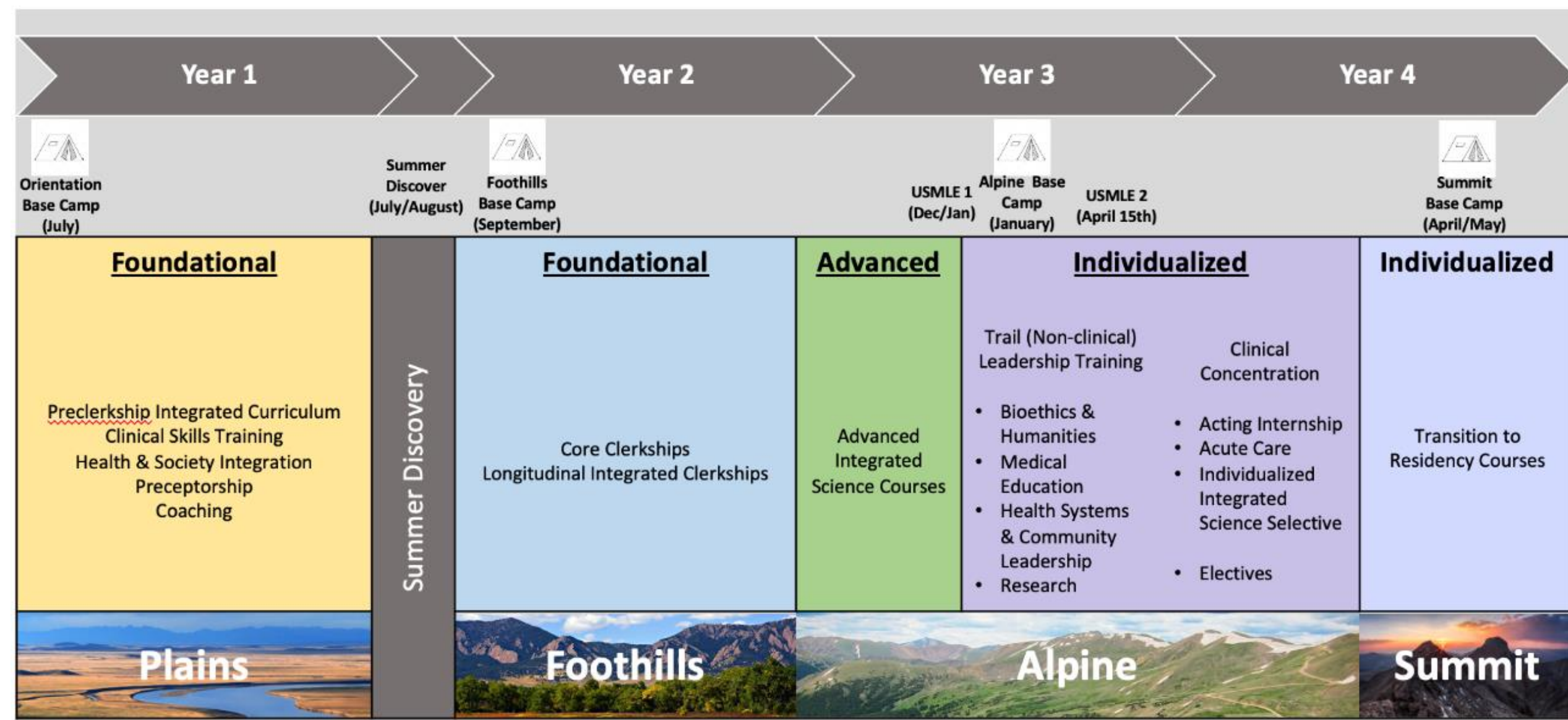


## BACKGROUND

The University of Colorado School of Medicine recently implemented a full curriculum reform, moving all students to an LIC model. Many clinical faculty were both new to the school of medicine and to the LIC model, making faculty development crucial to the success of the LICs.



In order to prepare for faculty development, we created a survey to:

- Assess preceptors' prior knowledge and experience in various areas of clinical education
- Identify highest yield topics for faculty development
- Identify best methods to distribute faculty development materials
- Identify preferred format for faculty development materials
- Identify factors that motivate participation in faculty development

## METHODS

### January 2022, faculty distributed to ~500 faculty

IRB exempt 5-minute survey sent via email to 500 current and future LIC preceptors across the state. Response rate ~50%.

TSP Need assessment survey  
Dear LIC Faculty member,  
We are eager to collect information from faculty about experience with faculty development and what training will support you best as an educator in our new LIC curriculum. Please complete this 5-minute survey to allow us to better understand the needs of our faculty. Please complete this survey by 2 weeks from initial send date. This study has been approved by the IRB.

Lauren Rhoades MD, Denver Health Faculty Educator LIC Liaison  
Jennifer Adams MD, Assistant Dean of Medical Education and Clinical Curriculum  
Anne Frank MD, Denver Health Advocacy LIC Director

Which Longitudinal Integrated Clerkship (LIC) site are you primarily affiliated with? (drop down menu) - [Children's Hospital, Colorado Springs, Denver Health, Ft. Collins, Rural, University of Colorado Hospital, Veterans Administration]

What is your primary role with the LIC?

- Director/Assistant Director
- Specialty Liaison
- Teaching faculty/preceptor

Do you primarily teach LIC students in a(s)?

