




**Teaching Family Medicine-What does it take?
Teaching competencies in a competency-based curriculum**

Dr Keith Wycliffe-Jones

Department of Family Medicine Cabin Fever 2010




I have no conflict of interest to declare

Dr Keith Wycliffe-Jones

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?




Workshop Outline

- What makes a good teacher
- What is competency?
- How do we recognise a "competent" teacher?
- How do we recognise a "master" teacher?
- How should we evaluate teachers?

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?




Workshop Objectives- by the end of the workshop participants will be able to;

- Describe the characteristics of a good teacher
- Provide a definition of competency
- List a set of observable teaching behaviors that define teaching "competency"
- List a set of observable teaching behaviors that define teaching "mastery"
- Describe potential methods of evaluating teachers in Family Medicine

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?




What makes a good teacher? - Why ask the question?

- Internal expectations-commitment to personal development and growth
- External expectations- e.g. learners, colleagues, staff...
- Faculty development
- Evaluation & feedback
- Individual teacher support
- New teachers

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?



What makes a good teacher?

- Small groups.

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

What makes a good teacher?¹

- 1) Physician Role model
- 2) Effective supervisor
- 3) Dynamic teacher
- 4) Supportive person

1.Ullian JA. A 'Family Practice Residents' Perceptions of the role of the Preceptor: A content analysis of written evaluative comments. PHD diss., University of Minnesota, 1989

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

What is competency?

".....professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served".²

2.Epstein RM & Hundert EM Defining and assessing professional competence JAMA 2002; 287: 226-235

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

What is competency?

".....professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served".²

What is teaching competency? A possible translation-

".....teaching competence is the habitual and judicious use of communication, knowledge, teaching skills, educational problem solving, emotions, values and reflection in teaching practice for the benefit of the learner and learning community being served."

2.Epstein RM & Hundert EM Defining and assessing professional competence JAMA 2002; 287: 226-235

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

Competency³

- should focus on performance of end product or goal state of instruction
- should be expressible in terms of measurable behavior-behaviors can either be competent or not competent.
- uses criterion related assessment not peer related assessment
- should inform learners (*teachers*) and other stakeholders what is expected of them

3.Harden RM et al. AMEE Guide No.14. Outcome based education. Part 1. An introduction to outcome based education. Medical teacher 1999;21(1):7-14.

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

Competency⁴

- Focuses on the end product of instructional process rather than on the instructional process itself
- Used to set performance standards that must be met
- Starts with focus on learner outcomes and takes additional step of determining which outcomes teachers need to have
-so what teaching competencies are needed to teach in a competency based curriculum?

4.Albanese MA et al. Defining characteristics of educational competencies. Medical Education 2008; 42(3):248-255

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher? Scottish GP Trainer Model⁵

WPBA Competency	Trainer competency
1.Communication and consultation skills	Trainer's communication and use of recognised consultation techniques with patients.
2.Practicing holistically	Ability to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts.
3.Data gathering and interpretation	Gathering and use of data for the purpose of educational needs assessment. Choose and employ appropriate assessment tools
4.Making a diagnosis/making decisions	Making and educational diagnosis-structured approach to educational problems/issues and working with learner to develop a clear and appropriate educational plan

5.Being a GP RCGP Curriculum statement 1. Royal College of General Practitioners

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher? Scottish GP Trainer Model⁵

WPBA Competency	Trainer competency
5.Clinical management	Teaching-facilitating learning in others, recognizing differences between learners and the corresponding different methods of teaching
6.Managing complexity and promoting health	Manage complex educational situations, such as illness, disability, psychological distress and attitudinal problems in learner and encompassing working with sub optimal resources and time pressures
7.Primary Care administration and IMT	Use of educational administration systems, effective record keeping and IT, for benefit of learner and Deanery
8.Working with colleagues and in teams	Working effectively with PHCT members to deliver a multi-professional training environment for the learner

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher? Scottish GP Trainer Model⁵

Teaching Competency Example; 1. Communication and consultation skills.
"Ability to give specific descriptive feedback with suggested options for change"

Insufficient evidence	Needs further development	Competent	Master

5. Being a GP. RCGP Curriculum statement 1. Royal College of General Practitioners, 2007

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher? Scottish GP Trainer Model⁵

Teaching Competency Example; 1. Communication and consultation skills.
"Ability to give specific descriptive feedback with suggested options for change"

Insufficient evidence	Needs further development	Competent	Master
From available evidence, the Preceptor's performance cannot be placed on a higher point of this developmental scale	Is able to give feedback to the learner in descriptive language	Provides feedback that is descriptive, incorporates suggestions for change and produces little emotional damage	Demonstrates mastery of feedback that is both sensitive to the learner's needs and sufficiently challenging to effect change.

2007

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher?

Observable behaviors of a good teacher

Insufficient evidence	Needs further development	Competent	Master

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take?

How do we recognize a competent teacher?

↑
 Conceptualize
 ↓

5 core behaviors
 Converse
 Engage
 Measure
 Model
 Structure

↑
 Empowerment
 ↓

6.Graffam B, et al. using observations of clinicians' teaching practices to build a model of clinical instruction. Academic Medicine 2008; 83(8):768-774

Department of Family Medicine Cabin Fever 2010


Teaching Family Medicine-What does it take?

How do we recognize a competent teacher?

Converse

- The clinician asks intentional questions and pertinent follow-ups to specific students
- The clinician demonstrates a knowledge of the student by engaging in conversations that are not only focused on the patient or health care but also on the student's life
- The clinician engages the patient in high-quality conversations that uncover a history and present conditions for the case (this is also modeling)

Department of Family Medicine Cabin Fever 2010


Teaching Family Medicine-What does it take? 

How do we recognize a competent teacher?

Engage

- The clinician assigns "home work" on key topics aligned with specific patient care
- The clinician asks "what-if" and hypothetical questions about the specific patient case
- The clinician recognizes the learning needs of the student and changes the context of the learning by presenting a different chart or data recording method
- The clinician asks the student to think aloud as a diagnosis is developed
- The clinician encourages the shared cooperative problem solving of the ward team or the paired students at the clinic

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take? 

How do we recognize a competent teacher?

Measure


The clinician gives regular and specific feedback to each student on a daily basis

The clinician makes certain goals explicit to all students and indicates to them when the attainment of these goals will be assessed

The clinician engages the student to discern how the student would self-assess regarding recent learning

- The clinician solicits the assessment of other students on their peers' behaviors and knowledge

Department of Family Medicine Cabin Fever 2010


Teaching Family Medicine-What does it take? 

How do we recognize a competent teacher?

Model

- The clinician regularly "thinks aloud" the cognitive processes used to sort through a problem
- The clinician demonstrates and (occasionally) narrates the physical behaviors used at the bedside or with a patient in the exam room
- The clinician demonstrates the importance of collegial rapport by engaging other physicians, nurses, and staff in discussions about the health care of a particular patient

Department of Family Medicine Cabin Fever 2010


Teaching Family Medicine-What does it take? 

How do we recognize a competent teacher?

Structure


- The clinician makes explicit changes in the expectations of student behavior as the learning moves forward
- The clinician recognizes that students in their third rotation should have different expectations than students in their first or sixth rotation
- The clinician is cognizant of a student's previous experience with patients and cases and explicitly adjusts the learning for that student
- The clinician is aware of students' differentiated learning abilities and adjusts learning

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take? 

How should we evaluate teachers?

Department of Family Medicine Cabin Fever 2010

Teaching Family Medicine-What does it take? 

Dr Keith Wycliffe-Jones kwycliff@ucalgary.ca

Department of Family Medicine Cabin Fever 2010