

Evidence-Based Education: Developing Kaiser Permanente Faculty For the New Millennium

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Introduction

Been to any good lectures lately? Has a great Continuing Medical Education (CME) presentation led you to change your approach to any of the common vexing clinical problems you face daily? Why do clinicians usually answer "No" to these questions? What is going on with our inability to teach effectively? Where is the evidence-based teaching to go along with an evidence-based practice?

Producing Kaiser Permanente (KP) clinicians who are skillful and effective in the art and science of teaching evidence-based Medicine is a critical factor for our success in the new millennium. Developing evidence-based educators is more than the means to an end. To successfully implement a well-conceived educational program, the faculty must be much more than content experts—they must be transfer experts. They must promote, facilitate, and foster evidence-based change.

The evolution of well-trained faculty had its origins in 1995, when the Interregional (IR) CME Directors began monthly teleconference meetings. The purpose of the initial meetings was to create an IR Education Best Practices platform. Four years ago, it became apparent that a huge amount of planning focused on what would be taught, yet little time or energy had been invested on who would do the teaching. In other words, there was little reflection on the art and science of becoming better teachers of evidence-based Medicine.

During each of the past four years, an IR Faculty Development Workshop has been conducted in conjunction with the annual IR Primary Care Conference. A focus of the workshop was to support teacher development for those instructors nominated for each cycle of the Conference.

Two key initiatives were included in the IR Education Best Practices Agenda: to complete a needs assessment of primary care clinicians as an aid in developing a Primary Care Core Curriculum and to create and implement an informal Faculty Development Program to support the project.

The goal of the first initiative was to provide primary care clinicians evidence-based modules in the subject areas they considered essential for providing high-quality, cost-effective health care.

The goal of the second initiative was to enhance the teaching abilities of the most frequently used fac-

ulty members, our own internal experts and specialists. This goal is as important—if not more so—than that of the first initiative. After all, what good is the information within an educational program if those conveying it lack good communication skills?

The conclusion was obvious: Unless faculty had a better understanding of adult instructional and learning theories, as well as educational modalities and design concepts that enhance physician behavior change, no amount of scientific data presented was likely to result in the practice changes our patients need for better health outcomes. An analysis of what would make a better instructor ensued and resulted in formulation of four basic tenets that are necessary for successful implementation of the IR Faculty Development Program:

- Create a culture of quality.
- Train faculty in presentation skills.
- Solicit presentation evaluations from attendees and acknowledge faculty who perform well.
- Implement and maintain a core curriculum for training faculty in presentation skills, using the faculty themselves as consultants.

Create a Culture of Quality

An environment must be created wherein high-quality presentation is expected and becomes the norm. To create such an environment, we must do the following:

- Publish and distribute KP Faculty Core Competency Skills recommendations.
- Develop and facilitate opportunities for KP faculty to learn new skills.
- Make personal contact—preferably face-to-face first, then either by phone or e-mail—to communicate expectations, review previous teaching experiences, and offer encouragement and mentoring.

Presentation Training and Primer

A Faculty Development/Presentation Skills Workshop that would be recommended for KP teachers must be developed and made available to all. As part of the workshop, emphasize tips on content, voice, gestures, use of projection equipment, slide format, panel discussions, engaging and responding to an audience, and other necessary skills.

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We have identified certain key steps in designing such a curriculum:

- Ask permission of the faculty members to discuss opportunities for improving presentations.
- Emphasize the importance of being both well organized and well prepared when presenting.
- Consider what the audience is to do with the information after the presentation and what outcome is expected from the group.
- Set an expectation that the attendees will comment on all aspects of the presentation.
- Create teaching incentives to acknowledge a job well done.

To further support the Faculty Development Workshop, a revision of the Training Primer (originally developed in 1995 as a complementary training and reference tool) is essential. The revised primer could be distributed as hard copy as well as made available on the Intranet for easy access.

Faculty Development Core Curriculum and Consultation Service

Core curriculum modules should be developed for Faculty Development and become standard for all facilities within all regions. A Faculty Consultation Service should also be created to review presentation materials (slides, handouts, lectures, presentation, and program development), because a successful program requires ongoing maintenance.

