

Teaching the Teacher: Novel Faculty Development for VA Hospitalists

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Background: The US Department of Veterans Affairs (VA) is the largest educator of health professions trainees in the country, but the roles and responsibilities of the modern clinician educator are increasingly challenging and complex. Most VA academic hospitalists with access to professional and faculty development receive it through academic affiliates. Many VA hospitalists lack this option, and teaching within the VA is unique given its specific health system, clinical environments, and patient population.

Observations: Teaching the Teacher is a facilitation-based educational series for inpatient hospitalists at VA medical centers that is tailored to self-reported needs and provides faculty development through the lens of VA medicine. The

transition from in-person to synchronous virtual programming allowed for wider dissemination of the program, and to date, 10 VA hospitalist sections across the country have participated in the series.

Conclusions: VA clinicians want and deserve dedicated training to optimize their confidence and skills in their roles as health professions educators. Teaching the Teacher is a pilot faculty development program that has met success based on its goal of meeting the specific needs of VA clinician educators in hospital medicine. It has the potential to serve as a model for clinical educator onboarding and to allow for the rapid spread of best teaching practices among clinical educators.

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Educating the next generation of health professionals is 1 of 4 congressionally mandated statutory missions of the US Department of Veterans Affairs (VA).¹ Even before the COVID-19 pandemic, the number of veterans accessing VA health care was increasing, and those veterans are older and more medically complex than those who seek care outside the VA.² Almost half of medical residents reported a decline in the quality of their clinical education since the institution of the 2011 duty hours regulations, and in the past decade, more attention has been paid to the need for structured faculty development programs that focus on clinicians' roles as medical educators.³⁻⁶ Hospitalists in particular shoulder a large portion of inpatient medicine education.⁷ As a result, hospitalists have adapted known frameworks for medical education to their unique clinical setting and developed novel frameworks to meet the needs of their learners.^{8,9}

Access to technology and social media have shaped the educational experience of young learners who are accustomed to quick answers and the rapidity of change.¹⁰ The clinical teaching landscape changed again with COVID-19, requiring at least temporary abandonment of traditional in-person teaching methods, which upended well-established educational norms.^{11,12} In this evolving field, even sea-

soned preceptors may feel ill-equipped to manage the nuances of modern clinical education and may struggle to recognize which teaching skills are most critical.^{13,14} Baseline core teaching competencies for medical educators have been previously described and are separate from clinical competencies; however, to our knowledge, no needs assessment has previously been performed specifically for VA hospitalist clinician educators.¹⁵

Between May and June of 2020, we distributed an online needs assessment to academic VA hospitalists to identify perceived barriers to effective clinical education and preferred strategies to overcome them. We received 71 responses from 140 hospitalists (50% response rate) on the Veterans Health Administration (VHA) academic hospitalist listserv. Of respondents, 59 (83%) reported teaching health professions trainees every year. VA hospitalists reported educating a diverse group of interprofessional learners, including medical residents and students, physician assistant students, nursing students, pharmacy residents and students, and podiatry students.

Only 14 respondents (20%) were aware of faculty development training available to them through their VA facility, while 53 (75%) were aware of similar resources through academic affiliates or

other outside sources. More than 95% of respondents (n = 68) reported interest in receiving VA-specific faculty development to improve skills as clinician educators. The most preferred forms of delivery were in-person or virtual real-time workshops. VA hospitalists reported the least confidence in their ability to support struggling learners, balance supervision and autonomy, and develop individualized learning plans (Table 1). Conversely, they reported the most confidence in their ability to teach about VA's unique patient population, instruct different skill levels, and produce on-the-fly teaching topics.

With a better understanding of the needs of academic VA hospitalists, we sought to develop, implement, and measure the impact of a faculty development program that meets the specific needs of inpatient clinicians in the VA. Here we introduce the program, its content, and the experiences of initial participants.

TEACHING THE TEACHER

Teaching the Teacher began at a single VA institution as a series of in-person, discussion-based faculty development workshops. The series met a local need for collaborative professional development in clinical education for hospitalists and specialists who round with health professions learners on the inpatient wards. Both novice and experienced clinicians participated in the series with positive feedback. Based on the results of the national needs assessment, the program has since expanded to other sites with support from the VHA Hospital Medicine Program Office. The project's overarching goal was to facilitate sharing of best practices across VA sites and create a network of local and national VA educators that participants could continue to access even after course completion.

