Guinea and Vietnam completed the workshop. 94% responded to questionnaires. Participants found the workshop to be well organised and efficient, with provision of relevant material. They valued the provision of educational theory and teaching frameworks. Highlights included opportunities to work in small groups, while sharing and actively applying their experience. However, it was suggested that face-to-face sessions, with increased course duration would enhance knowledge and skill development.

Discussion And Conclusion

Although the online VETS program was successful, incorporating face-to-face opportunities would further enrich participants' experience. A challenge will be ensuring alumni are provided with local teaching and mentoring opportunities, to reinforce outcomes and build workforce capacity.

Take Home Messages

The online VETS workshop provided a good framework for veterinary epidemiologists to develop and practice their skills in teaching, facilitation, assessment, feedback, case-based learning, program evaluation and mentorship.



SC EC/2 4 (0041)

Date of presentation: Sunday 27th August

Time of session: 10:45 – 11:05

Location of presentation: Carron 1

Faculty Development, Recruitment and Retention: Key Indicators of Excellence in Physical Therapist Residency

Mary Jane Rapport¹, Gregory W. Hartley², Gail Jensen³, Lisa Black³, Matthew S. Briggs⁴, Sara V. Kraft⁵, Raine Osborne⁶, Carol Jo Tichenor³

¹ *Hawai'i Pacific University , Honolulu, HI, USA* ² *University of Miami, Miami, FL, USA* ³ *Creighton University , Omaha, NE, USA* ⁴ *The Ohio State University , Columbus, OH, USA* ⁵ *Medical University of South Carolina, Charleston, SC, USA* ⁶ *University of North Florida, Jacksonville, FL, USA*

Background

Significant transformation in the education of physical therapists (PT) in the United States (US) is ongoing. The professional degree transitioned to a clinical doctorate (DPT), accredited postprofessional residency and fellowship programs are developed in 11 specialized and 9 subspecialized areas of PT practice, and board certification in specialty areas of practice is established to meet a societal need for advanced knowledge and skills as well as improved proficiency and efficiency. There are currently 377 accredited postprofessional PT residency programs in the US, and this number continues to grow rapidly.

Summary Of Work

A multi-year, qualitative study was designed to explore, identify, and describe excellence and value in PT residency education. Exemplar residency programs across the US were identified via a national survey of program directors from programs where there was novel, innovative, and/or collaborative curricula. The research team then conducted individual and focus group interviews with multiple stakeholders, including organizational leadership and faculty, at these residency sites.



Summary Of Results

Findings were synthesized and a conceptual model grounded in the domains of excellence and value in PT residency education was created. Key supporting themes highlighted the critical importance of leadership and faculty (supportive leadership, collaborative partnerships, exceptional clinical mentoring, faculty as role models, and professional obligation). Excellent programs are well supported by the institutional mission, leadership at all levels, and evidence of continuous emphasis on program improvement, the resident as learner, and faculty as teacher. Faculty recruitment and the creation of a faculty “pipeline” by retaining residency graduates were of significant value to the organization. Faculty development and retention were both well supported through the didactic and clinical mentoring aspects of these excellent residency programs.

Discussion And Conclusion

Postprofessional PT residency programs considered as excellent place high value on faculty development, recruitment, and retention as core components of the program structure and the organizational mission. When faculty have opportunities to mentor and support learners, their satisfaction is higher and retention increases.

Take Home Messages

The development of high caliber specialists is dependent on recruiting, cultivating, and retaining high quality faculty – outcomes that were internalized and operationalized in PT residency programs of excellence.



SC EC/2 5 (0044)

Date of presentation: Sunday 27th August

Time of session: 11:10 – 11:15

Location of presentation: Carron 1

Creating career pathways in medical education: the Associate Clinical Teacher programme

Victoria Tippet¹

¹ *University of Liverpool, Liverpool, UK*

Background

In contrast to clinical or research career pathways, those in medical education are often less well-defined. Historically it has been noted that medical education roles are hard to fill and yet in the UK landscape there are plans to further expand medical school places resulting in a clear need for programmes to engage and develop medical educators from early in their postgraduate training.

Summary Of Work

The associate clinical teacher (ACT) programme was set up by the University of Liverpool School of Medicine in 2018. Its aims included offering a stepped approach to gaining teaching experience for more junior staff who may have an interest in medical education but who had not had any practical opportunity to explore this. Successful completion of the programme means ACTs must achieve three meetings with a mentor and role model working in medical education, five co-teaching sessions with observation and developmental feedback from an experienced teacher, and completion of an undergraduate medical education project. Additionally, ACTs are offered three CPD events across the year including a full day of induction and interactive workshops.

Summary Of Results

Since inception, the School of Medicine has hosted 112 ACTs. The programme is popular with over 100 hundred trainees applying for the 24 available places each year. A key strength of this programme is the ability to complete the year in parallel with clinical



training, with no out of programme time required. ACTs have gone on to hold a range of roles at the School of Medicine in parallel with their clinical careers including clinical teacher and medical education fellow.

Discussion And Conclusion

This innovative programme helps to meet the needs of trainees interested in a career that includes medical education and allows them the possibility of developing their skills whilst not lengthening their overall clinical training time. By interacting with a variety of colleagues working in education and attending specific CPD designed to focus on educational careers, this is a unique development opportunity.

Take Home Messages

Significant medical education development can take place in parallel with clinical training. The programme is sustainable and leads to recruitment and retention of motivated faculty members beyond the end of their ACT year.



Short Communications – Models of Faculty Development

SC MFD 21⁽⁰¹⁶¹⁾

Date of presentation: Sunday 27th August

Time of session: 10:15 – 10:30

Location of presentation: Carron 2

An intensive faculty development in a Master degree program: Changing trend of learners

Cherdsak Iramaneerat¹, Vorawan Vanicharoenchai¹

¹ Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

Background

Siriraj Health science Education Excellence center (SHEE) offers a Master of Science in Health science education (M. Sc. (HSE)) program since 2016. This is a faculty development approach designed for those who want deep understanding of health science education, suitable for those who plan to take major roles in education at their institutions. The segment of learners committed toward master degree is getting smaller, while the segment of learners enrolled in a short course to study just one or two subjects is getting larger.

Summary Of Work

M. Sc. (HSE) program is a 36-credit degree program with the goal to produce graduates with ability to teach, assess learners, conduct educational research, and manage health science schools. The program offers a flexible learning platform, which learners can study in a traditional face-to-face classroom, or synchronous online learning, or asynchronous online learning. We analyzed data related to students' characteristics and learning satisfaction survey in order to understand learners' trend.

Summary Of Results

The first cohort (2016) included 14 formal master students. The number of master students per cohort was gradually decreasing to 8 in 2023. On the other hand, number of learners



enrolled in short courses gradually increased from 16 registrations per semester to maximum about 93 registrations per semester. In each course, a proportion of formal master students is between 28% and 50%, which is reduced from the early years of the program where majority of learners are formal master students. Survey of current students and graduates showed consistently high level of satisfaction.

Discussion And Conclusion

Despite the satisfaction with formal degree program, studying in a master degree program is a major commitment and fewer people wanted to make this commitment. On the other hand, more and more people are interested in gaining knowledge in a more flexible approach. An intensive faculty development approach needs flexibility. Gradually gaining knowledge and skills in education through short courses, which later could accumulate credits to a master degree is an alternative that gains popularity.

Take Home Messages

An intensive faculty development program should provide an educational experience as flexible as possible in order to accommodate learners' need.



SC MFD 2 2 (0128)

Date of presentation: Sunday 27th August

Time of session: 10:30 – 10:45

Location of presentation: Carron 2

Development and Design of the Masters of Health Professions Education Program

Amanda Stalwick¹, Kalyani Premkumar¹, Michael Cottrell¹, Vicki Squires¹, Dirk Morrison¹

¹ *University of Saskatchewan, Saskatoon, Canada*

Background

The Masters of Health Professions Education (MHPE) program originated from the University of Saskatchewan's College of Medicine Accreditation process in 2016/2017. Out of the accreditation conversations was a recognized need to improve instruction within the College of Medicine (Boyer, 1990). The College of Education together with the Colleges of Medicine, Veterinary Medicine, Nursing, Dentistry, Pharmacy and Nutrition, Kinesiology, and Rehabilitation Science collaborated to create and launch the MHPE Program in Fall 2020.

