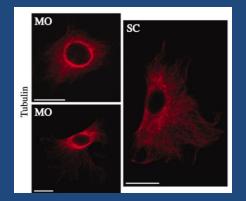
How to Develop Faculty into Modern Educators

Victor Soukoulis, MD, PhD Assistant Professor University of Virginia

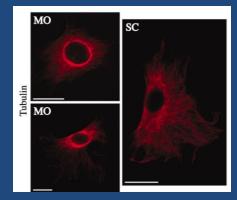


My career development...



Mammalian cells

My career development...

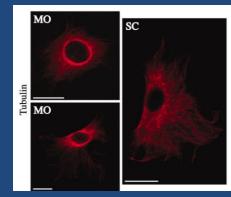


Mammalian cells



Small mammals

My career development...



Mammalian cells



Small mammals



Large mammals

Outline of Presentation

- COCATS 4 and active learning
- Team-based learning
- Web-based learning
- OSTEs



http://openclipart.org/

COCATS 4

- Based on ACGME core competencies
- Emphasis on curricular milestones and evaluation
- These are basis of Entrustable Professional Activities (EPAs) for cardiologists

Table 1. ACGME Core Competencies

- Patient Care that is compassionate, appropriate, and effective for treating health problems and promoting health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness
 to the larger context and system of health care and the ability to effectively call on system resources to
 provide care that is of optimal value

COCATS 4

- Evaluation tools include a variety of modalities... Case management, judgment, interpretive and technical skills must be evaluated regularly.
- Evaluation tools ... include <u>direct observation by instructors</u>, in-training examinations, case logbooks, conference and case presentations, multisource evaluations, trainee portfolios, <u>simulation</u>, and self reflection.

COCATS 4

The rapid evolution of cardiovascular medicine requires that all training programs have an experienced faculty, adequate facilities, and a <u>rich</u> <u>assortment of didactic offerings</u> for fellows. <u>Case-based conferences</u> are vital to train fellows and develop their skills in evidence-based decision-making. <u>Self-learning</u> is emphasized, and <u>Internet-based, online educational</u> <u>programs, many of which are interactive</u>, play an increasingly important role in learning during fellowship and beyond.



NOT MORE LECTURES!



CC Images courtesy of Flickr (S Chase, dave78981)



NOT MORE LECTURES!



CC Images courtesy of Flickr (S Chase, dave78981)

Active Learning

- Is "active" rather than "passive"
- Requires learners to do meaningful learning activities and think about what they are doing
- Can increase participation, enthusiasm, self-directed learning
- Involves higher-order thinking
- Can enable faculty to determine what learners know in real-time

Increased Emphasis on Educational Innovation

- In 2011 Harvard received a \$40,000,000 gift to be used for educational research and innovation (HILT)
- This could be used to construct next-generation classrooms and fund research on new teaching techniques (enhanced HMS curriculum revamp)



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Active Learning in GME

- This can actually be a form of direct observation of fellows/residents
- Can evaluate multiple competencies

Medical Knowledge

Practice-based Learning and Improvement

Interpersonal and Communication Skills

Why not just rely on case conferences?

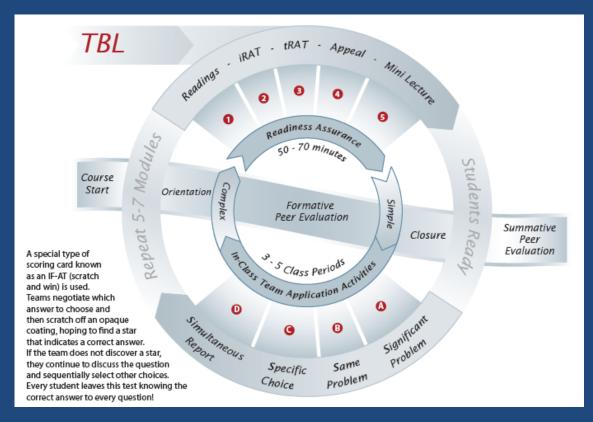
- Tendency to revert to lecture-based format
- Can have awkward silence due to intimidation factor of individual opinion Bueller F et al. 1986
- Certain individuals tend to dominate/monopolize discussion

Why not just rely on case conferences?

