REMEDIATION IN AN ERA OF COMPETENCY-BASED EDUCATION

SUPPORTING FACULTY
CBME – WHY?
Image: Microsoft Office Clip Art
Patchwork Curriculum

- Non-traditional elements are introduced into the curriculum to meet societal needs
- New topics are resisted by teachers who feel unprepared to teach them
- If new demands are not understood, they are undermined
  - (Cruickshank & Thompson, 1978)
The Deep End

Image: L. Hazelton
Steps in curricular change: Faculty must...

• Know about it
• Accept it
• Implement it

Cruickshank & Thompson, 1978
Know about it

Image: Microsoft Office Clip Art
Challenges to Communicating Information to Faculty

• Segmenting the market: Differing needs of Program Directors, Clinical Supervisors
• Specific vs General Information: High level and ground level needs and knowledge don’t always connect
• Timing: You don’t need to know this stuff until you need to know it
• Clarity: Inconsistent or changing messages cause confusion and worse
Accept it

Image: Microsoft Office Clip Art
Supervisor Reactions to ‘Problem’ Learners

- Denial (Maybe he's just having a bad day…)
- Avoidance (I think I’ll schedule another clinic during my teaching session.)
- Desire to rescue or protect (If I work hard enough, I will be able to help her…)
- Anger/frustration (Oh no! Why do I always get the challenging residents?)
- Helplessness/impotence (It's so hard! We’ll never be able to do it.)
- Acceptance (Let's get on with it and design a good remediation!)

Supervisor Reactions to Remediation in CBME

- Denial (Maybe I won’t have to learn about it…)
- Avoidance (I think I’ll switch to teaching undergraduates.)
- Desire to rescue or protect (That poor Program Director/Postgraduate Dean – I should buy him a drink.)
- Anger/frustration (Why do we have to do this? I trained in the old system and turned out fine.)
- Helplessness/impotence (CBME is so hard! We’ll never be able to do it.)
- Acceptance (Let's get on with it and design a good remediation!)

Implement it

Image: Microsoft Office Clip Art
Dual role of clinical supervisors

Clinical Reasoning

Pedagogic Reasoning

Audétat et al. 2015

Image: Microsoft Office Clip Art
Getting personal

• “Because it’s less of a commentary on someone’s personality in some ways, it's much easier to address a remediation problem that is strictly about a medical expert problem.”

  • Respondent, faculty remediation study
Coaching for change

• “I suspect the majority [of Program Directors] don’t have any formal training in how to coach and how to help residents gain insight. And so it often doesn’t go well, I suspect.”
  • Respondent, faculty remediation study
Supervisor burnout

• “You can’t depend on certain individuals all the time to remediate your residents because they get burnt out, and so you need to develop the breadth of your programs to teach people how to provide appropriate feedback that will actually help the residents become competent.”

  • Respondent, faculty remediation study
Strategies for Faculty Support and Training

• Create a system of multiple observations that operates on a regular basis (programmatic assessment)
• Provide simulated teaching sessions for supervisors
• Train faculty (esp. Program Directors) as coaches
• Support collaboration between multiple supervisors
• Be aware of potential for supervisor burn out
Another perspective

“I hope that the new way, competency by design, may help... The problem is early detection, but on the other hand there are the slow learners too. So you don't want to stop them too early. But you need to be able to say that this person will not be able to make it.”

Respondent, faculty remediation study
Thank You

Image: L. Hazelton
Bibliography