Summary Of Work

The program creation process included design labs facilitated by experts from the University's Teaching and Learning Centre exemplified the core principles of Scholarship of Teaching and Learning (SoTL) for the development of learning outcomes, determination of the underpinning structures and delivery models that weaved the courses into a cohesive program, and the construction of the assessment tools for the courses. Designed as an online program, the two-day design lab held in collaboration with health professionals to discuss what should be included within the courses (ie. course descriptions, objectives, content, assessment, etc.). The design lab was an innovative approach to collaboratively develop the program; this approach is aligned with principles identified by the World Federation for Medical Education (2016). Inclusion of reflection and development of an e-portfolio demonstrate assessment practices supported by SoTL principles (Cooke-Sather, 2015).



Summary Of Results

The first cohort of students graduated in the spring of 2022. Throughout the program, instructors solicited feedback through Student Learning Experience Questionnaires (SLEQs) in addition to the Exit survey. The Exit survey quantitative and qualitative feedback was positive and encouraging.

Discussion And Conclusion

The creation of this innovative program provided opportunities for collaboration outside of departments and colleges together with the ability to innovate in order to meet the needs of colleagues in the health professions.

Take Home Messages

This program, with significant revenue potential, offers opportunities for student body diversification, potential for international recruitment, and possibilities for research, scholarship, and relationship building.



SC MFD 2 3 (0032)

Date of presentation: Sunday 27th August

Time of session: 10:45 – 11:00

Location of presentation: Carron 2

Using cyclic Faculty development models to plan and execute faculty development

Samar Ahmed¹

¹ *Dubai Medical College for Girls, Dubai, The United Arab Emirates*

Background

There is a clear distinction between faculty training and faculty development (FD). Needs assessments used in the beginning of planning are not as often practiced on the ground as they are reported. Thus, the linear thinking model of FD is not sufficient and the need for a new model for FD arises to reinvent the way we approach FD and should be considered as a continuous cyclical process.

Summary Of Work

We first identified the criteria of a good FD experience through a series of focus groups with participation from representatives of 14 schools in Egypt to redesign the linear approach to planning a FD program. The protocols of focus group required these participants to address the discrepancy between how they develop FD programs and how they report this process. They were asked how much they think that the actual plan for development relies on needs assessment and how much information they can elicit from it. Participants were also asked how needs assessment was done in their institutes and how data from needs assessment were analyzed. This resulted in a list of 72 attributes of a good FD experience. The model was then developed after analyzing the themes emerging from the feedback.

Summary Of Results



When this model was presented to educationists in this course of work, there was agreement regarding its flexibility and inclusiveness. The model positions faculty as stakeholders segregated into groups and not one group where needs are tested. The model described in this work was face validated as a first step toward implementation and further validation.

Discussion And Conclusion

FD Models that are available at the moment in our opinion are rigid and there is a degree of lack of flexibility that leads to use of backdoors when planning and executing a program. A need for a flexible model that allows for interchangeability of the stages and plans with the end in mind is established.

The 5X2 D cyclic backward planning model has demonstrated a degree of flexibility and acceptability when studied.

Take Home Messages

Faculty development models cannot be linear

A cyclic model is needed

Faculty development models need an inbuilt degree of flexibility



SC MFD 2 4 (0219)

Date of presentation: Sunday 27th August

Time of session: 11:00 – 11:15

Location of presentation: Carron 2

Impact of a Longitudinal Instructional Development Program on Teaching and Education Outcomes of Clinical Teachers

Umberin Najeeb¹, Danny Panisko¹

¹ *University of Toronto, Toronto, Canada*

Background

The Master Teacher Program (MTP) is the Department of Medicine's (DoM) 2-year longitudinal instructional development certificate course at University of Toronto. Program provide advance training for clinician-teachers to (a) enhance and expand their repertoire of medical teaching skills, (b) augment their understanding of medical education principles, and (c) improve their versatility as teachers.

Summary Of Work

MTP has been running successfully since 2002. The first-year of the curriculum begins with a modified version of the Stanford Faculty Development Center's (SFDC) educational-framework and clinical teaching seminar series. The framework encourages critical self reflection and allows participants to analyze their individual teaching, the teaching of others and enhance their own teaching performance. Program continues with seminars, unique clinical teaching practica (CTP), and interactive small group sessions on a variety of educational topics that continue to evolve each year according to advances in the field of health professions education nationally and globally. In the second-year, CTPs are continued and SFDC framework is reemphasized. Academic review of education based articles through a journal club format is also incorporated. Participants also develop a scholarly project on a topic in clinical teaching or medical education to create a deliverable that meets an individual or institutional need.

Summary Of Results



19 cohorts of participants comprising a total of 240 graduates have completed the MTP. Graduates have received 144 teaching/education awards locally and nationally. Many graduates have been appointed into educational leadership roles within their hospitals, divisions, DoM, and in other institutions outside DoM. From promotion perspective, 34 are at the rank of lecturer, 96 at assistant professor, 39 at associate professor, and 8 at full professor. MTP participants had 158 publications from 2004–2021. Other significant outcomes are 1) the collaborative relationships within each cohort, that continue beyond graduation and may involve ongoing scholarly activities; and 2) mentorship relationships between graduates and the MTP directors – these relationships are highly valued for MTP participant's career development and well-being.

Discussion And Conclusion

A longitudinal instructional development program for clinician-teachers set the stage for their career advancement, retention, academic productivity, and academic promotion.

Take Home Messages

Longitudinal Instructional Development Programs for clinician-teachers provide high level of impact for participants and their institution.



SC MFD 2 5 (0194)

Date of presentation: Sunday 27th August

Time of session: 11:15 – 11:30

Location of presentation: Carron 2

An interdisciplinary evidence-based education workshop: a 7-year experience in a Mexican university

Melchor Sánchez-Mendiola¹, Maura Pompa-Mansilla¹

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National Autonomous University of Mexico (UNAM), Mexico City, Mexico*

Background

University teachers require training for the appropriate use of educational evidence in teaching practice, ideally in an interprofessional setting. The goal of this study is to describe a faculty development institutional experience with an evidence-based education (EBE) workshop, analyze its challenges and lessons learned.

Summary Of Work

An interdisciplinary EBE workshop was designed at the National Autonomous University of Mexico (UNAM), targeted to faculty from all areas of knowledge. The first workshop was implemented in 2016. It included EBE concepts, generating educational questions, using educational databases for locating evidence, critical appraisal of educational papers, and applying evidence in practice. The course has been enriched and modified with the implementation experiences and participants' evaluations. Its scope was broadened: balance of synchronic and asynchronic activities, problem-based learning, use of digital tools, spaced synchronic sessions, among others.

Summary Of Results

18 EBE workshops have taken place, 10 hybrid and 8 completely online. 515 Teachers have completed all course assignments and activities. Participants are teachers from four areas: physics, mathematics, and engineering; biology, chemistry and health; social sciences; humanities and arts. The use of Perusall for collaborative reading and annotation



has been an interesting and challenging activity. Two peer-reviewed publications about the course were published. Several open resources were created (e.g. EBE toolbox). Course evaluations were highly positive, and participants' feedback and suggestions were incorporated. Most participants highly value the educational worth of the course and its practical uses; all increased their knowledge and use of institutional digital libraries and evidence sources; the intrinsic complexity of educational research published papers was recognized by participants. A community of practice was created.

Discussion And Conclusion

The EBE workshop at UNAM has been a satisfactory learning journey for faculty and attendees. The importance of scholarly evidence for educational decision-making and practice should be emphasized, and the challenges of critically appraising educational papers in the teaching community shouldn't be underestimated. Faculty development experiences that move beyond identity and discipline-focused activities are achievable.

Take Home Messages

Educational knowledge translation faculty development courses are increasingly necessary. The experience of the EBE workshop in a Mexican public university may be useful for other countries and cultures.



Point of View 5 (0027)

Date of presentation: Sunday 27th August

Time of session: 12:30 – 14:00

Location of presentation: M1

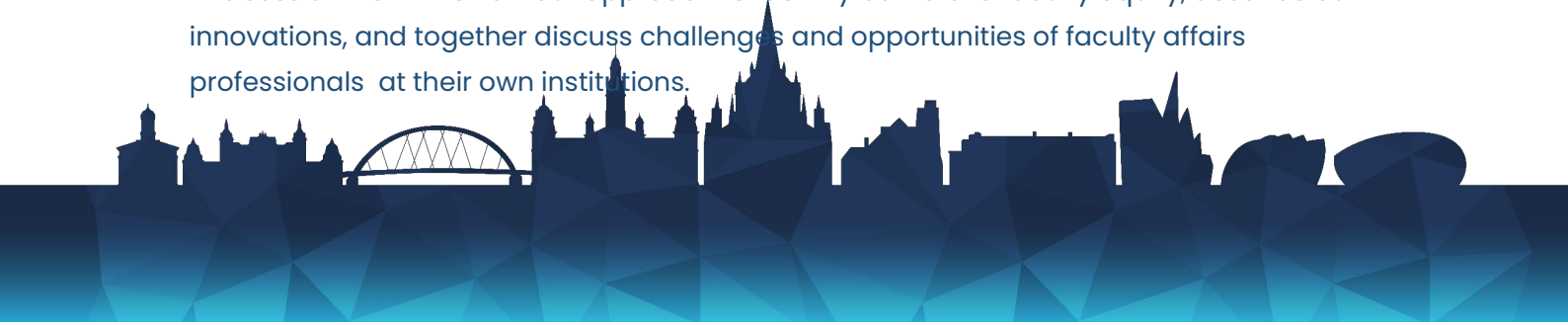
How Can Faculty Affairs in Academic Medicine Address Equity?

