

# Teaching the Teachers: Creating Learner-Centered Curriculum for Family Medicine Residents

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## STUDY AIM

To create a succinct learning guide that emphasizes important Adult Learning Principles (eg collaboration, active learner participation) in the Family Medicine content in order to optimize “didactic” teaching sessions at the University of British Columbia (UBC) Family Medicine Residency Program, Vancouver-Fraser site.

## BACKGROUND

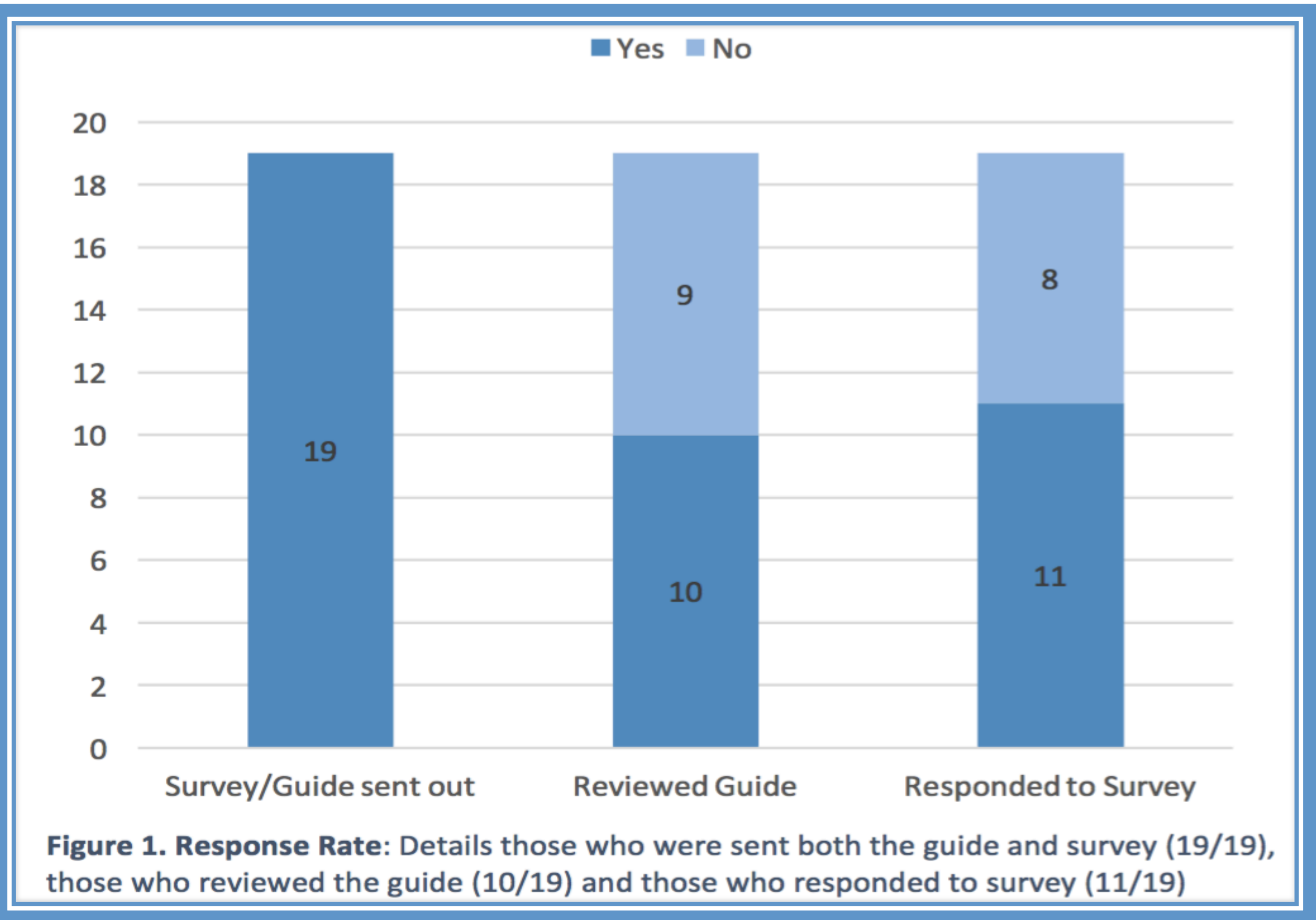
- Academic Half Days (AHDs) are an integral component of many Family Medicine Residency programs
- AHDs at UBC initially created to replace multiple 1 hour sessions delivered throughout the week
- In past 2 decades, principles of effective teaching have expanded, focusing on important concepts like student-focused learning, case-based learning, group discussions, and implementing technology
- Learner-centered curriculum improves long-term retention by promoting active participation