- Immersion
- Paired longitudinal preceptorship
- Both
- Unsure

In which LIC specialty area do you teach? Choose all that apply

- Internal medicine
- Family medicine
- OB/GYN
- Psychiatry
- Surgery
- Emergency medicine
- Other:

Have you taught medical students in clerkships in the past? If so, in what capacity? Choose all that apply

- Have taught in past
- Traditional clerkship
- LIC immersion
- LIC longitudinal preceptorship
- Other:

Have you participated in formal faculty development related to medical student teaching covering the following topics?

Topic	Yes	No
Teaching at the bedside		
Teaching in ambulatory setting		
Time efficient precepting		
Giving effective feedback		
Writing informative assessments (evaluations) of students		
Supporting struggling learners		
Mitigating structural racism and bias in medical education (bias/upstander training)		
Introduction to the LIC model		
Student mentorship, advising and coaching		
Other:		

Please indicate your level of agreement with the following statements as they relate to teaching medical students (Strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree)

- I am confident in my skills related to clinical teaching at the bedside
- I am confident in my skills related to teaching in the ambulatory setting
- I am confident in my skills related to time efficient precepting
- I am confident in my skills related to giving effective feedback
- I am confident in my skills related to writing informative assessments (evaluations) of students
- I am confident in my skills related to supporting struggling learners
- I am confident in my skills related to mitigating structural racism and bias in medical education (bias/upstander training)
- I am confident in my skills related to understanding the LIC model
- I am confident in my skills related to student mentorship, advising and coaching
- Other: If so

Statement of confidence from list	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

Please choose the five topics you feel would most benefit your teaching in the LIC:

- Clinical teaching at the bedside
- Teaching in the ambulatory setting
- Time efficient precepting
- Giving effective feedback
- Writing informative assessments (evaluations) of students
- Supporting struggling learners
- Mitigating structural racism and bias in medical education (bias/upstander training)
- Introduction to the LIC model
- Student mentorship, advising and coaching
- Other: comment box

Please choose three learning methods you would be most likely to engage with:

- Podcast
- Webinar or online course
- Live workshop or small group seminar
- Education provided within existing education structures (department meetings or grand rounds, etc.)
- Website with teaching resources
- Periodic emails with one-page learning pearls and tips
- Journal clubs with discussion of medical education literature related to LICs
- Other:

How much time, on a monthly basis, would you be willing to devote to LIC faculty development?

- None
- 10-15 minutes
- 15-20 minutes
- 20-30 minutes
- 3 hour or more
- Other:

On an annual basis, would be most beneficial for your participation in faculty development? Choose as many as apply