Marin Gillis¹, Judy Bolstad-Hanrahan¹

¹ *Roseman University College of Medicine, Las Vegas, USA*

Medicine is advancing reforms to: 1) address structural factors that impact on health and healthcare, 2) identify health disparities and inequities and consequent patient needs, 3) situate medicine within a social-ecological model of individual and public health, 4) identify and address upstream factors that affect individual patients in the context of their lived experience, and 5) participate in institutional policy change towards equity. When instituting curricular reforms aimed at significant change in medical practice, for example, it is not enough to change the education of current students, curriculum designers must consider how medical professors themselves were educated, what their professional identities entail, and take deliberate action to ensure that they are prepared to instantiate, instill, and assess students based on the values of social accountability and health equity. This is a task for the faculty developer.

Further, once the structural effects are recognized, the entire enterprise of academic medicine needs to be examined to find structural barriers to equity not only at the student level, for example, admissions, but at the faculty level, for example, faculty recruitment, selection, and advancement, including the annual review and tenure and promotion processes and policies. As inaugural faculty who lead the office of faculty affairs at a new medical school founded on the principle of social accountability, we are taking a multi-pronged approach to embed social justice values in faculty experience. We have introduced policies and procedures to foster and concretely recognize collegiality, collaboration, and teamwork towards a more fair and equitable faculty career path and clinical and teaching environment in addition to removing administrative burdens. In this session we will review our approach to identify barriers to faculty equity, describe our innovations, and together discuss challenges and opportunities of faculty affairs professionals at their own institutions.





THE SHAPE OF FACULTY DEVELOPMENT FOR TOMORROW –
IMPLICATIONS FOR THEORY, PRACTICE & SCHOLARSHIP



Workshop 8 (0236)

Date of presentation: Sunday 27th August

Time of session: 12:30 – 14:00

Location of presentation: M2

Promoting evidence informed educational practice in health professions education

Kadambari Dharanipragada¹, Zayapragassarazan Zayabalaradjane¹

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Background

Evidence informed practice is not new to health care professionals. In education too there is a growing recognition of the importance of employing evidence in teachers' practice. Such an evidence – informed practice (EIP) is essential for enhancing student learning, solving educational problems, for educational reform and for overall effectiveness of health professions education. Professional development for teachers in health professions education (HPE) therefore needs programmes that foster the development of EIP while empowering teachers to critically evaluate the available evidence and use their professional judgement when doing so. This workshop is intended to encourage the use of evidence to inform educational practice by teachers in HPE and provide suggestions for the efficient and effective use of evidence obtained from diverse sources.

Who Should Participate

teachers in HPE



Structure Of Workshop

The workshop will begin with an interactive session to introduce the concept of evidence informed educational practice, its relevance and need in HPE. The participants will then identify a problem in their practice for which they need to develop a solution and brainstorm in small groups to list various resources available to them for finding a solution. This will be followed by a discussion on key issues to be considered when judging the credibility of the evidence and the importance of keeping in mind the quality and appropriateness of evidence for their context. Ways of implementing EIP and challenges they envisage for its implementation will be discussed.

Intended Outcomes

participants will be able to

1. Describe what the term “evidence” means to them in the context of their practice as teachers
2. Identify sources of evidence
3. Use their judgement to evaluate the quality of evidence
4. Devise strategies to practice EIP



Workshop 9 (0229)

Date of presentation: Sunday 27th August

Time of session: 12:30 – 14:00

Location of presentation: M4

Building Faculty Development Bridges to Strengthen the Pro-Teaching Environment

Teri Turner¹, Charlene Dewey², Latha Chandran³

¹ Baylor College of Medicine, Houston, USA ² Vanderbilt University Medical School, Nashville, USA ³ University of Miami Miller School of Medicine, Miami, USA

Background

Due to competing demands on faculty time and limited work hours for learners, it is essential that teachers facilitate effective and efficient learning using evidence based educational principles. Most academic institutions have some form of faculty development (FD) offerings that train their faculty in teaching skills. Many of these programs are carried out by a small cadre of individuals dedicated to improving the quality of education. In order to create sustainable FD programs and methods that emphasize learner centered education and small group interaction, it is imperative that collaboration helps maximize the efficiency of the faculty involved in these endeavors. How can collaborative efforts be harnessed so that "the sum is greater than the parts". Additionally, how does one recognize and reward those collaborative successes? The goal of this workshop is to stimulate the sharing of information to strengthen FD efforts by building collaborative bridges. Different models of FD will be presented. Small and large group discussion, individual reflection/action planning, "letters of advice" and documented problem solution cases will be used to enhance participation and active learning. FD resources particularly suitable for collaborative efforts will be highlighted so that individuals do not have to recreate something that already exists in another area at the expense of unnecessary time and effort. Participants will be provided with a list of these resources and tools to aid them in implementing these strategies at their home institutions.

Who Should Participate



Individuals who are involved, anticipate future involvement or would like to become involved in faculty development efforts at their home institution.

Structure Of Workshop

The workshop is structured with brief didactics, small group activities and large group brainstorms to allow participants to apply what they have learned and identify priority areas to focus on at their home institutions.

Intended Outcomes

The Intended Outcomes of this workshop are for participants to be able to:

- Identify faculty development tools/resources/methods that can be used with busy educators.
- Formulate strategies to collaborate with other educational leaders in one's home institution.
- Implement at least one method to recognize and reward collaborative faculty development efforts.
- Develop an individual action plan to implement what has been learned.



Short Communications – Stakeholders Involvement

SC SII (0195)

Date of presentation: Sunday 27th August

Time of session: 12:30 – 12:45

Location of presentation: Carron 1

Promoting Equitable Learning Environments through Participation in an Advanced Feedback Curriculum

Aimee Gardner¹, Tyson Pillow¹, Jessica Castillo¹, Ashlyne Elliott², Sylvia Hysong¹

¹ Baylor College of Medicine, Houston, USA ² Texas Christian University, Fort Worth, USA

Background

Feedback curricula in medical education typically covers only the basics of feedback, neglecting an entire literature base that contributes best practices, theoretical frameworks, and acknowledgement of external influences to the understanding of the feedback delivery and utilization process. Our study fills this gap and explores the impact of an advanced feedback curriculum on participant learning and outcomes.

Summary Of Work

We created a self-paced, six-module course that covered advanced feedback techniques with intentional inclusion of the various social dynamics that can influence feedback processes. Specific discussion regarding how these phenomena and processes interact with age, sex, and race of the feedback deliverer and recipient were interwoven within each module. The course included multiple delivery modalities (audio and video vignettes, scenario-based quizzes, knowledge checks, etc.).

Faculty completed pre/post assessments of feedback environment (32 items), feedback seeking behaviors (11 items), and feedback orientation (20 items). All items were completed on a 1 (strongly disagree)–7 (strongly agree) Likert-type scale. Participant reactions were collected via post-module reflections, structured debriefs, and post-



course focus groups. Quantitative data were analyzed with paired-samples t-tests. Participant reactions data were reviewed qualitatively by the research team.

Summary Of Results

Seven participants participated in the pilot. Supervisor and peer feedback environments were rated highly both before and after the course, with no significant differences between time periods (5.92-->5.87, ns and 5.03-->5.34, ns, respectively). Participant feedback orientation demonstrated significant improvement after the course (4.12-->4.54, $p<0.05$). Participant feedback seeking behaviors also improved after the course (2.88-->3.43, $p<0.05$). Focus group data revealed appreciation for diversity's role in the feedback process, the self-assessment activities, reliance on theory throughout the course, and introduction to new concepts in feedback.

Discussion And Conclusion

An advanced feedback curriculum has the potential to significantly improve participant feedback orientation and feedback-seeking behaviors. Specific acknowledgement and consideration of the social context of feedback delivery and utilization is well-received by participants, and can help contribute to a more equitable learning environment.