Evaluation & Acknowledgment

We must be relentless regarding our commitment to the process of evaluating and appreciating our educators. Each evaluation provided to a faculty member should include recommendations which reinforce areas of presentation that were strong yet invite and challenge the individual with opportunities to improve. With each presentation of a KP educator, we must remember to express sincere appreciation to each individual who invests in our culture.

The KP Interregional Conference On Primary Care, Occupational Health and Musculoskeletal Medicine

Clinicians, many of whom have been associated with The Permanente Medical Groups for an extended period, are aware of deficiencies in our Graduate Education Training model. In 1993, a project-planning workgroup representing Internal Medicine, Family Practice, Sports Medicine, Orthopedics, Occupational Medicine, Health Education, Behavioral Medicine, and Physical Therapy met and began implementing musculoskeletal educational programs for primary care clinicians. As time

passed, this interdisciplinary planning group expanded the initial mission to include other strategic areas within primary care, including Practical Primary Care Skills, Communication & Behavioral Medicine Skills and Occupational Health. This project has now evolved to become the current IR Conference On Primary Care, Occupational Health, and Musculoskeletal Medicine.

The KP Interregional Faculty Development Workshop

The IR Faculty Development Workshop has evolved during the past three years into its current form. The recommended essential elements, or skill areas, for KP teachers are: Behavior, Content, Interaction, and Diversity Awareness.

Behavior

Behavior is part of the physical process of presentation and relates to the physical skills and techniques used by a speaker communicating with the audience. Developing behavioral communication skills means having control over delivery technique by commanding the body (the instrument). Behavioral work addresses such issues as eye contact, gestures, posture, vocal variety, pause and pacing, and use of classroom space, among others. When learned and practiced, these skills can dramatically improve a presentation.

Content

Content is that which is to be communicated. Content has three separate aspects:

- Clarity: simply and clearly conveying evidence-based information.
- Impact: creating a presentation that will have a lasting impact.
- Presentation: delivering information so that it addresses the most discrete details while remaining universally comprehensible.
- Content should be based not only on what the presenter thinks students should or do know but on understanding what learners perceive as their interests, wants, and needs.

Being an effective presenter requires mastery of all three of these aspects of content. A teacher who is clear yet boring will not create an impact. Conversely, one who is interesting yet convoluted may frustrate the audience. Truly effective teachers are straightforward, concise, memorable, and grounded in the scientific evidence supporting the Best Practice thinking on the topic.

Interaction

Interaction skills focus on the relationship between the presenter and the audience. Presenters with strong

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interactive skills are always in tune with their listeners. To be in touch with students, a skilled teacher will do the following:

- Engage the students at all times to keep them involved in the presentation.
- Arrange the content of the presentation to have structure and goals but also enough flexibility to accommodate students' needs.
- Respond thoughtfully and objectively to the most challenging student questions.
- Listen carefully.
- Respond to students positively and genuinely and with respect and authenticity.

Diversity Awareness

Diversity has both primary as well as secondary dimensions, and successful instructors know how to focus on each, as appropriate.

Diversity has six primary dimensions: race, gender, sexual orientation, age, culture/ethnicity, and physical ability/disability.

The secondary dimensions of diversity include religion, education, family/marital status, work experience, military experience, and lifestyle.

Mastering these areas—and learners' needs—involves communicating openly, nondefensively, and in a manner that honors the differences among all of us. Insensitivity to these differences can turn a world-class presentation into a third-rate experience, however unintentionally.

For example, let us imagine an educator who, in presenting the latest strategies for preventing HIV transmission, addresses only the information that he or she assumes the audience needs. If, looking at the audience, the instructor automatically assumes they are heterosexual, educated, married, too old to be having sex frequently, and possibly uncomfortable (religiously or culturally) discussing sexual behaviors, the instructor might erroneously assign the entire audience to a low-risk category—and therefore fail to provide the audience with the diversity of information they actually need.