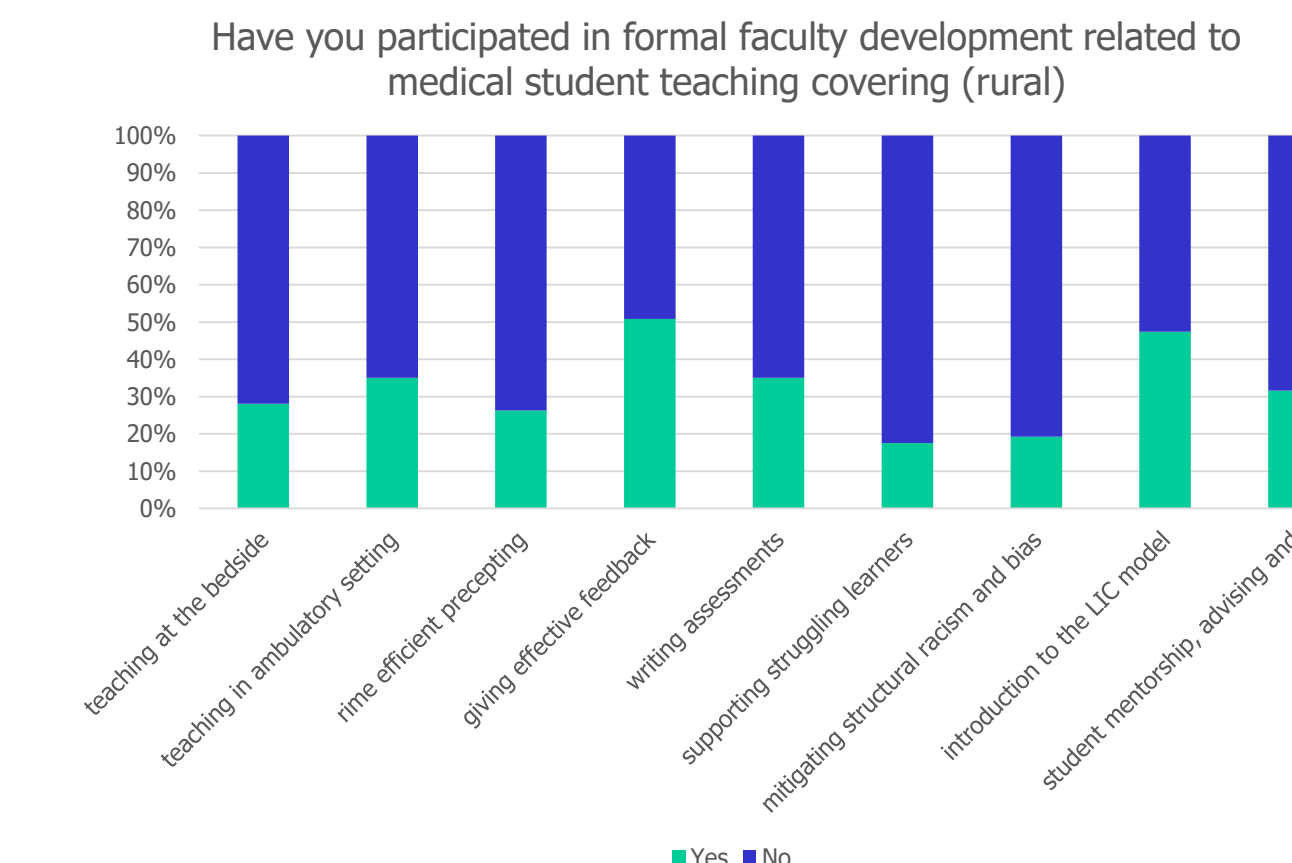
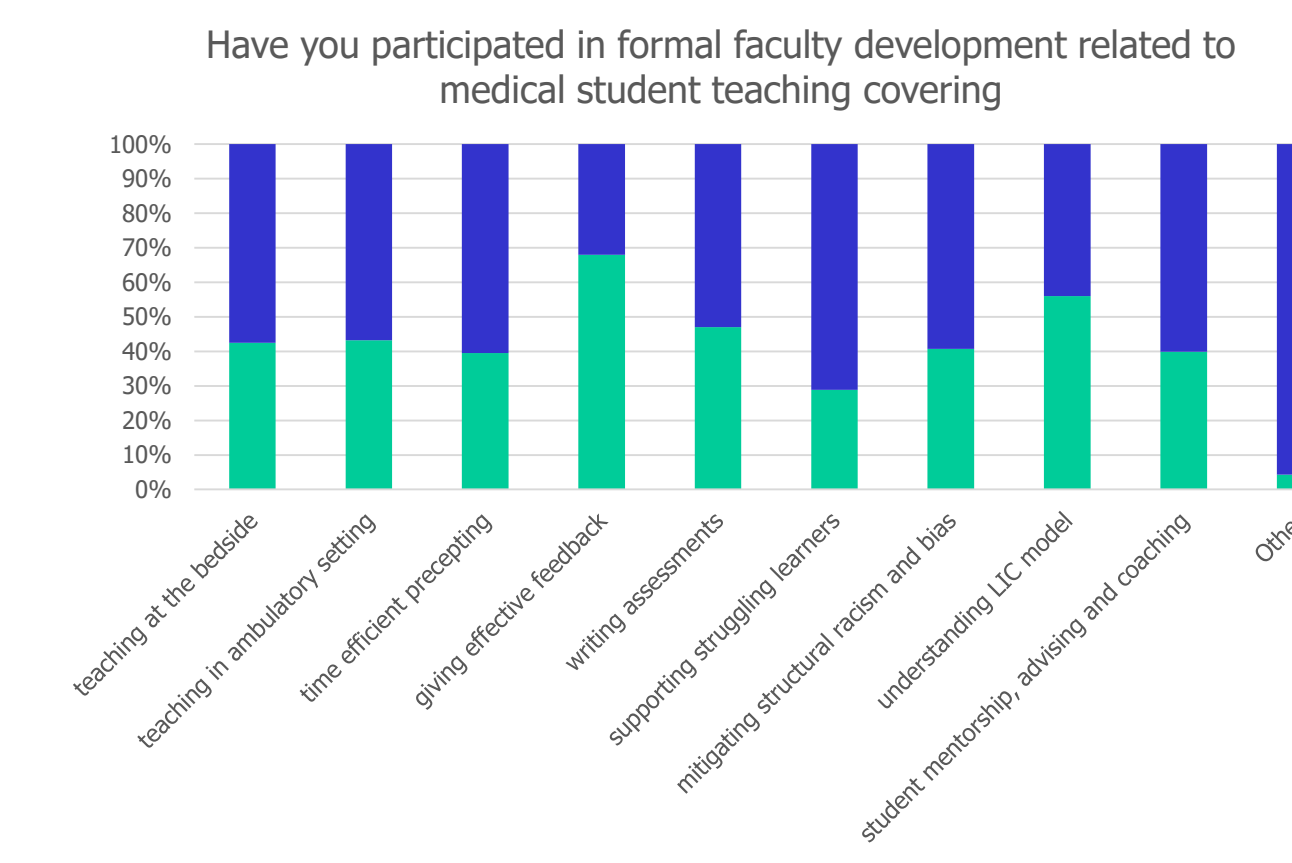
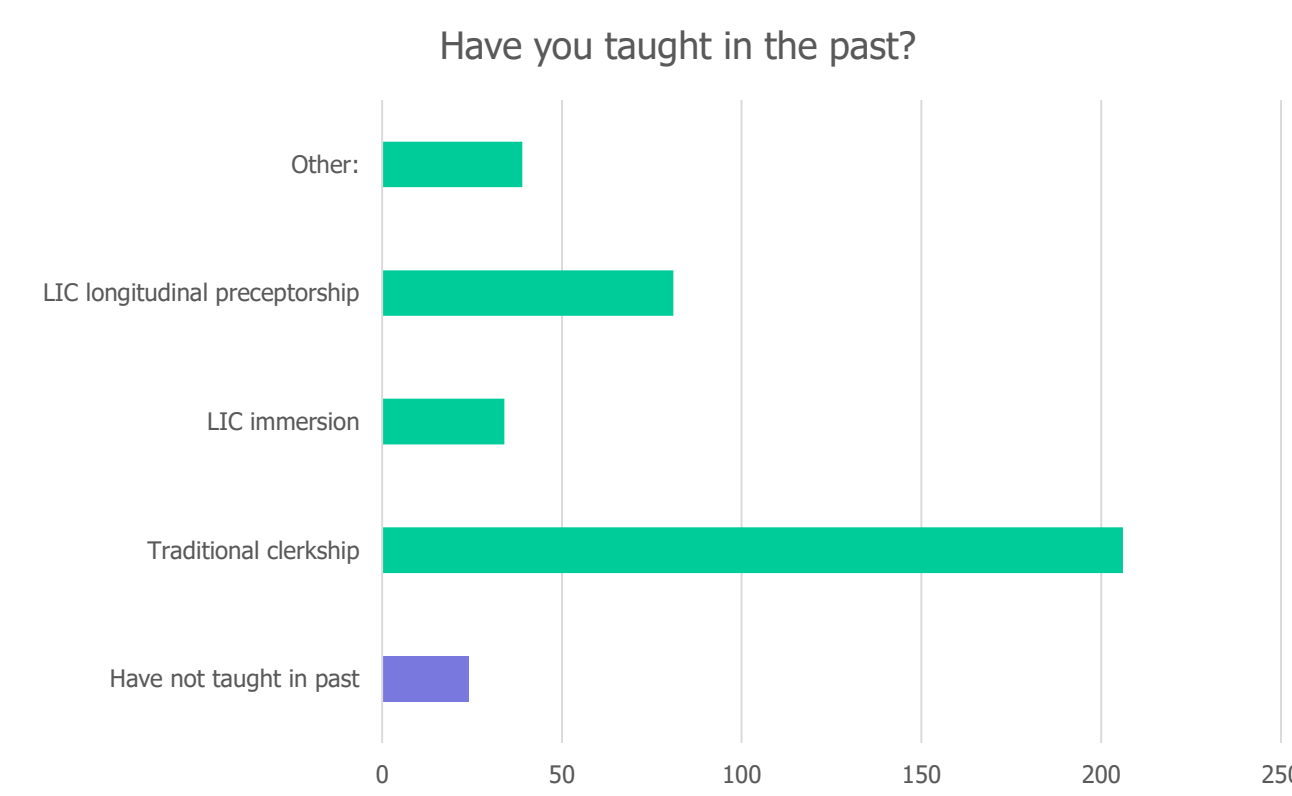
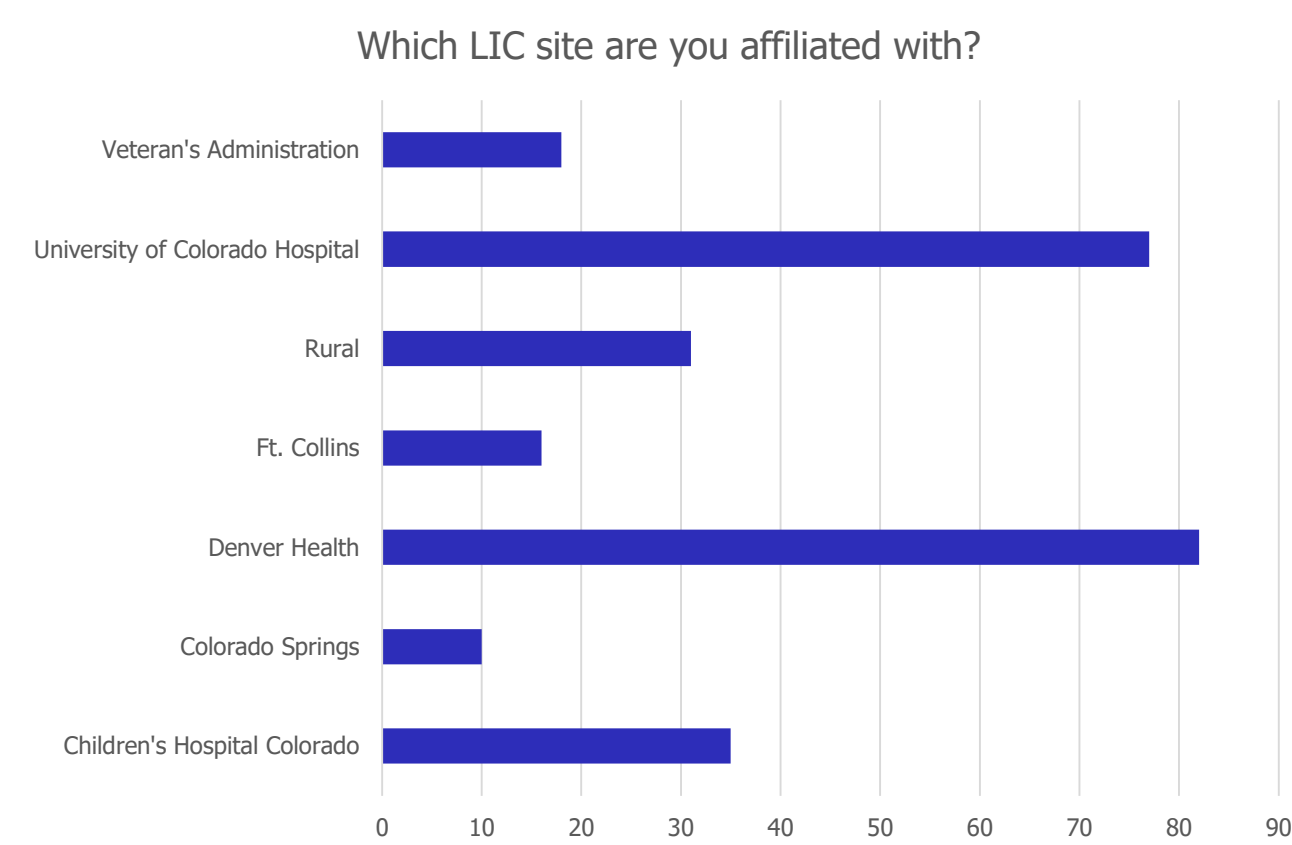
- Weekday half day
- Weekend half day
- Weekend full day
- Weekday full day
- Weekend full day
- Semiannual weekday half day
- Semiannual weekend half day
- Quarterly morning (before work) sessions
- Quarterly lunch sessions
- Quarterly evening sessions
- Monthly morning (before work) sessions
- Monthly lunch sessions
- Monthly evening sessions
- Other ideas:

