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.

The University of Colorado School of Medicine, Denver, CO

**An LIC Needs Assessment**
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**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%.

**SURVEY RESULTS**

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

**Data Highlights**

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 incentives
- 52% of EM physicians were unsure if teaching in immersion vs longitudinal precepting, 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”

**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.

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