Previously, to participate in the annual Faculty Development Workshop, instructors accepted teaching role assignments six to nine months before presenting. The teacher would agree to develop the future presentation (30, 60, 90 minutes in length) during the workshop and to deliver portions of the presentation to the other Workshop participants as a learning exercise. Each audience member would provide feedback, and faculty candidates would receive individualized coaching from other experienced Permanente Faculty facilitators as well as from professional communication trainers.

During the three-day Faculty Development Workshop, teachers would do the following:

- Develop an understanding of adult learning theory and different educational techniques for presenting their topic to primary care clinicians.
- Learn how to identify what skills and knowledge primary care clinicians want to learn about their topic/specialty (expressed needs).
- Learn how to identify the skills and knowledge that others believe primary care clinicians need to know about their topic/specialty (demonstrated needs, ie, Adult Primary Care Core Competencies).
- Learn not only about current diagnosis and treatment but how to effectively educate patients and engage them as partners in their own care.
- Practice and receive feedback regarding their presentation.
- Demonstrate a confident and credible presentation style.
- Manage participant attention despite the inherent distractions at meetings.
- Create high levels of participation, energy, and interest.
- Ensure that session content is clear, memorable, and engaging.
- Facilitate discussions, and respond to questions professionally.
- Manage any participant resistance/confusion regarding new or otherwise unfamiliar approaches or material.
- Manage direction and focus of a teaching session by effectively linking all discussions and questions back to key information.

Workshop Evaluation

The evaluation results received at the conclusion of each of the three IR Faculty Development Workshops held to date have been overwhelmingly positive. This strong response merely confirms that the skill and wisdom needed to successfully develop evidence-based teachers lies within the Kaiser Permanente organization and our colleagues. To quote one recent attendee: “This was an extraordinary workshop, because I have never seen so much importance attributed to the quality of a presentation at a meeting.”

On the overall evaluation, the 34 responses from attendees at the third IR Faculty Development Workshop expressed strong agreement with the following statements:



- “The presentations at the workshop have inspired me to improve my knowledge and skills” (88%).
- “I am motivated to try some of the new ideas that I learned from this workshop” (88%).
- “I learned new ways of doing things that were directly relevant to being a more effective teacher” (73%).
- “The workshop provided me with information and techniques I can immediately apply to my work as a teacher” (73%).
- “The workshop provided material that was practical” (85%).
- Better one-on-one teaching skills, which will improve interpersonal and organizational relationships.
- Improved ownership and participation within an interactive environment of learning.
- Methods to approach each day as an opportunity for renewal through learning and teaching.
- Paths to build a community of learning and teaching.
- Influence over the traditions and process of medical education.
- Skills which will improve interpersonal and organizational relationships.

Looking Ahead

For KP to reach the next level of quality, we must share the answers that will facilitate a culture of learning and teaching and of providing leadership within the health care industry as the new millennium dawns. As individuals, we know much; as the KP organization, we must provide the resources to develop more effective teachers of evidence-based Medicine.

In doing so, we would have an enormous advantage. By harnessing our collective knowledge, and refining our teaching and implementation effectiveness, the KP organization will position itself to deliver the best medical care possible.

The good news is that IR CME Directors have identified Faculty Development as a key initiative. The establishment of a competency program for Faculty Development is therefore essential to the growth and prosperity of our organization. But this project will not succeed without the support of the real experts in CME: the KP clinicians—our internal customers who will tell us if we have succeeded in this effort.

Consequently, we, as KP colleagues, must consider how we can share our knowledge with one another. Doing so—and subsequently expanding the faculty development model—would deliver these results:

Conclusion

Our organizational imperative is to become better at using high-impact learning opportunities and events and to find ways to share our acquired knowledge with one another. Because time and the changing face of health care are moving as quickly as technology, our collective need to simply keep pace is greater than ever.

In becoming more effective teachers, we will discover new ways to engage with colleagues, producing consistent, positive, and often dramatic results. We will be able to develop a sense of confidence and command of our own natural style and abilities. We will work through our fears about teaching and leadership, in turn having more fun, satisfaction, and success in our everyday communication with colleagues and patients. That is the promise that the faculty development of evidence-based education holds. And it is a promise we must keep. ❖

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