If offered, is there an incentive for participation in faculty development that would be most appealing to you?

- CME credit
- Maintenance of certification (MOC) credit
- Meals provided during sessions
- Certificate of completion of faculty development curriculum
- Incentives are not the reason I would participate in faculty development
- Other:

## SURVEY RESULTS

**METHOD: Survey data review:** Email sent via Qualtrics which provided initial data review.



### Takeaways

- Nearly all respondents endorsed some faculty development in the past, with the most common topics being giving effective feedback and writing assessments.
- The topics with the least prior experience included mitigating racism/upstander training and supporting struggling learners. **Only 32% of respondents felt confident with addressing mitigating racism/upstanding training, and only 25% felt confident on supporting the struggling learner.**
- When asked what topics they would most benefit from, respondents chose **time efficient precepting and supporting struggling learners** most commonly.
- Preferred methods for faculty development were webinars and periodic **one-page emails**.
- 54% of respondents endorsed being willing to dedicate 20-30 minutes per month to faculty development.
- When asked what incentive was most motivating for participation, **CME and MOC** were the most popular options.

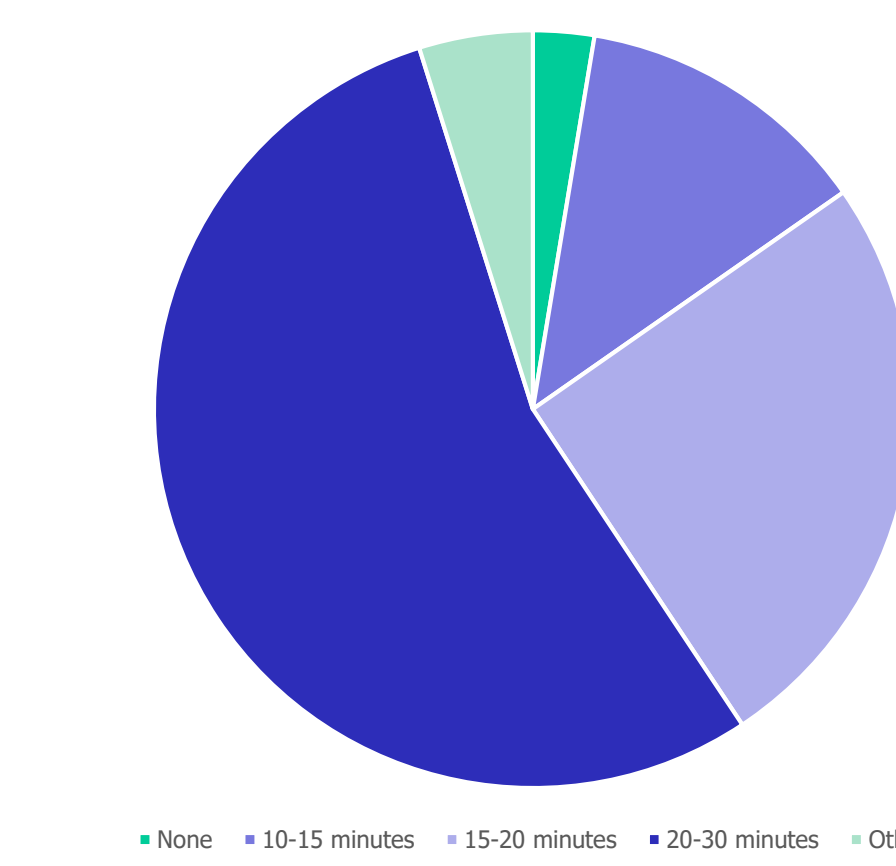
### Variations in specialties

- 42% of EM physicians were unsure if teaching in immersion vs longitudinal preceptorship, vs 22% overall
- 67% of rural faculty had not participated in listed faculty development topics, vs 54% overall

