

Continuing Professional Development: A Statewide Program for Medical Educators

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BACKGROUND/RATIONAL

Faculty development for medical educators is ever-challenging and even more so for those based at community-based programs and preceptorship sites. Geographic distances, technological challenges, time constraints, small faculty with heavy clinical responsibilities and competing work expectations, and leadership buy-in and institutional support for participation are among the most common challenges and hurdles to overcome. 1-4 As shown in the graphic below, community-based graduate medical education is expanding rapidly across the state of Mississippi, as is the need for effective clinician preceptors. The Mississippi Statewide Medical Educator Development (MSMED) model was developed to provide a three-armed approach to increase access to relevant, high-quality medical educator professional development and to enhance professional identity and community among medical educators throughout Mississippi. With funding from the Office of Mississippi Physician Workforce (OMPW), a 2016 statewide needs assessment was conducted with community-based faculty. Results and review of relevant literature and models 5-9 guided development of the conceptual framework, curriculum, and the three-component program model. The OMPW provided funding and administrative support for program development and the 2017 pilot study.

OBJECTIVES ASSESSED

- To pilot and evaluate effectiveness and viability of a statewide medical educator development model consisting of a yearlong, cohort-based certificate program and customized, on-site faculty development activities at program and state meeting locations.
- The poster presentation focuses on describing the design and pilot implementation of the certificate program.

MATERIALS/METHODS

One module from each domain was completed during each of the four in-person Learning Retreats (4 modules x 4 retreats = 16 total) (Figure 1). Each module completed using preparatory learning activities (pre-retreat), workshop activities (hands-on application (flipped classroom model), and expansion learning activities (post-retreat, practical applications). Learning forums (teleconference) include case discussions to reinforce learning and transfer to practice. MED-APP developed to enhance personal and real-life application and to contribute value to the Fellow's educational program. Monthly group coaching to maximize participation, learning, and MED-APP success through faculty and peer coaching (Figure 2).



FIGURE 1

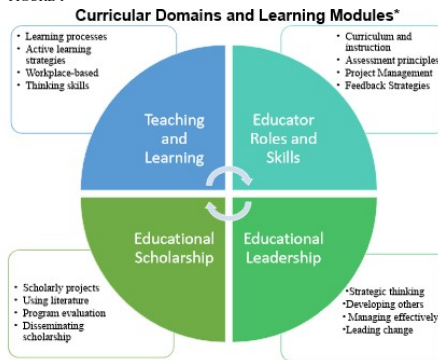


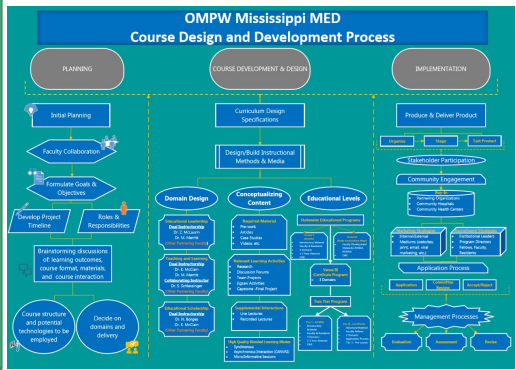
FIGURE 2

2017 Pilot Program Overview

Program Component	Program Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Orientation	✓											
Preparatory Learning Activities (pre-retreat)	✓		✓			✓		✓				
In-person retreat (R)		R1		R2			R3		R4			
Expansion Learning Activities (post-retreat)			✓		✓		✓		✓		✓	
Learning Forum Teleconference (F)			F1		F2		F3		F4			
Medical Education Applied Practice Project (MED-APP)	E	E	D	DP	I	I	I	I	I	AW	WR	P
MED-APP report due											✓	
MED-APP Presentation and Graduation Event												✓
Monthly Coaching	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*E=explore, D=develop, P=present, I=implement, A=analyze, W=write, R=final report, P=present

FIGURE 3



RESULTS

Invited Fellows: Pilot invitation of OMPW Director, 14 agreed to participate statewide (6 community-based (CB) and 8 academic health center (AHC) faculty).

Attrition: Before the start of the program, 6 withdrew (4 CB, 2 AHC): 2 (health issues), 1 (postpone until 2018), 3 (no response to follow-up communications). Initial cohort: 8 comprised of 2 CB, 5 AHC, 1 volunteer preceptor; 2 AHC new to faculty from prior community-based practice; all clinical faculty, early-mid career, three women and five men, osteopathic and allopathic schools, multiple specialties (anesthesiology, emergency medicine, family medicine, internal medicine, radiology and osteopathic manipulative medicine; 3 had leadership roles (e.g., associate program director).

Fellow Completion: 5 of the 8 graduated (all AHC); 1 CB and 1 preceptor withdrew after the first retreat, citing increased clinical workload; 1 CB missed 2 of 4 learning retreats, so postponed completion until next cohort Faculty: OMPW Director (MD); Consultant (program developer), 2 UMMC faculty leaders (1 PhD, 1 MD), 2 WUCOM faculty (PhD)

DISCUSSION/CONCLUSIONS:

Mixed methods, objectives-based design (e.g., pre-post program and retreat questionnaires, written narrative feedback, direct observation, formative feedback discussions and faculty debriefings, culminating reflective self assessment activity and MED-APP final reports).

- Formative evaluation facilitated refinements throughout pilot study
- Pilot program evaluation and use of results still in progress

Initial evaluation results from the pilot program indicate the following:

- Content, activities and materials were considered high quality, relevant, effective
- Curriculum objectives were achieved, learning gains clearly evident
- Program design facilitated transfer to real-life application, as intended
- Program activities contributed to identity formation as a medical educator, especially in-person engagement among Fellows and faculty
- Early adjustments to consolidate and increase focus of learning materials and to increase time for preparatory learning were effective
- Fellows valued learning retreats, length and frequency was effective
- Stakeholder buy-in (e.g., program directors) not yet established and is top priority to enhancing value, participation, and program viability
- Time and money for participation are still priority challenges to address