Data driven faculty development strategic planning for implementing competency-based curricular reforms

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I/we do *not* have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
Theory & models

informing ideas and guiding approach

- Curriculum work
- Evidence informed practice
- Faculty development
- CBME
- Implementation Science
- Change Management
- Program Evaluation
Faculty Development

Re-positioning faculty development as knowledge mobilization for health professions education

Stella L. Ng1,2,3,4,5 · Lindsay R. Baker1,3 · Karen Leslie1,3

Mobilize (rather translate)
Reflects fluidity
Relationship between people involved
Faculty Development

Who's connected to whom and how: a model of evolving relationships and roles in faculty development and curriculum development during curriculum renewal and innovation

Jana Lazor[1], Susan Glover Takahashi[2], Karen Leslie[3]
Faculty Development

Faculty–Resident “Co-learning”: A Longitudinal Exploration of an Innovative Model for Faculty Development in Quality Improvement

Brian M. Wong, MD, Joanne Goldman, PhD, Jeannette M. Goguen, MD, MEd, Christian Base, Leahora Rotteau, MA, Elaine Van Melle, PhD, Ayelet Kuper, MD, DPhil, and Kaveh G. Shojania, MD

Abstract

Purpose
To examine the effectiveness of co-learning, wherein faculty and trainees learn together, as a novel approach for building quality improvement (QI) faculty capacity.

Method
from 13 subspecialty residency programs at their institution.

Results
Of the 56 faculty participants, the Co-Learning QI Curriculum trained 29 faculty mentors, 14 of whom taught formally. Faculty leads with an academic supportive program lead. Faculty with limited QI experience reported improved QI knowledge, skills, and project facilitation but were ambivalent about assuming a teacher role. Unplanned outcomes for both groups included QI teaching outside of the curriculum, applying QI principles to other work, networking, and strengthened team.

Co-learning
Residents and faculty learn together – simultaneously, and from each other
Theory & models

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Core Components of CBME

1. Outcome competencies
2. Sequenced progression
3. Tailored learning experiences
4. Competency-focused instruction
5. Programmatic assessment

Theory & models

Informing ideas and guiding approach

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- Change Management
Practice
aka, our research, scholarship, improvement work

1. Survey #1: Fall ‘18, CBME education leads re: FD needs
2. One-to-one consultations: Winter ‘19, 21 of 23 CBD leads re: FD plans
3. Survey #2: Spring ‘19, workshop materials validation
4. Surveys #3 & 4 &5: Summer ‘19, tool design input, next FD needs, CBD FD
Practice
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1. **Survey #1**: Fall ‘18, CBME education leads re: FD needs
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CBME/CBD Implementation
PGME at University of Toronto

• 70+ Residency Programs
• Program Directors & Administrators

• 27 Affiliated Hospitals
• 8000+ Physician Faculty
• 3000 Residents & Fellows
Two ‘brands’ of CBME in Canada

- CBD or Competency by Design
  - Royal College’s approach to CBME
  - Rollout for approx 80 specialties in 7-8 cohorts
  - Started field testing in 16-17 (i.e. 3 years ago)

- Triple C Competency Based Curriculum
  - CFPC approach implemented in 2011

- Many ‘pilots’ or programs using variable CBME models
Survey #1: Fall '18
re: FD needs
“shared wisdom”

Survey #1 study on FD
3-4 minute survey
# of people sent to: 168
(PDs & CBME education leads)
# of respondents/surveys: 75
44% response rate
WHEN: **best** to do CBME Faculty Development

**TIMING** advice

<table>
<thead>
<tr>
<th>Duration</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>&gt; 1 year</td>
<td>21</td>
<td>44%</td>
</tr>
<tr>
<td>6-12 mos</td>
<td>23</td>
<td>48%</td>
</tr>
<tr>
<td>&lt; 6 mos</td>
<td>4</td>
<td>8%</td>
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</table>
long enough time that some information can be repeated prior to implementation, close enough that it is "real" and not an abstract concept.

close enough that you can see the practicality of it.

Still fresh in their minds but enough time for reflection/implementation.

Repetition necessary.
Need to raise awareness well ahead of time, then remind everyone, then focus on specifics just before everyone needs them.

Close enough for faculty to feel some urgency as motivation for learning.

If too early, people won't attend or pay close attention, or they may forget; if too late, people won't have enough time to learn and practice what they need to know.
**HOW: Most helpful CBME Faculty Development**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Small Groups</td>
<td>10</td>
<td>31%</td>
</tr>
<tr>
<td>Rounds</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Workshops</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Retreats</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Online</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Combo model</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>4@1</td>
<td>12%</td>
</tr>
</tbody>
</table>
Rationale for HOW

*Collegiality, learning from each other.*
Everyone got to contribute.

*Different modalities for different people.*
Only time we are all together.

*Interactive format and practical applicability.*
Time for dialogue and working out how to apply approaches in their own settings.
Some people like time to read ahead, others want to be able to work with the material in the moment.

Sufficient time, sufficient focus, good attendance.

Hands on experience and ability to communicate better.

Allows practice and better engagement.
HOW: least successful CBME Faculty Development

Large Group = 6 = 25%

Online training/modules/website/webinar = 6 = 25%

Emails, emailed newsletter = 3 = 13%

Not sure = 3 = 13%

Other = 1/each = 4%
<table>
<thead>
<tr>
<th>TOPICS</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching &amp; Feedback</td>
<td>14</td>
<td>45%</td>
</tr>
<tr>
<td>Learning about EPAs</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Competence Committee</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Assessment tools</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>CBME background</td>
<td>6</td>
<td>19%</td>
</tr>
<tr>
<td>Unsure</td>
<td>3</td>
<td>10%</td>
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</tbody>
</table>
TOPICS least helpful to your faculty

Not sure = 8 = 53%

Too much historical background = 4 = 27%

CBD models & theory = 3 = 20%
1:1 consultations

Winter ’19

21 of 23 CBD leads

re: FD plans
The answers and resources need to be developed before you need them.

FD needs to work concurrently with curriculum design & development

People need a variety of FD options, but not easy to know which options are needed by whom, when and where.

Asking (i.e. gathering data) is important approach to implement program & learner centered FD.
Questions & Comments?

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Thank you!