Take Home Messages

Feedback courses can enhance faculty feedback behaviors and contribute to diversity efforts.



SC SI2 (0053)

Date of presentation: Sunday 27th August

Time of session: 12:45 – 13:00

Location of presentation: Carron 1

Patient and Family Partners as Educators: Exploring the Identities of Storytellers and Their Stories as Pedagogy

Latika Nirula¹, Qian Wu¹, Brett Diaz ², Helen Sklarz ³, Sacha Agrawal⁴

¹ Centre for Faculty Development, Toronto, Canada ² University of Toronto, Toronto, Canada ³ Unity Health Toronto, Toronto, Canada ⁴ Centre for Addiction and Mental Health, Toronto, Canada

Background

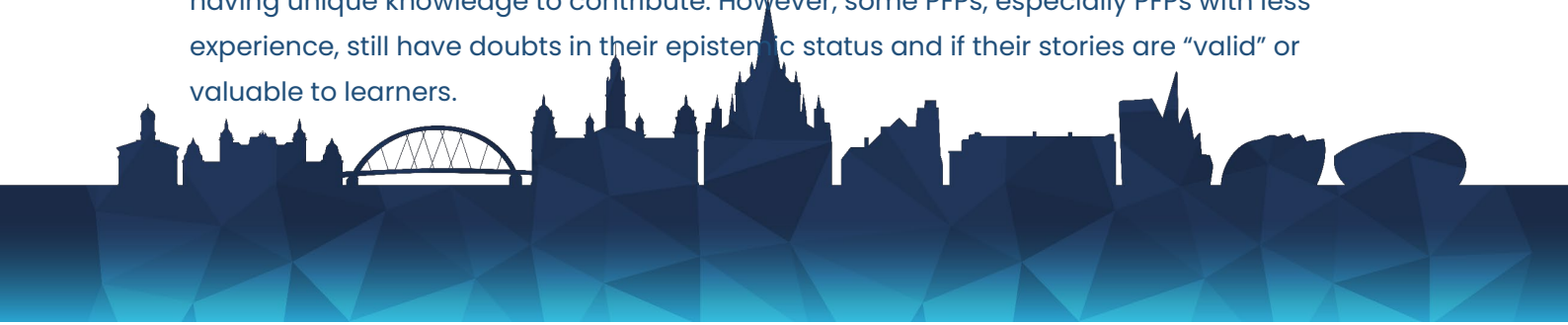
Patient and family partners (PFPs) are increasingly being engaged as educators through the pedagogical tool of storytelling. However, little is known about how PFPs perceive themselves in health professions education and how this pedagogy is constructed. It is imperative that we invest in studying PFPs' identity as storyteller/educator and the construction of the pedagogy of storytelling. The paper also advocates that the field of faculty development expand its reach to include PFP educators.

Summary Of Work

Eleven PFPs were recruited from a Patient and Family Partner Program at an academic hospital in Toronto, Ontario, Canada. Data from the participants include (a) a personal healthcare story, (b) a semi-structured interview, and (c) an online demographic survey. Drawing on critical reflexivity as the theoretical framework, we analyzed the data through thematic analysis and discourse analysis.

Summary Of Results

Our study finds that the majority of PFP storytellers considered themselves educators and having unique knowledge to contribute. However, some PFPs, especially PFPs with less experience, still have doubts in their epistemic status and if their stories are "valid" or valuable to learners.



In terms of the construction of stories, PFPs tend to frame their stories in a positive light and seek resolution in their stories, key reasons being their intentions to educate over criticize, their focus on delivering clear messages and crystalizing “teachable moments” in their stories, and the fear of repercussion from healthcare providers or the healthcare system. Ultimately, the PFP educators hope to construct their stories in ways that can “strike a chord” with learners such to empower them to make changes to the healthcare system.

Discussion And Conclusion

In addition to explore how PFPs understand themselves as educators and their considerations in constructing their stories, the paper also advocates to include PFP educators in the space of faculty development: As educators, PFPs can benefit from participating in faculty development programs; As partners to clinical teachers, PFPs can contribute to faculty’s understanding of meaningfully engaging them in teaching.

Take Home Messages

It is important that the field of faculty development expand its reach to PFP educators to facilitate their development as educators, and to enable meaningful partnership between PFP educators and clinical faculty.



SC SI3 (0096)

Date of presentation: Sunday 27th August

Time of session: 13:00 – 13:15

Location of presentation: Carron 1

A preliminary evaluation of just-in-time training of faculty on ultrasound: closing the loop by students' feedback

[Ayad Al-Moslih¹](#), Josh Lauder¹, Sam George¹, Asim Ali¹, Liam Young¹, Kristopher Phillips¹, Aleksandr Valkov¹, Umang Grover¹, Colin Michie¹, Peter Driscoll¹

¹ *University of Central Lancashire, Preston, UK*

Background

Ultrasonography (US) is a well-recognised diagnostic tool at the point of care. Its introduction to undergraduate education supports the learning of basic sciences. Scarcity of trained full-time faculty to teach ultrasound is a significant challenge that hinders teaching.

Summary Of Work

In November 2022, we trained 20 faculty members at the medical school, on lung & cardiac US in addition to introducing Team-Based Learning (TBL) as a learner-centred instructional strategy. The training took place over two face-to-face sessions, which lasted for two hours each. Participants received the training objectives and educational material a week in advance. Hands-on training took place during both sessions. Two weeks later, using a similar TBL approach, 11 faculty members trained 227 first-year medical & physician associate students on lung ultrasound whilst overseen by one experienced US faculty. Faculty training involved formative assessment of knowledge by an individual readiness assurance test (RAT) as well as a team RAT and a post-training knowledge test. Learners' feedback was sought following every session. A faculty debrief took place at the end of their involvement and their views were collated.

Summary Of Results



The key finding was an improvement in the teams' mean RAT score (95.84%) compared to the mean score of the individual tests (82.14%). This finding is perhaps an indicator of successful collaborative learning. A conclusion which is supported by the improved mean post-tests scores (89.38%) on a different test version. A similar finding was evident in the students training. The session delivered by the trained faculty was rated highly by students.

Discussion And Conclusion

Adopting TBL as an instructional strategy for faculty development and students' teaching enabled a seamless implementation shortly after faculty were trained. Feedback from faculty & students, assessment results and faculty debriefing allowed a comprehensive evaluation.

Take Home Messages

Ensure faculty training adopts a similar instructional strategy to that of the students' instruction, construct assessment that aligns with the educational objectives, hands-on training & practice should be ample, observe performance & provide feedback. Finally, seek feedback of learners.



SC SI4 (0157)

Date of presentation: Sunday 27th August

Time of session: 13:15 – 13:30

Location of presentation: Carron 1

Biomedical Laboratory Science students help faculty develop transparent intended learning outcomes

Henriette Lorenzen¹, Jesper Glarborg Bahrenscheer¹, Marianne Ellegaard¹

¹ *University College Copenhagen, Copenhagen, Denmark*

Background

Intended learning outcomes (ILO) refer to knowledge, skills, and competencies, which students should achieve by the end of a particular course. We encourage students to use ILOs as a guideline for their studies. It is our experience that students frequently find ILOs overwhelming and struggle to understand course expectations.

At the Biomedical Laboratory Science program at University College Copenhagen, the current ILOs of all courses are written by teams of clinical teachers and campus faculty. The aim of this study was for faculty to gain insight into students' perspectives on the clarity and transparency of ILOs across different courses. Student recommendations will assist faculty members to develop consensus in the process of harmonizing the articulation of ILOs.

Summary Of Work

A questionnaire was distributed to all students (n = 397) to explore the comprehensibility and usefulness of ILOs. Based on the answers (n = 86), we developed a template for writing ILOs. First drafts of the new ILOs were given to selected students (n = 7) for further feedback. In addition, teams of faculty members provided peer feedback on ILOs of each other's courses. The framework was revised based on both student and faculty member feedback.

Summary Of Results



One third of the students disagree/strongly disagree that ILOs are comprehensible. Qualitative data confirmed that students find it difficult to understand the use of language and to identify the level of understanding. Additionally, students pointed out that ILOs were either too specific, too vague, too many or too few. Peer review between faculty members across courses contributed to 1) clear and concise ILOs articulated in a student-friendly language, 2) a reduced number of ILOs with a separate description of content.

Discussion And Conclusion

Student involvement guided faculty in identifying key problems with the current ILOs and indicated that formulations of ILOs varied across courses. Collaboration through a peer review process between faculty members helped build a common understanding of well-written student-centered ILOs.

