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NEW IDEAS

Tuesdays Are Great for Teaching Tips: A Spaced Education Strategy for Faculty Development

Setting and Problem

Annual faculty development programs structured to improve knowledge, skills, and behaviors of faculty as educators is one of the required Accreditation Council for Graduate Medical Education topic areas for core faculty. Difficulty in meeting faculty development requirements is consistently reported in the literature due to competing workload requirements. The COVID-19 pandemic has increased the challenge for faculty to attend faculty development sessions and while the use of virtual sessions has skyrocketed, so too has "Zoom fatigue." We sought to develop an innovative faculty development program via email utilizing spaced education as a strategy to reimagine delivering course content with evaluation and feedback as our first topic.

Intervention

Spaced education suggests that when information is presented and then repeated in small intervals (spacing effect) versus a bolus of information, knowledge, skills, and behaviors are more easily retained and available for use. Building off Pernar and colleagues who sought to utilize spaced education with surgical interns to improve teaching skills with medical students by emailing weekly statements for a year regarding effective teaching strategies, our Tuesday's Teaching Tips (TTT) program had several differences. First, our program targeted faculty teaching residents or fellows and was developed as a 14-week encapsulated course and approved for continuing medical education (CME) credit. Further, we (1) focused our teaching topic on evaluation and feedback only and relevant for faculty of all specialties; (2) developed a foundational 14-minute micro-lecture recorded on a green screen; (3) revamped and developed emailed spaced education statements using visuospatial triggers to assist with encoding and connection back to the micro-lecture; (4) required faculty to "accept" the email for attendance tracking; and (5) asked faculty to complete a course evaluation and a reflective statement regarding perceived benefits they experienced as part of the program. Faculty were required to complete the micro-lecture, attest to practicing 80% of the course (weekly statements) with trainees, and submit their course evaluation and reflective statement for full CME credit (partial CME credit could also be awarded). Evaluation and feedback statements were adapted from Pernar et al and the literature by one physician expert in clinical teaching and reviewed by a doctoral educator who also designed the visuospatial cues. Emails were sent out each Tuesday morning via an automated list serve of participants between February and May 2020, amid the COVID-19 shutdown (FIGURE).

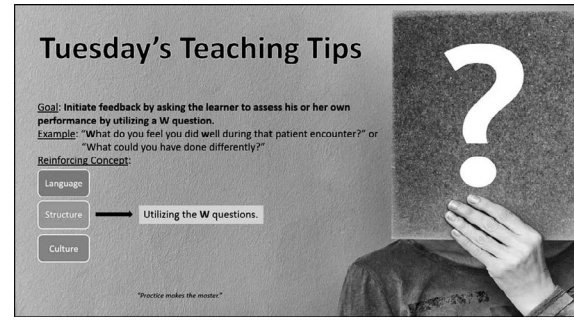

FIGURE
Example of Tuesday's Teaching Tips

Outcomes to Date

A total of 84 faculty across 15 specialties signed up for the course; 64 completed the first week of watching the micro-lecture, and 31 completed the entire course. Course evaluations revealed that 98% of faculty rated the program as good to excellent, 98% felt the information gained would enhance patient care or medical education, 97% had moderate (22%) to high confidence (75%) in implementing changes in their teaching, nearly a third thought COVID-19 affected their ability to fully participate in the course, and 100% reported wanting more TTT courses. The majority of narrative comments were very positive, and included "was wonderful," "great format," "prompted me each week to think

DOI: http://dx.doi.org/10.4300/JGME-D-20-01249.1

specifically about giving feedback…I was able to implement frequent 'nuggets' of feedback…," "…taught great techniques," "great idea and a wonderful tool in the midst of COVID," "…one particular skill was the focus each week. . . gave me time to practice that skill and incorporate the next."

Faculty were very receptive to this teaching strategy as it was designed to be easily accessible, eliminated the need to "go to a training," was time efficient, and used simple strategies to practice. Currently, investigators are qualitatively evaluating comments from faculty and future direction should include behavioral effect on faculty skills and impact on learners. Tuesday's Teaching Tips has broad applicability across all specialties and institutions.

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NEW IDEAS

An Intervention to Preserve the Collaborative Educational Mission in Virtual Psychiatric Teaching Clinics

Setting and Problem

The Department of Psychiatry at the University of North Carolina offers outpatient services in a series of half-day subspecialty clinics. Each clinic operates out of a shared conference room and is staffed by faculty, resident psychiatrists, social workers, and medical students. Half-day clinics emphasize education through formal preclinic didactics and throughout the half-day by feedback and teaching during patient care and staffing in the shared workspace. This model fosters collaborative learning wherein learners who are not directly involved in a case may participate in discussions around medical decision-making and clinical care. The implementation of this model has demonstrated effectiveness through resident and medical student evaluations of their outpatient experiences.

In March 2020, the COVID-19 pandemic compelled the department of psychiatry to mobilize a rapid telehealth conversion to preserve the outpatient clinical care mission and to maintain patient and provider safety. This conversion necessitated a parallel effort to rebuild educational infrastructure and workflows to preserve the educational experience through virtual solutions.

Intervention

Several virtual solutions were piloted to support the education mission. Through iterative, plan-do-study-act cycles within a single half-day module, a team-based software solution and accompanying in-application workflow was developed. Following each cycle, surveys were used to gauge solution usability, and participants' educational and clinical experience.

DOI: http://dx.doi.org/10.4300/JGME-D-20-01339.1