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One solution is to use structured discussion format such as team-based learning (TBL)

Team-based Learning



J Sibley and S Spiridonoff, UBC; Teambasedlearning.org

Team-based Learning at the University of Virginia

- TBL became a mandatory part of med school curriculum (session q2weeks)
- Oversight group created to help facilitate and design TBL sessions
- Any faculty can come to this group with a proposal and receive support Guidance on design, trained moderators, etc.
- First GME project is ongoing (Dept of Anesthesia)

What if there is no TBL expert in the department?

What if there is no TBL expert in the department?

FIND ONE ON CAMPUS

- Undergraduate medical education is well ahead of GME
- Very likely that being used in some form in medical school
- Find person and ask for help

What if there is no TBL expert in the department?

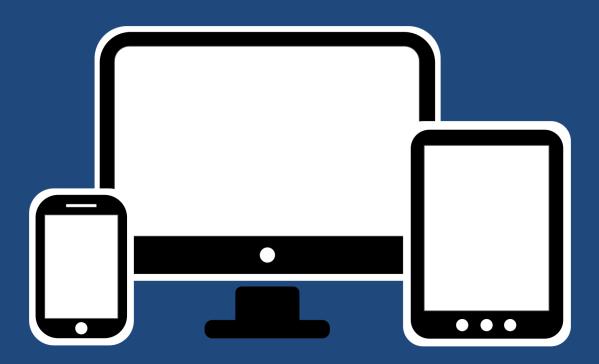
FIND ONE ON CAMPUS

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CREATE ONE!

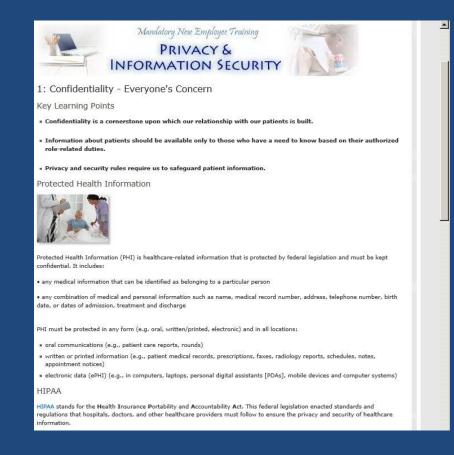
- Team-based Learning Collaborative has national conference where workshops held on running TBL (~\$500)
- Can send one dedicated member of faculty and have them teach/help others back home

Web-based Learning



http://openclipart.org/

We are all familiar with boring web-based learning...



Web-based Learning

- Need to offer something *unique not otherwise easily available*
- Discuss two free software platforms and their use in cardiovascular education

Open Labyrinth Moodle



CC Image courtesy of Wikimedia (P Mercator)

Open Labyrinth



- Free, open-source software platform for developing medical education cases
- Can incorporate text, pictures, video using online design interface
- Allows branched-narrative interactive cases
- More advanced features enable tracking of time taken, path chosen, learner feedback, etc.

http://openlabyrinth.ca/

Open Labyrinth



Echocardiogram

The echo tech comes by and performs the echocardiogram. One of the representative apical four-chamber views is shown below, along with an orientation guide:



The official report states that there is evidence of some RV dysfunction. The RV systolic pressure is estimated to be ~50 mmHg (normal <25):



The patient's vitals are stable and he wants to know when he can leave the hospital, as he feels run down and fatigued from all the testing. "You've made me feel wo

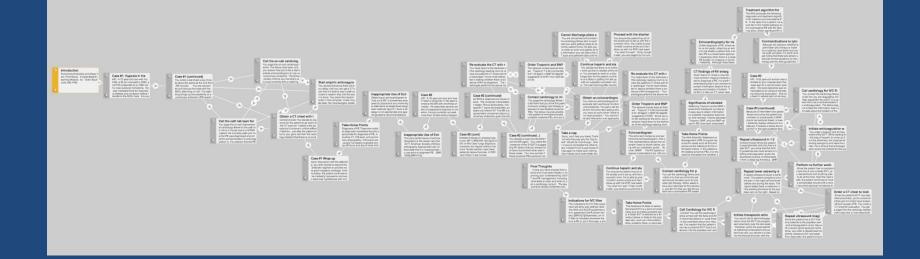
You next decide to:

Contact cardiology for possible lytic therapy.