Take Home Messages

Acknowledging student's valuable perspectives can qualify faculty development initiatives, such as ILO improvement. Furthermore, peer review activities between faculty members can enhance coherence between courses.



Short Communications – Technology Enhanced Faculty Development

SC TE1 (0074)

Date of presentation: Sunday 27th August

Time of session: 12:30 – 12:45

Location of presentation: Carron 2

An interprofessional ‘online-only’ Clinical Teacher Training program: participant perception and assessment outcomes

Annette Burgess¹, Tyler Clark¹, Akhil Bansal²

¹ The University of Sydney, Australia, Australia ² The University of Sydney, Sydney, Australia

Background

During 2020, the Clinical Teacher Training (CTT) program was moved to ‘online-only’ delivery in response to the disruption of COVID-19. Delivered via synchronous and asynchronous sessions, the 10 modules included: 1) Feedback, 2) Planning and delivering teaching sessions, 3) Facilitating small group teaching, 4) Key tips for teaching in clinical settings, 5) Teaching a skill, 6) Teaching clinical handover, 7) Team-based learning, 8) Case-based learning, 9) Journal club, and 10) Mentorship. We sought to investigate the efficacy of the new online-only delivery based on participation, participant perception and knowledge acquisition.

Summary Of Work

In 2022 the ‘online-only’ CTT program was delivered across 4-weeks, with provision of succinct literature, frameworks, videos, discussion boards and peer feedback. Zoom sessions provided opportunities for active participation in small interprofessional groups. Knowledge and skills acquisition were assessed using Multiple Choice Questions, and assessments by facilitators on participants’ ability to teach and provide feedback. Quantitative and qualitative data were collected by questionnaire, and analysed using descriptive statistics.



Summary Of Results

122 clinicians completed the CTT program, from 13 Local Health Districts and Institutions, plus various pharmacies. Disciplines included: Medicine (55%); Pharmacy (23%); Dentistry and Oral health (8%); Nursing (11%); Speech pathology (2%). Thirty percent of participants responded to the survey. Participants found the program well-structured and interactive, with a variety of topics, delivered within appropriate timeframes. They appreciated the literature, frameworks, interprofessional aspect, and multiple opportunities to practice and receive feedback. The majority of respondents commented on the flexibility and accessibility of 'online-only' delivery, with 97% satisfied to complete the program completely online. However, 41% indicated a preference for blended-learning. Assessment results demonstrated acquisition of a good level of knowledge and skills.

Discussion And Conclusion

The 'online only' CTT program provided an excellent framework to ensure provision of an up-to-date, relevant, and accessible training resource for clinicians working in metropolitan and regional/rural settings, allowing development of a range of teaching skills. Optional face-to-face components may increase engagement.

Take Home Messages

For busy health professionals, the CTT program provided a convenient and efficient platform. Key to success was the clear structure and outcomes, succinct literature, multiple short videos, varied assessment tasks, with the provision of peer and facilitator feedback.



SC TE2 (0164)

Date of presentation: Sunday 27th August

Time of session: 12:45 – 13:00

Location of presentation: Carron 2

A blended simulation course to strengthen students' learning and facilitator competence

Synnøve Eidsvik Folkvord¹, Janne Gabrielle Hunsbeth¹, Christina Furskog Risa¹, Torhild Borlaug¹

¹ *UIS, Stavanger, Norway*

Background

SimBegin is a blended course for facilitator competence originally developed for clinicians by Laerdal/SAFER. In autumn 2022 we piloted SimBegin for the transformation from knowledge to a competence-based curriculum for the student midwives in the first year at the University of Stavanger, Norway. The added value is that the competence that they acquire as facilitators from the SimBegin course is an asset to the strained midwifery workforce. As new graduates, they are already prepared for facilitator roles and to become a resource as educating more midwives in clinical practice.

Summary Of Work

We initiated collaboration with SAFER to pilot SimBegin to the midwifery master program: A 4-hour e-learning/digital module and a 2-day workshop.

The cases on the first day of the workshops were generic to healthcare. For the second day, the university faculty at the midwifery department, developed scenarios aligned with the learning objectives in the first theoretical module/course and for the first clinical placement.



Students were divided into small groups to create a safe climate. All students practiced debriefing and facilitating, supported by the SAFER faculty. Direct after the workshop, an anonymous questionnaire was administered. All students who completed the SimBegin course (n=11) voluntarily signed an informed consent to be followed up with interviews regarding their experiences with simulations during the program.

Summary Of Results

Findings from the pilot shows that SimBegin gives students competence at an entry level for running scripted scenarios and performing debriefing.

After the course, students are motivated to initiate and run case scenario simulations and debriefing based on their own learning needs.

Discussion And Conclusion

Case scenarios for midwifery practice are valuable for students' learning, as the generic e-learning module lacked a midwifery profile.

The results show that the aim of the course is aligned with co-creation of student-active and -oriented curricula.

SimBegin is implemented as a strategy for future student midwives' cohorts.

SimBegin will be implemented in other professional health educations.

Take Home Messages

SimBegin is a simplified program that gives students facilitator skills

Attending SimBegin gives students competence at an entry level for running scripted scenarios and performing debriefing

SimBegin requires little resources and promotes a sustainable system for increasing simulation activity.





THE SHAPE OF FACULTY DEVELOPMENT FOR TOMORROW –
IMPLICATIONS FOR THEORY, PRACTICE & SCHOLARSHIP



SC TE3 (0158)

Date of presentation: Sunday 27th August

Time of session: 13:05 – 13:15

Location of presentation: Carron 2

Podcasting: An alternative faculty development approach

Cherdsak Iramaneerat¹, Pattaraporn Naknagraed¹

¹ *Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*

Background

Siriraj Health science Education Excellence center (SHEE) provides faculty development activities to train faculty members of health science schools in Thailand in teaching and education since 2017. The traditional approach is a face-to-face workshop. These workshops received high level of satisfaction among participants. This led to lots of successes in making changes in teaching strategies, assessment methods, and curricula in Thai health science schools. However, certain groups of faculty members did not participate in these workshops due to their busy daily schedule. SHEE initiated podcasting as an alternative faculty development approach to engage these busy teachers in May 2021.

Summary Of Work

SHEE podcast is a conversation style podcast that a host discusses interesting topics related to health science education with an invited educational expert. Each episode is about 30 minutes long. SHEE podcast broadcasts every second and fourth Fridays of the month. We have produced four series of podcasts: (1) Disruptive education, (2) Successful teaching strategies, (3) Effective assessment methods, and (4) Enhancing transferable skills. These podcast episodes are available through five platforms: SHEE website, Youtube, Blockdit, Anchor, and SHEE online course. We analyzed the number of downloads to determine the effectiveness of these podcasts.

Summary Of Results



Twenty months after first launch, there were 16,023 downloads. The most popular platform was Youtube (57%), followed by SHEE website (33%), Anchor (21%), and Blockdit (13%). SHEE online courses, which require faculty members to log in and complete MCQ exam, had 103 participants. The faculty members who participated the most are anesthesiologists (32%), followed by internists and radiologists. The most popular podcast episode was “How should a medical school adapt for future”, followed by “How to develop non-technical skills in health science schools”, and “How to approach Gen Z learners”.

Discussion And Conclusion

Podcasting is a good faculty development strategy that can reach significant numbers of faculty members. Youtube is the most popular platform. Most participants wanted easily accessible platform without having to do posttest.

Take Home Messages

Podcasting allows faculty members to learn interesting concepts in education from anywhere at anytime without disrupting their work schedule. This flexibility allows faculty development activities to reach more faculty members.



SC TE5 (0113)

Date of presentation: Sunday 27th August

Time of session: 13:15 – 13:30

Location of presentation: Carron 2

Effectiveness of co-facilitation technique in hybrid Faculty Development for Simulation-Based Education

Sayaka Oikawa¹, Maki Someya², Junichi Tanaka³, Akira Yamamoto⁴, Shoko Tani⁴, Fumitaka Tanemura⁴, Takeshi Kimura⁵, Hiroshi Nishigori⁶

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Background

In Faculty Development for Simulation-Based Education (FD-SBE), providing opportunities for participants, simulation educators who are learners learning in a FD programme, to receive facilitator feedback which enhances their reflection is imperative. Feedback to practical teaching experience performed by the participants enforces their simulation teaching skill, and should be involved multiple perspectives. Co-facilitation, having 2 or more facilitators participated, is known to impart benefits for learners in a FD, however, there is scarce evidence of this effectiveness in hybrid FD-SBE.