## METHODS

- Cross-Sectional Study Design
- In response to Resident feedback in 2015, a collaborative medical education group (family physicians, administrators, PGY-1s and PGY-2s) was created to address concerns about AHD sessions.
- Based on literature review, a 1 page *Academic Day Learning Principles* guide was compiled over the course of several months via group meetings and online correspondence.
- Guide was emailed to presenters by Residency Program Administrator 2 weeks in advance of their presentation to help direct their preparation. Presenters also sent brief explanation of research project.
- Follow-up Survey [Likert Scale] delivered immediately after the presentation to determine if lecturer found the guide helpful in achieving its aforementioned goals

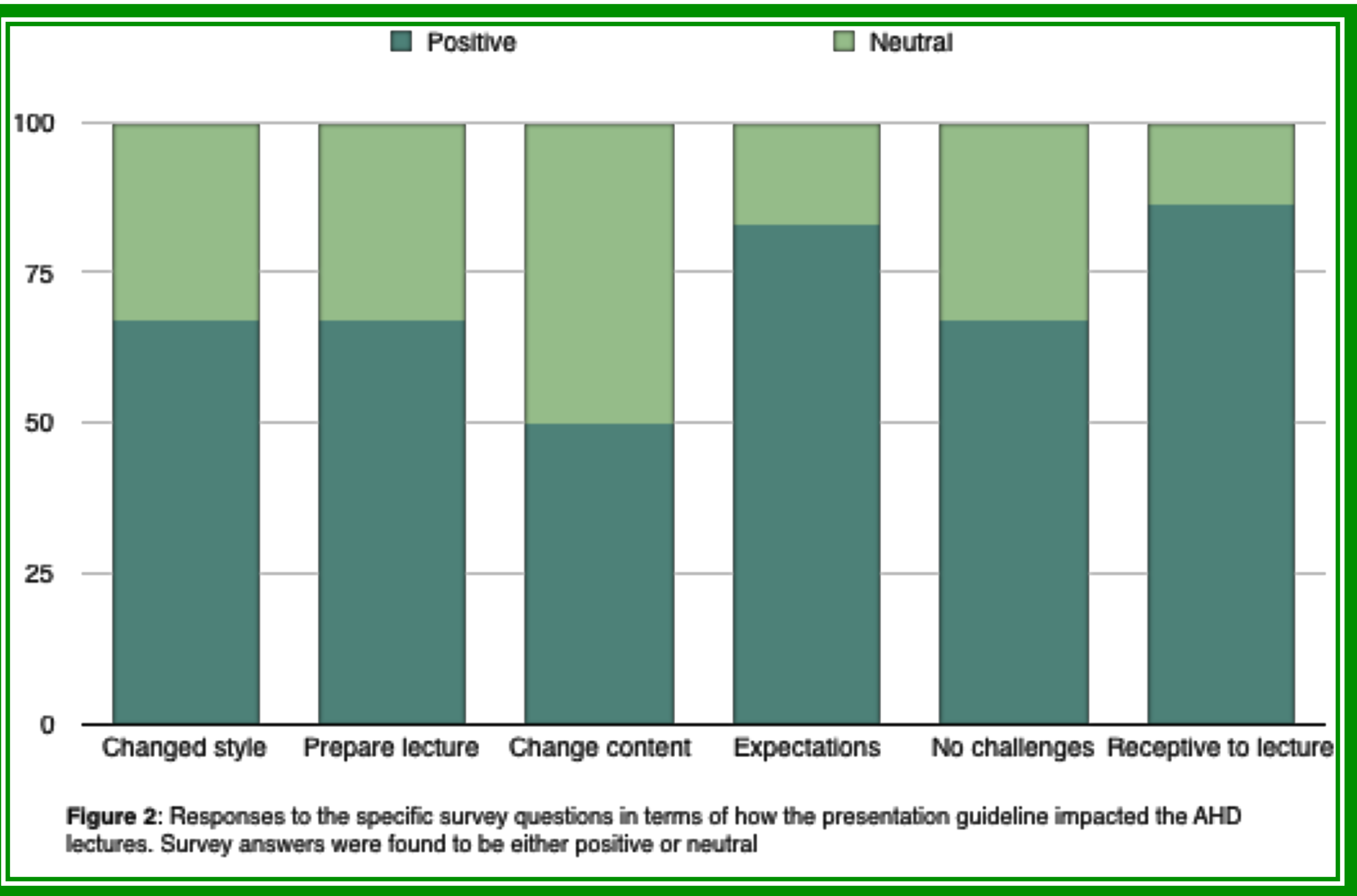
**INCLUSION CRITERIA:** All faculty presenters for both PGY-1 and PGY-2 AHD sessions held between the dates February 1st to April 30th, 2016.