Teaching the Teacher is structured into 5 facilitated hour-long sessions that can be completed either daily for 1 week or weekly for 1 month at the discretion of each institution. Each session is dedicated to a subject identified on the needs assessment as being highest yield. The hospitalist needs assessment also identified the preference for targeted faculty development that is relevant specifically to VA clinicians. To meet this need, Teaching the

TABLE 1 Reported Confidence in Skills by Hospitalists (N = 71)^a

Skills	Hospitalists reporting confidence, No. (%)
Teaching skills	
About the VA patient population	57 (80)
To different skill levels	45 (63)
In the presence of patients	30 (42)
Physical diagnoses	26 (37)
Evidence use	24 (34)
Using documentation as a tool	21 (30)
Rounding efficiently	
Postcall days	35 (49)
Not postcall days	33 (46)
Primary literature use	
Identifying relevant literature	30 (42)
Interpretation	22 (31)
Helping students	
Providing feedback	28 (39)
Formal evaluations	29 (41)
Identifying struggling learners	26 (37)
Supporting struggling learners	19 (27)
Producing/delivering	
On-the-fly teaching topics	41 (58)
Prepared chalk talks	24 (34)
Complying with trainee duty hours	28 (39)
Incorporating evidence into decision making	40 (56)
Efficiently utilizing CPRS for supervision	33 (46)
Developing individualized learning plans	22 (31)
Balancing supervision and autonomy	14 (20)

Abbreviations: CPRS, Computerized Patient Record System; VA, US Department of Veterans Affairs.

^aConfidence in individual clinical education skills as reported by VA hospitalists in a 2020 national needs assessment. Confidence was assessed in a binary yes/no format.

Teacher delivers its content through the unique lens of VA medicine. The educational mission of the VA is threaded throughout all presentations, and tips to maximize teaching in the VA's unique clinical environments are embedded into each hour. Examples include discussions on how to incorporate veteran patients into bedside teaching, handling challenging patient-practitioner interactions as they pertain to patients, and the use of VA resources to find and teach evidence-based medicine.

Each session includes a set of learning objectives; within that framework, facilitators allow participants to guide the nuances of content based on their individual and institutional priorities. The pandemic continues to shape much of the course

content, as both hospitalists and their trainees grapple with mental health challenges, decreased bedside teaching, and wide variations in baseline trainee competence due to different institutional responses to teaching during a pandemic.^{12,16} Content is regularly updated to incorporate new literature and feedback from participants and prioritize active participation. Continuing medical education/continuing educational units credit is available through the VA for course completion.

In the first session on modern learners, participants discuss the current generation of health professions trainees, including how personality characteristics and COVID-19 have impacted their learning experiences, and strategies to improve our ability to teach them successfully (Table 2). The second session discusses technology use in their clinical teaching, including social media platforms and VA-specific evidence-based medicine resources. Other classes discuss supervision and autonomy; the relationship between modern learners and preceptors, cultivating a learning mindset; and teaching at the bedside.

The course was originally designed to be in person, but the COVID-19 pandemic forced a shift to online format. To achieve a high-quality learning environment, the course implemented best practices in virtual synchronous instruction, including setting expectations for participation and screen use at the beginning of the series and optimizing audiovisual technology.¹⁷ During each seminar, the use of breakout rooms, polling, and the chat function fostered and sustained engagement.¹⁷ After each seminar, participants received a recording of the session, a copy of the materials reviewed, and links to referenced readings.¹⁷ The course preserved the interactive aspect of the curriculum through both these previously described techniques and our novel approaches, such as facilitated live interactions with online VA resources.

The pandemic also had an impact on curriculum content, as facilitation of online learning was a new and necessary skill set for instructors and participants. To meet this evolving need, additions in content addressed best practices in synchronous and asynchronous online learning, and augmented discussions on navigat-

ing asynchronous learning modalities such as social media. A virtual format allowed for dissemination of this course across the country and for recruitment of new course facilitators from remote sites. The team of instructors included academic hospitalist faculty from 3 VA institutions.

PROGRAM IMPACT

Ten academically affiliated VA hospital medicine sections across 6 states have participated in Teaching the Teacher and several more are scheduled at other sites. Of the 10, 5 completed the course in collaboration with another VA site. Ninety-seven clinicians completed < 1 session synchronously but given the asynchronous option, this number likely underestimates the total audience. Participants included physicians, nurse practitioners, and physician assistants.

Surveys were conducted before and after the program, with 58 participants completing the presurvey, 32 the postsurvey, and 27 completing both. Of the 32 postsurvey respondents, 31 (97%) would recommend the seminar to colleagues. The live, discussion-based format was the most valued aspect of the course structure, with engaging facilitators and course content also ranking highly. Just over half (n = 17) indicated specific behavioral changes they plan to enact after completing the series, such as connecting with and better understanding learners, prioritizing high-quality feedback more deliberately, and bringing medicine to the bedside. The most common critiques of the course were requests for more time for feedback skills.

DISCUSSION

Teaching the Teacher is a VA-specific faculty development seminar for hospitalists. Participants who responded to a survey reported that it met their needs as VA clinician educators. This is the first published needs assessment of academic VA hospitalists in their roles as clinician educators and the first faculty development initiative to address those specific needs using a collaborative, multisite approach. Although this program is a pilot, the positive response it has received has set a precedent for increased development and growth.