Continue heparin and start warfarin in preparation for discharge.

Open Labyrinth





Open Labyrinth in Use

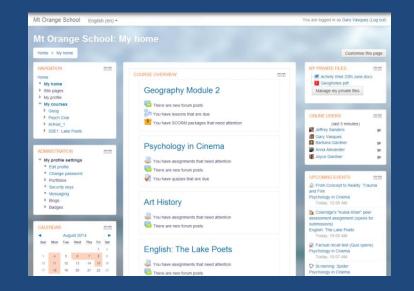
- Open Labyrinth modules were used at BWH to educate oncology PAs about PE/DVT management and when to call a consult
- Opportunities for interprofessional education in cardiology topics (easy upkeep)
- Need to have interested/motivated faculty (incentivize?)...or fellows

Soukoulis et al. Acta Cardiologica In press

Moodle



- Free, open-source software platform for developing online courses
- Basic interface allowing article storage, quizzes/assignments, discussion forums



http://moodle.org/

Web-based Cardiology Education at UVA

- The UVA Realm is a comprehensive repository of cardiology resources
- Goal is to ensure core cardiology knowledge base for all housestaff/students
- Key articles, guidelines, and *Top 10 lists with associated quizzes*

Web-based Cardiology Education at UVA

UNIVERSITY VIRGINIA HEALTH SYSTEM	You are	logged in as Victor Soukoulis (Logout)
REALM Interns: MK		
Learners	Topic outline	Calendar
Faculty NPs and PAs		 January 2015
Nurses	Interns: Medical Knowledge	Sun Mon Tue Wed Thu Fri Sat
Fellows Upper Residents Interns Medical Students NP Students	1 Instructional Resources These tools are available only to faculty and teaching fellows.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Rotations and Labs	2 Topics in Cardiovascular Medicine Topics are assigned by rotation. Please go to your rotation page to find out which topics to complete.	Events Key
ACS CCU Consults Electrophysiology Emergency Medicine Interventional Noninvasive	Resource Materials Outstanding Resources on All Curricular Topics Resource articles, guidelines, heart sounds, images, etc., arranged by curriculum topic. Aortic Dissection	Events Key Biglobal Global Group Buglobal
NP Inpatient Outpatient Clinics	Interns: Aortic Dissection Top 10	Patient Safety
outpatient chines	Interns: Aortic Dissection: CCU Quiz	
Resources		Quality Improvement
Articles: BY TOPIC	Arrhythmias	Quality Improvement
Case Studies Clinical Guidelines Clinical Trials: KEY TRIALS Clinical Trials: BY ALPHA ECG COURSE Heart Songs PPTS: INSTRUCTORS ONLY Topics in CV Disease Tuttorials UVA Clinical Trials	Atrial Fibrillation Interns: Atrial Fibrillation: ACS Quiz Interns: Atrial Fibrillation: CCU Quiz Interns: Atrial Fibrillation: Outpatient Clinics Quiz	Assistance or Suggestions Webmaster Computer Requirements
	Atrial Flutter Top 10	Pop-up Blocker turned OFF QuickTime & Flash installed
	🗿 Interns: Atrial Flutter: ACS Quiz	Messages
Directories CV Faculty CV Fellows	Pacemakers and ICDs Tal Interns: Pacemakers and ICDs Top 10	No messages waiting Messages
IM Residents Medical Students	Interns: Pacemakers and ICDs: ACS Quiz	Administration
	Interns: Pacemakers and ICDs: Outpatient Clinics Quiz	Profile
Offsite Links	Sudden Cardiac Death	
ACTOR: UVA IM LEARNING CardioExchange CardioSmart: PATIENTS CardioSource: Doctors CardioVillage: FREE CME CME Credit: ONLINE FORM	Image: Superventricular Arrhythmias	
EPIC: LEARNING LIBRARY Health Library New Innovations UVa Clinician Portal	「 Interns: Supraventricular Arrhythmias Top 10	
Wave Maven: ECGs When to Work: SCHEDULES	Cardiovascular Emergencies	