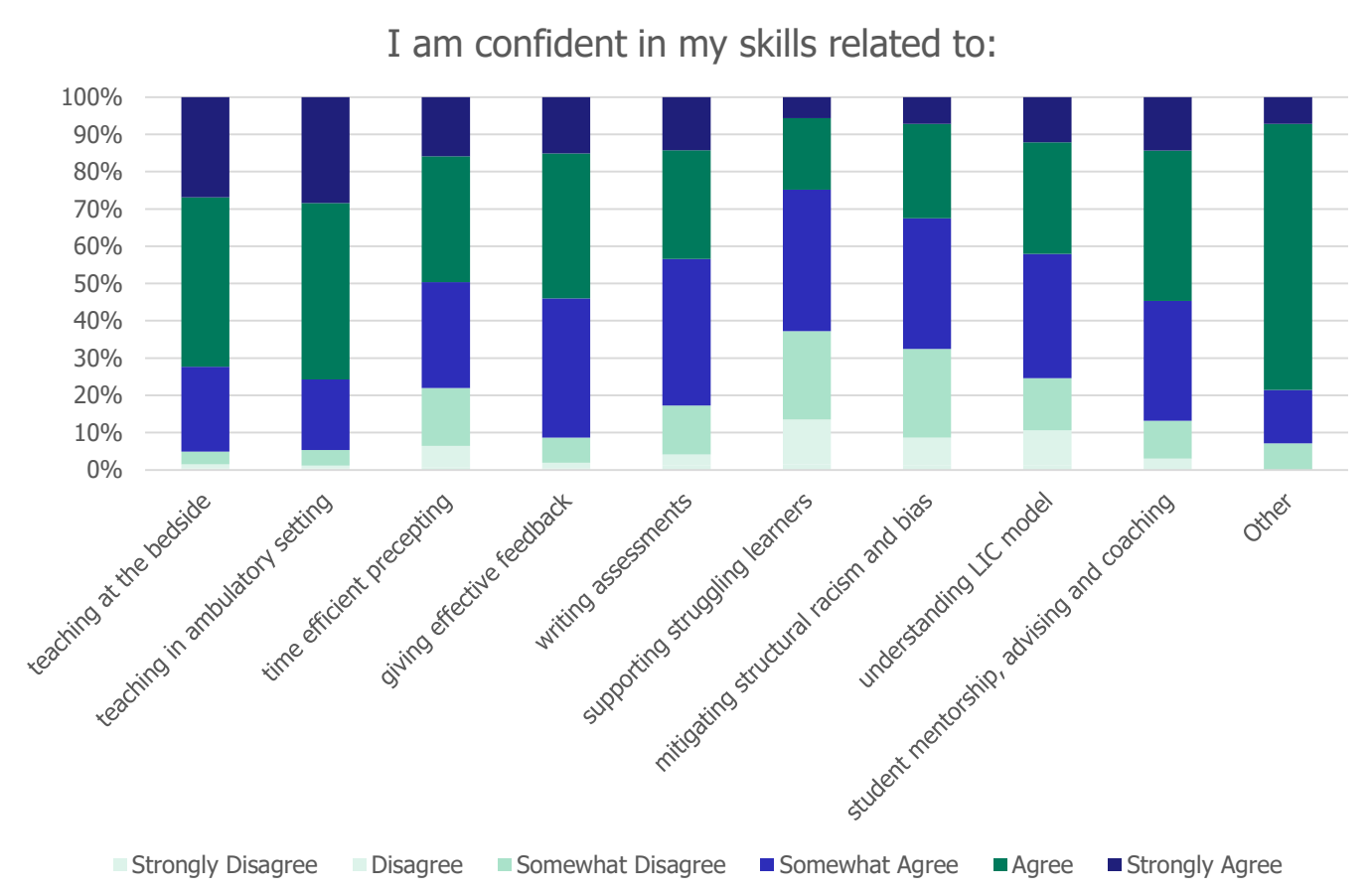
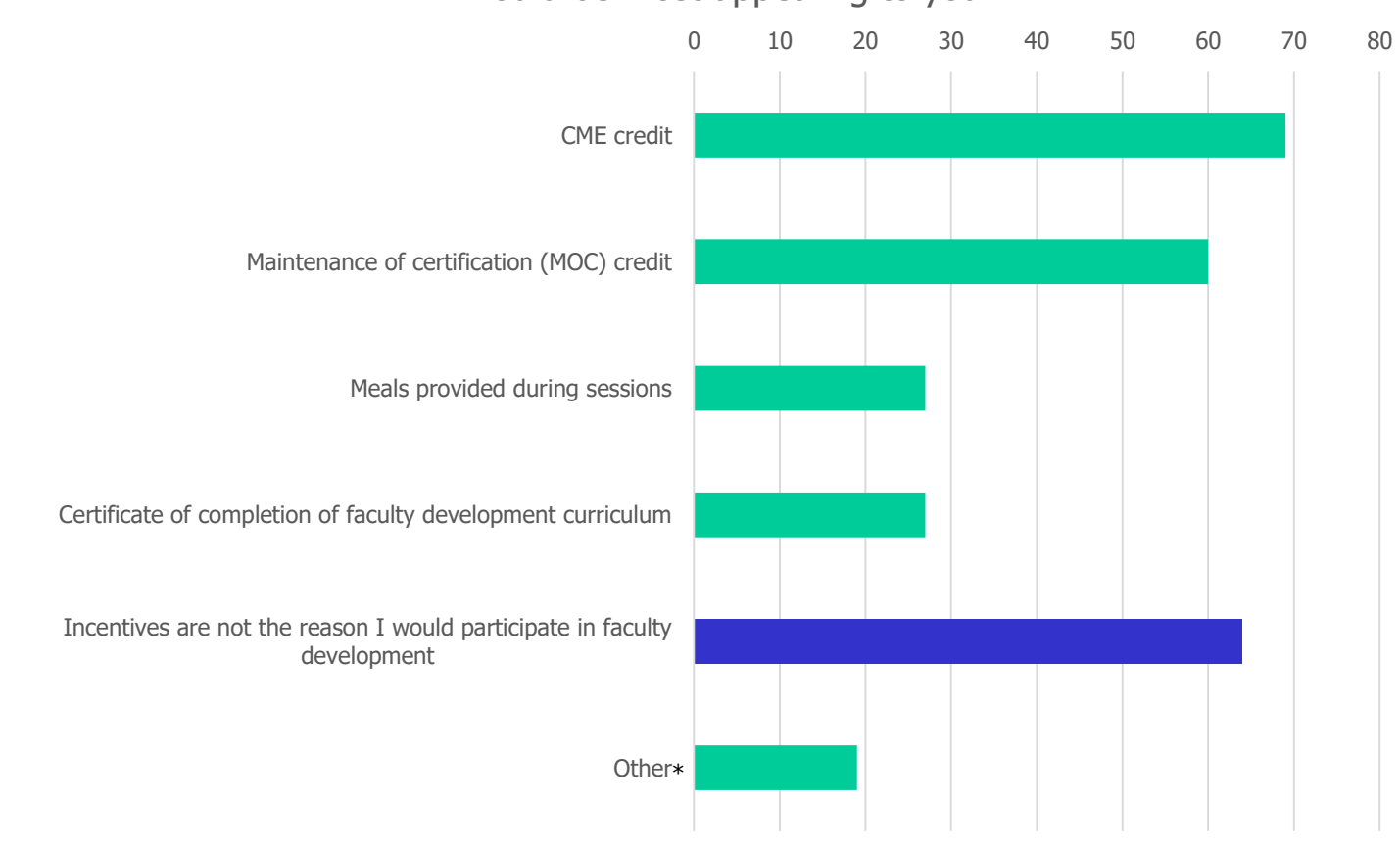
### Time is a recurring theme