**EXCLUSION CRITERIA:** Resident presenters and any faculty involved in the development of this guide.



## RESULTS

- Of a total of 19 presenters, 11 respondents completed the survey after their presentation
- Presenters generally found the document to have:
  - changed their lecture style
  - improved efficiency of preparation
  - changed presentation content
  - identified expectations of resident learning objectives
  - impacted receptiveness of the lecture
- No significant challenges generated by the document itself
- Overall, presenters found this learning guide (Figure 3) practical and useful in the preparation of their academic sessions**



**Table 1:** Survey results from each of the 6 questions showing the number of respondents and percentage response

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The guide changed my presentation style (n=10)	1 10%	5 50%	4 40%	0 0%	0 0%
The guide made my preparation more efficient (n=10)	0 0%	6 60%	4 40%	0 0%	0 0%
The guide changed my presentation content (n=10)	0 0%	5 50%	5 50%	0 0%	0 0%
I found the Residents receptive to my presentation (n=11)	4 36%	5 45%	2 18%	0 0%	0 0%
The guide presented me with clear Resident expectations (n=10)	4 40%	4 40%	2 20%	0 0%	0 0%
The guide created a challenge for me (n=10)	0 0%	0 0%	4 40%	3 30%	3 30%

**Figure 3:** Academic Day Learning Principles Guide

### What do residents want?

**What do we want?**  
**A Safe Environment –**  
*New learning experiences force us to confront what we don't know, and that can be stressful!*

**Our Knowledge Utilized –**  
*We have diverse knowledge and experience and appreciate when our assets are recognized and utilized!*

**Choice –**  
*We're a self-directed group and want to actively participate in our learning.*

**Relevance –**  
*We're interested in challenges and clinical solutions relevant to Family Practice.*

**Social Interaction –**  
*We're social beings and we want to connect.*

**Other –**  
*Just a few other tips to help us get the most from our academic curriculum.*

**How can you help us?**

You can...

- Give us an outline at the beginning of the session and define objectives collaboratively.
- Provide advanced reading so we may come to the session prepared.
- Direct questions to the group instead of individuals.

You can...

- Ask us questions to gauge our level of knowledge and experience and use this information to guide the session.
- Teach by asking questions so we think more deeply about complex topics.
- Utilize case-based teaching to test our knowledge while stimulating active learning.

You can...

- Ask us which aspects of the topic we have a particular interest in learning.
- Provide opportunities for small-group break-outs to discuss cases or scenarios, or even engage in role play.
- Use multi-media for a more stimulating learning experience.

You can...

- Cover material outlined in the 99 topics for the CCFP exam.
- Tailor presentations to the Family Physician perspective.
- Reflect current BC guidelines.
- Ask us how we plan to apply this learning.

You can...

- Rely on your humour and personal anecdotes to foster deeper connections.
- Allow small group interaction.
- Consider allowing ½ of the session for discussion, interaction, and questions.

You can...

- Organize information into a structure or tool for easy recall.
- Provide a one-page summary of your presentation at the end to consolidate important points.

**A wish list from residents to VFAC presenters**

Acknowledgements: This document was created by the Vancouver Fraser Academic Curriculum Working Group (Drs. Brenda Hardie, Payam Sazegar, Luke Armstrong, Sanja Matic, Alanna Mavrinac, Amelia Nuhn, and Ms. Alana Marshall). We would like to acknowledge Drs. Caroline Cook and Ainsley McCaslin for sharing the findings outlined in their 2015 project "Perspectives on Academic Days in the Vancouver Fraser Residency Program", and Dr. Kristi Monteleone for sharing his 2015 paper "The good teacher is more than a lecturer - the twelve roles of the teacher." *Medical Teacher* 2000; 22:334-47.

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Van Roermund TA et al. Comparison of expectations and beliefs about good teaching in an academic day release medical education program: a qualitative study. *BMC Med Educ*. 2014 Oct 3;14:211.

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## LIMITATIONS

- Small sample size
- Resident evaluation of presenters was not part of the data collection
- Program Administrator not blinded to respondents

## CONCLUSIONS

- Use of a 1 page learning guide can be a useful Faculty Development tool to promote learner-centered instruction of Family Medicine Residents
- Cased-based, active-participation teaching is desired by physicians-in-training and a tangible goal for teachers in the Academic Curriculum
- Further research into the optimization of a brief learning guide and its impact on learning [focus groups, speaker evaluations, and resident performance] would be valuable.

## REFERENCES

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