Summary Of Work

We conducted the FD-SBE in September 2022. Since the COVID pandemic refrained some participants/facilitators from attending on-site, the programme delivered as a hybrid format, where both on-site/remote participants and facilitators joined at the same time. In the programme, the 12 participants experienced practical simulation teaching using their original scenarios as the roles of simulated teachers. Following this, the 6 facilitators (2 joined on-site and 4 joined remotely with audio-visual technologies; a video conference system using a Pan Tilt Zoom camera, and YouTube live streaming via a 360 degree camera) gave feedback on the participants' teaching performance. We collected the anonymous web-based post-programme questionnaire from the participants.

Summary Of Results

Six participants responded the questionnaire (response rate: 50%) and 3 of them answered that the presence of the on-site/remote facilitators affected their teaching performance. For example, the participants described that the facilitators of different formats of participation was effectively functioned as psychological acceleration/deceleration factors for them. In terms of feedback, the participants noticed that the comments from the remote facilitators were more candid and from a broader view in quality which enabled them to reflect their performance objectively, whereas the comments from the on-site facilitators were more passionate.

Discussion And Conclusion

The feedback from the on-site/remote facilitators were different in nature, and the diverse perspectives of the facilitators' feedback showed the effectiveness to foster the participants' reflections on their teaching performance of simulation. In conclusion, the co-facilitation technique conducted by the facilitators of different formats of participation worked effectively in the hybrid FD-SBE.



Take Home Messages

The co-facilitation technique in a hybrid Faculty Development programme for Simulation-Based Education has possibilities to enhance the participants' reflections on their teaching performance of simulation.



Point of View 6 (0256)

Date of presentation: Sunday 27th August

Time of session: 14:05 – 15:35

Location of presentation: M1

Faculty development within a whole-of-university approach

Tomlin Paul¹

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Faculty professional development is centred around providing continuing professional development (CPD) opportunities for faculty members to maintain, develop, or enhance knowledge, skills, and professional performance, ultimately to improve the quality of education provided. CPD opportunities include training, workshops, forums, and webinars. The faculty development process includes the design, development and implementation of CPD training and as such will conduct periodic needs assessments to determine priorities for faculty development. These needs assessments include faculty surveys and discussions with Academic Unit leaders. Faculty can also suggest CPD topics for future implementation. There is a need to revise our approach to needs assessment using a more learner-centred, whole-of-university approach. A deep dive on learning needs is needed at all levels if we are to achieve the greatest impact from these educational interventions. While traditional CPD has had a focus on short courses and webinars, a wider vision for faculty development must meet the needs of those who not only wish to upgrade their skills, but who may also wish to change career or earn a qualification. Additionally, the focus on achieving health equity must also be factored into the broader aspects of program design. Meeting learner needs beyond the traditional academic lens must therefore be a key approach of our CPD program. As such the CPD initiative must be integrated within a “whole of university” approach which calls for collaboration with multiple stakeholders in particular, the Human Resource department and its personal development strategy for all. This approach acknowledges the learning ecosystem across the institution and the continuum of learning generated within.

Workshop 10 (0125)

Date of presentation: Sunday 27th August

Time of session: 14:05 – 15:35

Location of presentation: M4



The 3T Faculty Development Bioethics Training Program for teachers in medical and health professions education

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Background

The accredited 3T bioethics training program has been designed to introduce teachers of medical and Health Professions Education (HPE) to teach the modern Integrated Bioethics Curriculum. This program was developed under the UNESCO ETTC program and was built to Train, Teach and Transfer (3T) the knowledge of Bioethics and Human rights. This program is concerned with how to teach, what to teach and the seamless integration into the curricula. The 3T program has three components, the first being principles of Bioethics, human rights, human dignity, vulnerability and environmental ethics. The second component consists of medical education technology, professionalism, ethical deliberation, case-based teaching and learning, and innovative teaching methodology. The third component is vertical integration of the bioethics into the existing curricula. This workshop will cover all the aspects of execution of 3T faculty development program and implementation into the curricula. The bioethical principles are based on the Universal Declaration on Bioethics and Human Rights (UDBHR), 2005.

Who Should Participate

Teachers from Medical and Health Professions Education

Structure Of Workshop

This workshop will be delivered by accredited trainers delivered in an interactive workshop model face to face in a cafeteria setting.



The use of innovative teaching methodology using role play, acting, debates, moral games and cinema, will be demonstrated, with work shopping of the fully evaluated case-based teaching methodology.

Participants will take part in the practice sessions of the innovative methodology. The simulated teaching viva and assessment at the end of the course will offer dynamic feedback on teaching skills and knowledge transfer technology demonstrated by the participants.

Intended Outcomes

By the end of this worksop, the participants will be able to learn how to conduct the 3T model of Faculty Development Bioethics Program effectively



Short Communication – Wellbeing of Faculty

SC W1 (0119)

Date of presentation: Sunday 27th August

Time of session: 14:05 – 14:20

Location of presentation: Carron 1

Empowering Faculty Development through Continuous Medical Education Programming

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Background

Health professions educators have many demands on their time, leading to high stress, burnout, and limited capacity to meaningfully improve teaching, evaluation, feedback, and other education-related skills. Faculty development can assist educators build knowledge and skills in these areas but engaging and supporting faculty in their education roles remains a challenge. The breadth and depth of faculty development needs and programming requires significant modifications and reprioritization in a post Covid world.

Summary Of Work

Inclusion of well-being and mindfulness training, and deliberate integration of practical strategies, and intentionally crafted reflection prompts and small group discussions can positively impact the satisfaction, joy and resiliency of health professions educators. Creating and facilitating faculty development activities to promote community building, professional networking, and peer to peer learning through dialog, role playing and knowledge exchange will be an important advancement for the future of faculty development. We included such activities within a 20-hour faculty development continuous medical education course with 70 attendees.



Summary Of Results

Through post course surveys the majority of respondents reported feeling more empowered, recharged and better prepared to serve in their education-related roles. More than 80% reported a higher level of desire to employ such strategies and they reported feeling more prepared to role model and share these well-being and mindfulness strategies with colleagues and learners; which one can expect would contribute to a more optimal teaching and learning environment within their home institutions. Biggest barriers identified to continuing to employ wellbeing strategies introduced during the course included, making time to do so, and breaking old habits.

Discussion And Conclusion

Based on initial success of this CME faculty development course, a 2nd course with 80-100 attendees will be hosted in June 2023 and that data will also be shared during this presentation.

Take Home Messages

Inclusion of practical and easy to employ wellness strategies is an effective means to increase joy and wellbeing among health professions educators attending a formal continuous medical education course. Providing a forum for health professions educators to learn with and from one another while sharing best practices for resiliency and mindfulness prepares them to incorporate these techniques at their home institutions, and role model them for learners.



SC W2 (0134)

Date of presentation: Sunday 27th August

Time of session: 14:20 – 14:35

Location of presentation: Carron 1

Relationship among gratitude, optimism, and emotional exhaustion of health sciences teachers

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Background

A lesson from the COVID-19 pandemic is the importance of having a faculty capable of managing and responding to their emotional and social needs and those of their students. In stressed situations having faculty with high levels of gratitude and optimism helps to maintain an atmosphere of confidence and to hope for the best for the future, academically, socially, and personally. There are indications that this may serve as a coping strategy for emotional exhaustion, particularly for teaching exhausting times.

Summary Of Work

This is a quantitative study of cross-sectional design. In it participated 205 health professionals who teach at a private university in northeastern Mexico. The data analysis consisted of Pearson's product-moment correlation test (r) with a 90% confidence interval determined by bootstraps. The variables studied are gratitude, optimism, and emotional attrition.

Summary Of Results

Participating teachers report high levels of gratitude ($M = 3.49$, $SD = .48$, $min = 1.83$, $max = 4.0$) and optimism ($M = 2.39$, $SD = .46$, $min = 1.25$, $max = 3.0$), while emotional exhaustion is



medium low ($M = 1.53$, $SD = .99$, $min = 0.0$, $max = 4.0$). Gratitude was found to be positively associated with optimism ($r = .36$, $p < .001$, 95% CI $[.22, .48]$) and negatively associated with emotional exhaustion ($r = -.28$, $p < .001$, 95% CI $[-.13, -.42]$); as for optimism and exhaustion, a negative relationship was found ($r = -.45$, $p < .001$, 95% CI $[-.33, -.56]$).

Discussion And Conclusion

Promoting gratitude and optimism in the faculty promotes self-efficacy, facilitates the adoption of new institutional models and strategies, and generates greater institutional identity. We found that optimism has a stronger relationship with emotional exhaustion, while gratitude was more distal. This leads to continuing with the study of positive teacher emotions as protective factors against burnout.