- "Specifically helping the struggling learner when the setting is clinical precepting in my busy clinic when I'm not given any additional time to work with the student"
- "The limiting factor is not faculty development, but rather time in clinic"
- "protected time that I receive RVU credit for"
- "Time blocked out of clinic to participate"

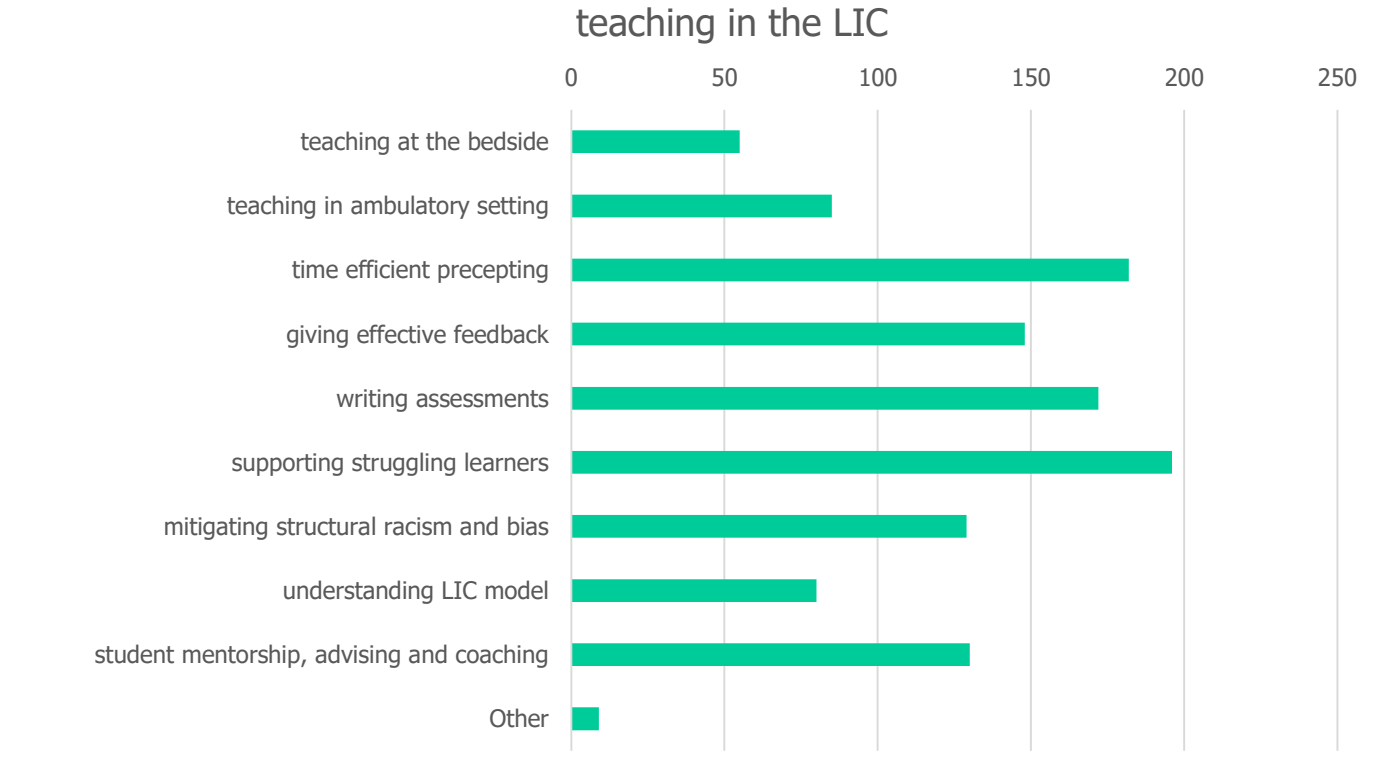
How much time, on a monthly basis, would you be willing to devote to LIC faculty development?