Teaching the Teacher presents a novel

TABLE 2 Teaching the Teacher Course Content

Elements	Day 1	Day 2	Day 3	Day 4	Day 5
Titles	Modern health professions learners	Technology in medical education	Rounding at the bedside	Balancing supervision and autonomy	Feedback
Objectives	Highly valued attributes of clinician educators; recognize needs/preferences of modern learners	Compare shifting learning climates; understand evidence for evolving learning formats; review and practice using existing resources	Define bedside rounding; identify benefits, barriers; create strategies to remove barriers	Types of supervision; identify entrustment factors for learner autonomy; strategies for challenges	Review high-quality feedback features; provide framework for developing and delivering feedback
Topics	History of Veterans Health Administration teaching; adult learning characteristics; positive learning climate development	New learning modalities; incorporation of technology into medical education	Learner perceptions of bedside rounding; barriers	Trends in supervision of medical trainees over time; collaborative supervision	Characteristics of high-yield feedback; frameworks for creating feedback
Skills addressed	Individualized learning plans; wellness checks, debriefs; addressing problematic behavior	Local primary resources; alternative media sources; fundamentals of appraising alternative media	Managing learner hesitation; improving efficiency; managing barriers	Early baseline learner assessment; identifying learner entrustment factors	Creating a culture of feedback; developing and delivering targeted feedback
Interactive activities	Group-based discussion; interactive scenarios; real-time problem solving	Group-based discussion; literature searches; resource acquisition demonstrations	Poll; workshop structure	Group-based discussion; interactive scenarios; problem solving	Group-based discussion; interactive scenarios; problem solving

approach with a condensed curriculum that is more convenient and accessible to VA clinicians than previous programs with similar goals. Hospitalists have busy and variable work schedules, and it can be difficult to find time to participate in a traditional faculty development program. While these programs are becoming more commonplace, they are often longitudinal and require a significant time and/or financial commitment from participants.¹⁸ In contrast, Teaching the Teacher is only 5 hours long, can be viewed either synchronously or asynchronously, and is no cost to participants. In the future, other specialties may similarly value an efficient faculty development curriculum, and participation from clinicians outside of hospital medicine could augment the richness of content.

Teaching the Teacher's curriculum is not meant to be exhaustive, but rather to spark conversation among colleagues. According to survey respondents, the most lauded aspect of this program was the facilitated, discussion-based structure, wherein participants are presented with common challenges and encouraged to share their experiences and solutions with colleagues. Of particular interest to the program's mis-

sion of greater community building are the VA facilities that chose to complete the seminar with another hospitalist section from a different institution. Within this structure lies an opportunity for seasoned educators to informally mentor junior colleagues both within and across institutions, and foster connections among educators that continue beyond the completion of the series. We envision this program growing into an enduring professional development course that begins at onboarding and is revisited at regular intervals thereafter.

Another compelling aspect of this project is the interprofessional design, bringing physicians, nurse practitioners, and physician assistants together. Health education, like clinical care, is shifting to a team approach.¹⁹ The curriculum addresses topics previously described as high priority for interprofessional faculty development, such as fostering healthy team leadership, motivating learners, and appraising evidence and online resources.²⁰ A pilot project in VA primary care facilities found that deliberate interprofessional education improved collaboration among health care professionals.²¹

Prior to Teaching the Teacher, no similar faculty development program provided interprofessional learning and collaboration for VA hospitalists.

Limitations and Future Directions

There are several limitations to this preliminary study. Participation at each site was voluntary and did not always reach the full potential audience of hospitalist clinician educators. As one participant stated, future directions include doing “more to involve teachers who need to learn [these skills]. The ones who attended [from our institution] were already the best teachers.” In addition, despite the asynchronous option, lack of protected time for faculty development may be a limiting factor in participation. Support from institutional and national leadership would likely improve participation.

Measured endpoints to date consist primarily of participant satisfaction and do not yet capture objective changes in teaching. Data collection is ongoing to assess immediate and longitudinal changes in confidence and behaviors of attendees and how this might affect their health professions learners.

Last, our initial needs assessment only targeted academic hospitalists, and the needs of VA hospitalists in rural areas or at facilities without academic affiliation may be different. More research is needed to understand the diverse faculty that comprises both urban and rural VA sites, what their professional development needs are, and how those needs can be met.

CONCLUSIONS

Teaching the Teacher is a faculty development pilot, tailored to meet the needs of VA hospitalist clinician educators, that has been voluntarily adopted at multiple VA sites. The facilitated discussion format allows participants to guide the conversation and personalize content, thereby promoting a culture of discussing challenges and best practices among colleagues that we hope endures beyond the bounds of the curriculum. The program focuses on elevating the specific teaching mission of the VA and could be incorporated into onboarding and regular VA-sponsored faculty development updates. While Teaching the Teacher was originally

developed for VA hospitalists, most of the content is applicable to clinicians outside hospital medicine. This project serves as a model for training clinical educators and has opportunities to expand across VA as a customizable didactic platform.

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Ethics and consent

This project was deemed a nonresearch education assessment by the chief of medicine at the Durham Veterans Affairs Medical Center. Institutional review board requirements were waived.

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