Take Home Messages

Since promoting positive emotions in health professors directly impacts the teaching-learning process, it has a positive effect on their relationships with their patients and loved ones. Educational institutions should establish policies for the human flourishing of their faculty.



SC W3 (0199)

Date of presentation: Sunday 27th August

Time of session: 14:35 – 14:50

Location of presentation: Carron 1

Variables that facilitate or hinder the well-being of the faculty

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Background

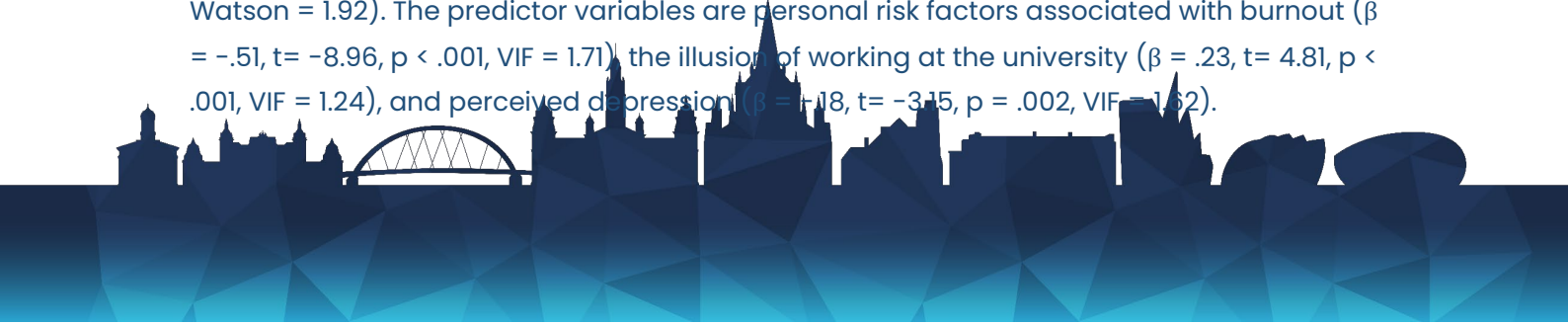
Given that teaching is a complex activity, teachers find themselves in a balancing act. On the one hand, the illusion and satisfaction of its social impact. On the other hand, a high workload, stress, limited resources, and low perception of students' engagement, put their well-being at risk. From the eudemonic current, well-being is the optimal state of a person achieved by accomplishments, effort, and strong relationships. Since having teachers with a positive cognitive, affective, and social balance enriches the teaching and learning processes, it is necessary to identify which factors facilitate or hinder teacher well-being.

Summary Of Work

This is a quantitative study with a non-experimental transactional design. It took place in a private university with the participation of 217 health teachers. The measured variables included psychological well-being, burnout, risk factors associated with exhaustion, anxiety, depression, and stress. The multiple regression test (step method) was applied to determine which variables facilitate or hinder teacher well-being. The predictor variables are exhaustion, illusion, depersonalization, personal and psychosocial risk factors associated with exhaustion, and in a unidimensional way, depression, stress, and anxiety.

Summary Of Results

The resulting model explains 59% of teachers' psychological well-being ($p = .002$, Durbin-Watson = 1.92). The predictor variables are personal risk factors associated with burnout ($\beta = -.51$, $t = -8.96$, $p < .001$, VIF = 1.71), the illusion of working at the university ($\beta = .23$, $t = 4.81$, $p < .001$, VIF = 1.24), and perceived depression ($\beta = -.18$, $t = -3.15$, $p = .002$, VIF = 1.62).



Discussion And Conclusion

From the faculty development perspective, knowing the factors that facilitate teachers' psychological well-being guides us in generating actions that promote positive and memorable experiences for the teachers. In turn, this impacts our students since it enables an optimistic and trusting environment with a high level of self-efficacy. Moreover, it generates a feeling of identity, stronger relationships, achievements, and greater productivity.

Take Home Messages

Nowadays, better understanding and promoting teachers' psychological well-being is a primary objective in many educational institutions. This is why it is important to identify the variables that facilitate or hinder such well-being. A healthier faculty helps to face the challenges and demands of the profession positively.



SC W4 (0026)

Date of presentation: Sunday 27th August

Time of session: 14:50 – 15:05

Location of presentation: M1

Creating an ecosystem for learning: the case for integrating new training developments with existing processes

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Background

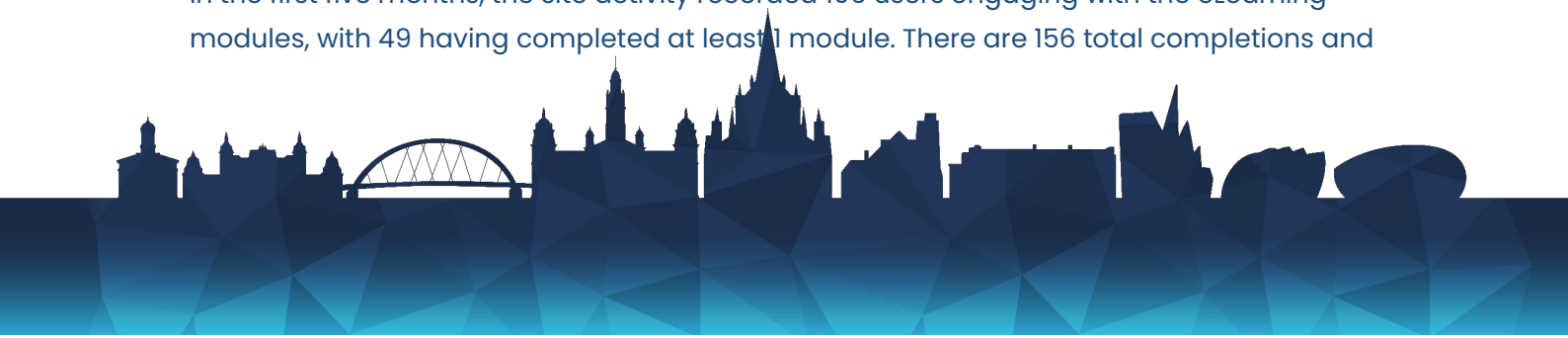
Healthcare, like education, is dynamically changing; new roles, new ways of working, new ways of teaching. Teachers, educators, and faculty are essential in this transformation, but their roles and responsibilities will be very different in the future than to those of today. Many factors influence this and staying ahead of the challenge requires a redesign of the delivery of faculty development, with emphasis on integrating with existing systems and on empowering learners by providing flexible resources.

Summary Of Work

The aim of this work was to develop and implement a faculty development strategy for all educators working in the health service who are responsible for teaching all medical and healthcare students to deliver effective teaching, irrespective of the environment. In Scotland, all healthcare professionals have access to Turas, a platform for accessing health, wellbeing, and social care tools and resources developed by NHS Education for Scotland. A bespoke faculty development site has been developed on Turas linked to the Recognition of Trainers competencies, containing resources mapped to appraisal documentation eliminating the need for double entry and duplication. The site was soft launched in the last quarter of 2022.

Summary Of Results

In the first five months, the site activity recorded 106 users engaging with the eLearning modules, with 49 having completed at least 1 module. There are 156 total completions and



150 modules in progress. Users belong to 11 professional groups from 22 core organisations.

Discussion And Conclusion

The outlining characteristic of the strategy is the focus on integrating multiple stages of the faculty development process into a familiar workflow. By pairing an integrated process with self-directed resources, users are encouraged to actively engage with learning and develop a community of practice. Despite not currently being advertised through any formal communications, the implementation of the strategy has attracted a considerable number of learners. We propose this is indicative of the faculty development strategy and implementation matching the requirements of learners.

Take Home Messages

Integrating multiple stages of the faculty development process into one environment enhances learner engagement with training.



Short Communications – Faculty Development as an organisational strategy

SC OS2 1 (0017)

Date of presentation: Sunday 27th August

Time of session: 14:05 – 14:20

Location of presentation: Carron 2

Educating the Educators: Developing and Implementing the Anatomy Education Research Institute (AERI)

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Background

While some health professions institutions provide limited education research professional development for their faculty, many faculty either lack these resources and/or lack the F2F mentoring to develop fully as medical education scholars. To meet this need for education research training and mentorship, the authors developed the Anatomy Education Research Institute (AERI), which was offered first in 2017 and again in 2022.

Summary Of Work

The first AERI was a 5-day institute in July 2017 in Bloomington, IN USA, and was completely funded by an American Association of Anatomy (AAA) Innovations grant. The AERI co-authors organized the events, selected the speakers, and set up the format of the institute, which was designed to lead participants from start to finish through the steps of developing a medical education research project. The aims of AERI 2017 were evaluated using Kirkpatrick's Four Levels of Evaluation model, and feedback from participants as well as a task force led to a slightly modified second AERI in July 2022 (also supported by AAA) at the same location.