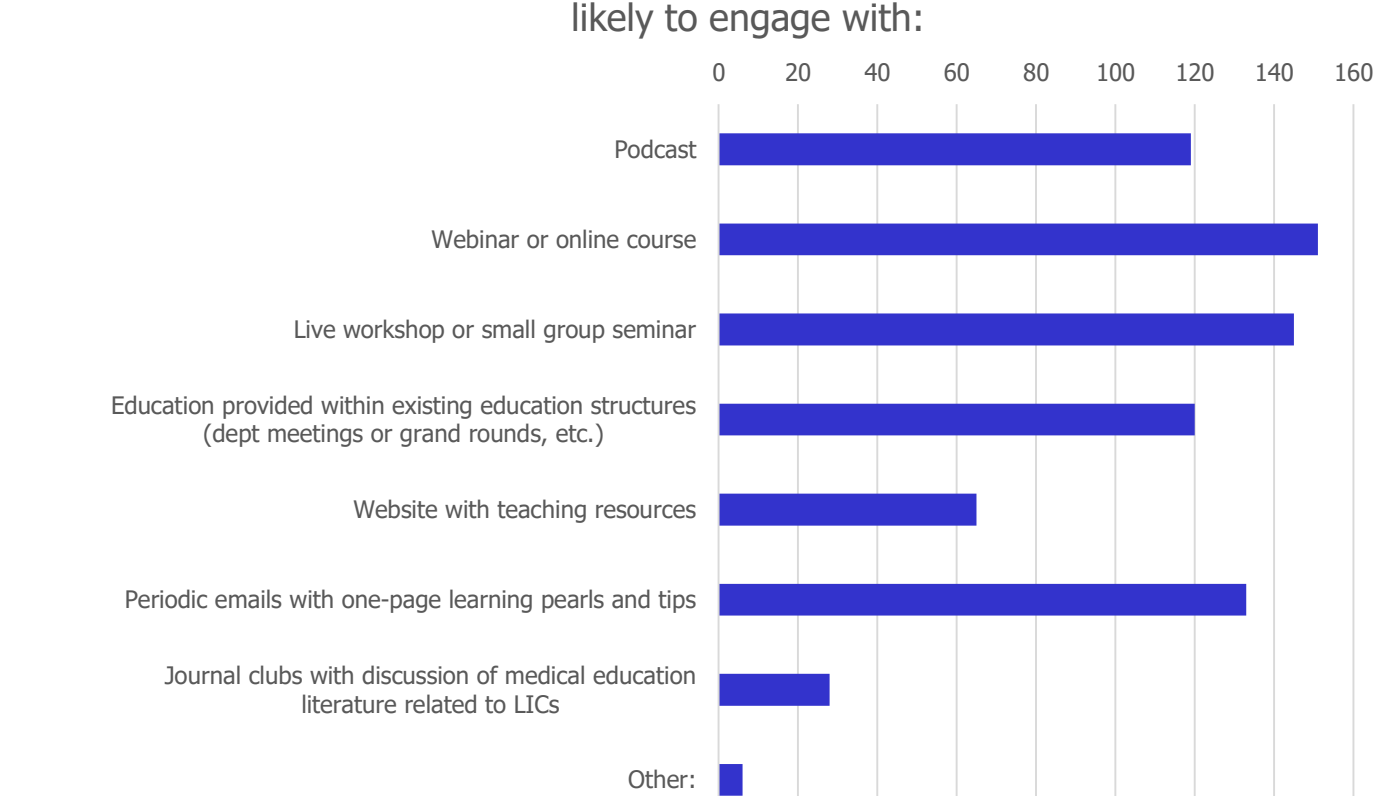
Is there an incentive for participation in faculty development that would be most appealing to you?



Please choose the five topics you feel would most benefit your teaching in the LIC



Please choose three learning methods you would be most likely to engage with:



\* Full online access to library resources; Credited time off to attend; RVU's that replace the revenue that I earn when I am seeing patients; Cold hard cash; I really enjoy bedside teaching- if there becomes a time requirement outside of that, this will limit my ability to be involved in LIC; Protected time off for faculty development that would not come out of CME time off

## DISCUSSION

- This survey demonstrates the need for offering ongoing support in specific areas such as struggling learners and upstander training and showed that most faculty were willing to dedicate a significant amount of time to faculty development.
- Data showing that CME is a motivating factor could potentially help future stakeholders to fund CME accreditation for these materials in order to increase participation.
- Time is a both a scarcity and a motivating factor in faculty development.
- Next steps: Consider creative ways to embed faculty development in existing protected time and create more content in supporting struggling learners and mitigating racism and bias.