Web-based Cardiology Education at UVA

Acute Pericarditis Top 10 List

- Acute pericarditis generally presents with retrosternal, sharp, and pleuritc chest pain that radiates to one of the scapulae; it is classically aggravated by recumbent positioning, it is alleviated when leaning forward.
- The presence of a pericardial friction rub is 100% specific for acute pericarditis. This rub can have 3 components- atrial systole, ventricular systole, and rapid diastolic filling.
- The most common cause of acute pericarditis is idiopathic; other causes include viral, bacterial, tuberculous, uremia, aortic dissection, traumatic, hypothyroidism, post-myocardial infarction (Dressler's syndrome), post-pericardiotomy, malignant, autoimmune, drugs, etc.
- The ECG of acute pericarditis shows diffuse concave ST elevation and PR depression in most leads (except aVL and V1- ST depression and PR elevation).
- There are four stages of ECG changes associated with acute pericarditis: 1st = ST elevation with PR depression 2nd = resolution of #1 with T-wave flattening 3nd = diffuse T-wave inversions 4^{mb} = resolution of changes
- Patients with acute pericarditis can have positive cardiac biomarkers (troponin and CK-MB), usually indicative of myopericarditis.
- The diagnosis of acute pericarditis is made if: a pericardial rub is found in auscultation or the patient has diffuse ST elevation and classic chest pain with or without a pericardial effusion by echocardiogram.

EALM Reside	ents Assessments Quizzes	RLM: Acute Pericarditis: Consults Quiz Attempt 1			
		RLM: Acute Perio	carditis: Consults Quiz		
1 Marks : 10	The initial therapy for the first episode of acute pericarditis in an otherwise healthy patient could include any of the following EXCEPT:				
	Choose one answer.	o corticosteroids			
		 colchicine 			
		in domethacin			
		ibuprofen			
2 Marka: 10	The most common cause	of infectious pericarditis in the world is:			
Plainal av	Choose one answer.	viral			
		o fungal			
		 tuberculous 			
		bacterial			
3 Marks: 10	All of the following are treatments of recurrent pericarditis EXCEPT:				
President and	Choose one answer.	Sulfasalazine			
		o prednisone			
		intrapericardial steroid instillation			
		o colchicine			
4 Marks: 10	A 65-year-old man with a recent viral infection presents with chest pain and is found to have diffuse ST elevation on ECG and a moderate per next step in his management includes:				
	Choose one answer.	diagnostic pericardiocentesis			
		O NSAIDs and observation			
		chest CT			
		 surgical pericardial window 			
	A patient undergoes diagnostic percardiocentesis which reveals staphylococcal pericarditis. The definitive treatment of this condition involves:				
5 Marka: 10	A patient undergoes diag	ostic percardiocentesis which reveals staphylococcal pericarditis. TI	he definitive treatment of this condition involves:		

Moodle in Use

- Can help ensure key competencies/knowledge are met
- Faculty/fellow pairs update content periodically (resource-intensive)
- Site can become unwieldy as expands

Faculty development off the beaten path...



CC Image courtesy of Flickr (A Nicol)

OSTE (Objective Structured Teaching Exercise)

- Modified "OSCE" focused on evaluating teaching skills of residents and faculty
- Simulated learner encounter on giving feedback or interacting with learner in difficult situation
- "Faculty" do self-assessment and also get feedback from others

OSTE (Objective Structured Teaching Exercise)

• Example scenarios in literature:

Feedback to a learner in difficulty

Bedside teaching

Outpatient precepting

Teaching how to deal with a seductive patient

Julian et al. *Teach Learn Med* 2012 Boillat et al. *Med Teach* 2012

OSTE (Objective Structured Teaching Exercise)

- Has been used in Internal Medicine at NYU and UCSF; being implemented at UVA for anatomy lab teaching
- Could be used to directly evaluate fellows' communication and teaching skills (*the early bird gets...*)
- Resource-intensive and unclear if faculty teaching evaluations improve

Summary

- GME (incl COCATS 4) moving towards more active learning and evaluation
- Team-based and web-based learning are underused methods
- Always try to offer something unique and not easily available

