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*Faculty Resource for Educational Excellence

Getting Your Educational Innovations "Out There"

I hear it frequently from colleagues and friends...*"I'm just not a research-y person. I see patients and teach, I don't have time to write up articles for journals...Besides, I'm not good at that stuff..."* Perhaps it is the fault of the increasing demands of our clinical work, the difficulty in recruiting academic faculty, concern about the increasing ethical and regulatory requirements associated with research and evaluation, or the blending of traditionally clinical health systems and the traditionally academic universities. Whatever the cause, there is certainly a diminishing emphasis on "contributing to the academic conversation" among medical school clinical faculty.

In Boyer's often-quoted model of scholarship (Boyer, 1997), the scholarship of teaching is well-defined. It is not simply the actual teaching that is important, but the "systematic study of teaching and learning processes" that qualifies as scholarship in our current academic climate. As healthcare providers in an academic health center, we cannot simultaneously rail against the dismissal of teaching as an afterthought in our centers without also being ready to examine our own teaching techniques and their effectiveness.

Building evaluation into our teaching is not difficult, but does require some creativity and forethought. Below are some tips to help you organize your efforts and some techniques and ideas that should reduce the barriers to accomplishing some evaluation.

Move beyond "reaction"

An increasingly popular model of instructional evaluation is the Kirkpatrick model (Kirkpatrick, 1998). In this model, four "levels" or perspectives of instructional evaluation are defined: reaction (did the learners like the session?), knowledge (did their knowledge increase?), process change (do they do things differently now?), and results (did the important outcomes change?). Thinking about patient outcomes (results) is quite a leap for most of us thinking about how we will evaluate our CME lecture or course, but it is important for us to have in mind when designing instruction. As a start, though, *let's just move beyond level 1.*

Make evaluation a team sport

Partner with friends and colleagues. Find someone with more skill than you have in whatever area you need help - they'll often be flattered you asked. However, *ask in advance, not at the last minute.*

Outlining and Blitzing - get your thoughts on paper

The thought of writing is often the biggest deterrent for would-be scholars. For those starting with an idea for scholarship, it helps to write a "2-pager" - a description of a project that gets all the thoughts buzzing around your head down on paper in an organized fashion. But even 2 pages can be difficult sometimes. Start with outlining to organize your thoughts. Or go with "blitzing" to dump all your thoughts onto the page without concern for punctuation, grammar or style. Then edit and fill in the rest.

Find an outlet for your publication...it's OK to start small

We cannot all be published in Academic Medicine. Start small. Create a talk for your institution's teaching academy, grand rounds or faculty development series on some aspect of your teaching. Consider contributing to an established blog, to a state academy journal or a county medical society newsletter.

With some forethought, organization and collaboration, you can take your teaching to the next step - to the scholarship of teaching!

John Epling, MD, MEd

1. Boyer, E. L. (1997). *Scholarship reconsidered: priorities of the professoriate (1st ed., 12th pr)*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching [u.a.].

2. Kirkpatrick, D. L. (1998). *Evaluating training programs: the four levels (2nd ed)*. San Francisco, Calif: Berrett-Koehler Publishers.

Office of Continuing Professional Development (OCPD)

Shari Whicker, EdD, MEd
Director, OCPD & TEACH
(Teaching Excellence Academy for Collaborative Healthcare)

Sandra Dehart
Curricular and Media Project Specialist, OCPD

Deborah Ferron
Department Secretary, OCPD

Mariah Rudd, BS
Education & Faculty Development Manager, OCPD

Christie Wills, MPA
Physician Leadership Development and Professional Wellbeing Manager, OCPD

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"The problem with quotes on the Internet is that it is hard to verify their authenticity."

~ Abraham Lincoln



Dean's Corner

Cynda Johnson, MD, MBA

I bet you think I'm going to talk about integration, which happens in two days.

Well, you're wrong. (Of course, if you really want to read about integration, [visit this news story from last week.](#))

What I'm eager to share with you this month is the [new, redesigned VTCSOM website](#), which launched earlier this week. One of the many benefits of our becoming part of Virginia Tech, is that we can tap into resources such as the university's content management system (CMS). In doing so, we have been able to transform our website from something that was dated and hard to navigate into a clean, contemporary site that is aligned with the university's brand and on par with websites at other medical schools.

The site features user-friendly navigation and a responsive design so that it can easily be viewed on various screen sizes, including mobile devices. The VTCSOM communications team has also created new sections and pages and deleted outdated content to better serve our audiences. The team has plans to build out more content such as an employee section and a more robust presence for alumni.

I invite you to visit and bookmark the new site. If you find things that need to be changed, please [go to this link to submit your edits.](#)

Cynda