Summary Of Results

AERI 2017 hosted 62 participants and invited speakers (who also served as faculty mentors) from around the world, and facilitated participants' knowledge about education research methods and the development of their own projects. AERI 2022 hosted 63 participants and invited speakers, including some speakers/mentors who were participants at AERI 2017. Pre- and post-conference surveys from both AERIs indicated long-term knowledge gains, demonstrated education research productivity, and desires of the participants for future AERI events.

Discussion And Conclusion

AERI provides a model whereby medical educators from various locations, with a common interest in education research, can collaborate F2F and produce demonstrable scholarly work as a result of their participation. These positive findings emphasize the need of such faculty development programs, and for professional organizations to help fund such endeavors.

Take Home Messages

- Faculty often lack the resources and mentorship to succeed as medical education research scholars.
- The Anatomy Education Research Institute (AERI) provides an evidence-based model to support faculty professional development and F2F mentorship in education research.
- Funding from professional organizations, like AAA or AMEE, can help support such institutes.

SC OS2 2 (0159)

Date of presentation: Sunday 27th August

Time of session: 14:20 – 14:35

Location of presentation: Carron 2

Extending the reach of faculty development: the benefits of a longitudinal blended learning curriculum

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Background

Broadening the scope of faculty development is increasingly important and an aspirational goal for many faculty developers. To address this challenge, we converted a two-day interprofessional faculty development program into a longitudinal curriculum of blended-learning modules. This adapted program addressed the same foundational faculty development topics, provided flexible online engagement, opportunities for interaction with colleagues, and training over the course of 2 years. This longitudinal blended learning approach was designed to be more accessible and tailored to individual learning needs.

Summary Of Work

“Your Teaching Journey” curriculum was launched in November 2020 with all 7 modules now completed. Each segment includes a self-directed asynchronous online module and a synchronous face-to-face component where participants engage in discussion and problem solving. We gathered data regarding total participants, participants new to Faculty Development, and longitudinal participation in all 7 sessions. A survey of participants’ experiences with the blended learning format is planned prior to re-launch in Fall 2023. We compared this information to participant data from 3 previous iterations of the two-day workshop.

Summary Of Results

- Individual module attendance is between 46–65, similar to each of the 2-day iterations
- To date 69 learners participated in 4/7 modules (86 in 3/7) 10 completed all 7 modules
- Total new participants is 93 as compared to 17 (2019), 33 (2017), 45 (2015) in the 2-day program
- Post module feedback from FD team members notes increased interaction between recurrent participants

Discussion And Conclusion



The first iteration of the blended learning curriculum ended in Fall 2022 and we noted more total participants including first-time participants in Faculty Development. While the program offers flexibility to choose modules based on participants' interest, we are seeing a significant number choosing to do the majority of the modules (longitudinal participation). The longitudinal nature of this program may offer an opportunity to develop a community of practice amongst the participants.

Take Home Messages

Longitudinal, blended learning faculty development curriculum may be more accessible to a wider audience and allow participants to tailor their involvement to their own perceived needs (principles of adult learning). A modular curriculum, as a tool for building communities of practise while promising, remains to be explored



SC OS2 3 (0246)

Date of presentation: Sunday 27th August

Time of session: 14:35 – 14:50

Location of presentation: Carron 2

Medical Educators Development programme for Myanmar: the conception, implementation, and evaluation of the first cohorts of this novel online course

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Background

The COVID-19 pandemic and subsequent 2021 military coup d'état – in Myanmar – has led to a severe disruption in the provision of undergraduate and postgraduate medical education. The Myanmar Health Education Support Group (HESG) is among the global organisations coordinating support for healthcare education in the country, through the development of an RCSEd accredited and AoME accredited “Teaching The Teachers” course for current and future educators. Aiming to build resilience and address the current lack of formal teacher training and qualifications.

Summary Of Work

The course comprises 3 modules: Fundamentals of teaching (module 1), Teaching and learning (module 2), and Assessment (module 3). Each module consists of 5 sessions delivered on Zoom as online interactive live tutorials led by two specialists. The HESG will assess the participant's coursework, reflections, and portfolio of activities recorded in a logbook against a competency checklist. The programme was delivered in 2 stages: Stage 1, confers CPD and Academy of Medical Educators membership upon completion of one of the modules, whereas Stage 2 confers a PGcert and Academy of Medical Educators membership (accreditation Plus) upon completion of all three modules.

Summary Of Results



The first and second cohort of the course was delivered to 31 educators in October and 28 in December of 2022. The taught sessions have been completed and they are now being followed by experiential learning which is being supported by individual mentors allocated to each participant.

More than 90% of the first cohort rated the sessions as 'Excellent' and 'Very good'. Similarly, 100% of the second cohort agreed or strongly agreed that the programme simulated them to change their practice.

Discussion And Conclusion

Moving forward, to better support with mentors, the option of live delivery or distance learning, and the creation of a PGDip in Medical Education.

Take Home Messages

The successful delivery of this ongoing programme has upskilled and professionally empowered educators with the latest medical education practices and internationally accredited qualifications.



SC OS2 4 (0080)

Date of presentation: Sunday 27th August

Time of session: 14:50 – 15:05

Location of presentation: Carron 2

A positive trend in faculty engagement after the implementation of the online faculty development program

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Background

Ramathibodi hospital Faculty of medicine, Bangkok has continuously developed faculty development programs for many decades. The program was primarily based on on-site workshops. During the COVID-19 pandemic in 2020, a digital learning platform was implemented, namely synchronous interactive learning using new applications such as Webex and Zoom and asynchronous on-demand and just-in-time learning modules and social media platforms to stay connected. This study aims to explore the trend of faculty engagement in online faculty development before and after implementation.

Summary Of Work

A 6-year retrospective study (3 years before and after the online program's implementation) collected the frequency of faculty attending the faculty development program (an in-house program) and the percent of faculty members who completed 10 credits during the years 2017–2022. A descriptive statistic and trend analysis were used.

Summary Of Results

In 2017–2019, six onsite medical education workshops for faculty development were organized annually. The frequency of faculty attending the workshops was 148, 100, and 180 times per year retrospectively. The faculty who completed 10 credits/year was 34.2%,



31.0%, and 67.3% retrospectively. In 2020, there was no onsite workshop and replaced by the online program; faculty used the online platform 1,069 times per year, with 74.3% completing 10 credits per year. Six onsite workshops were held per year in 2021–2022, with 5 online topics in 2021 and 16 online topics in 2022. The frequency of faculty attending the hybrid program was 1,284 and 1,152 times per year, retrospectively. The percentage of faculty who completed 10 credits or years was 95.0% in 2021 and 90.1% in 2022.

Discussion And Conclusion

The implementation of the online faculty development program resulted in a positive trend in faculty engagement. These could be due to greater accessibility and flexibility for busy clinical teachers. These approaches were sufficient for the current rapid, on-demand, and self-regulated faculty development needs and met unforeseen challenges such as the COVID-19 pandemic lockdown.

Take Home Messages

An expansion and implementation of an online faculty development program was considered a successful strategy to engage faculty members in medical education.



Plenary Session 4

Date of presentation: Sunday 27th August

Time of session: 15:45 – 16:45

Location of presentation: Carron 2

Scholarship in Faculty Development : Rethinking the relationship

Gary Poole¹

¹Centre for Health Education Scholarship at the University of British Columbia, Vancouver, Canada

Moderators: Karen Leslie and Olanrewaju (Lanre) Sorinola

Background

For over five years now, there have been calls to expand the research work conducted in the context of faculty development. What would such an expansion mean and how could it be supported? In this session, we will start by expanding our understanding of the ways scholarship is manifest in faculty development. Specifically, we will look at the implications of having faculty development units conduct research on their own practice and on the nature of faculty members' development as teachers. We will explore what research in faculty development looks like now, and envision what it can look like in the future. We will conclude by exploring what it would mean to expand the research agenda of faculty development in terms of its profile, identity and impact.

Technology has the power to transform learning environments for inclusive education, ensuring that all learners can achieve their full potential.

There is increasing interest in two areas:

- a) Technology can enable anytime, anywhere access to learning environments. Examples include the use of online networks and communities, use of social media, MOOCs, open access resources and FOAMed.
- b) Technology can enable learners to maximise their learning by creating inclusive online learning environments that respond to their diversity in age, gender, ethnicity, religion, disability, sexual orientation, education, and national origin. Examples include the use of assistive technologies, presentation of information in alternative and multiple formats to enhance engagement.

