



HOT TOPIC

Clinical Teachers in Canada

Draft Report & Findings

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The College of
Family Physicians
of Canada

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A – Grant/Research Support	Health Canada / AFMC
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The Project

- As a result of changes in Canadian medical education, AFMC initiated this project
- The major components were:
 - To conduct an on-line survey of clinical teaching with as wide an input as feasible from clinical teachers
 - To visit each medical school and collect their views of the present status of clinical teaching
 - To conduct a literature review
 - To seek the views of other stakeholders



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Data Collection

- The more than 200 people that took time to meet with me between November 2008 and February 2009
- The more than 1200 people who took the time to complete a questionnaire about clinical teaching



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The Survey - 1

- The survey questionnaire was designed, revised and ethics approval obtained through the Health Ethics Review Board of the University of Alberta.
- A Canadian data gathering service was used and a guarantee provided that the server would be Canadian and subject to Canadian law.



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On-site/telephone study - 1

- Between 10th November 2008 and 23rd February 2009, site visits to all 17 Faculties were completed
- Individuals whose views were recorded
 - Deans and Associate/Assistant Deans
 - Department Chairs
 - Program/Clerkship directors
 - Full- and Part-time teaching staff
 - Residents/Undergraduates
- Some telephone interviews were also undertaken



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Important note:

- Students were almost unanimous in their praise for the calibre and administration of clinical teaching, and although the residents were marginally less satisfied, overall their views were also strongly positive.
- We have been able to insulate the learner to a surprising extent from the issues that concern clinical teaching from the Faculty perspective.



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Top-level governance

- The overall organization depends on the fluid, intelligent and transparent interaction between:
 - The Provincial Governments
 - The Medical Associations
 - The Faculties of Medicine
 - To a lesser extent, the parent University, the University Staff Association and the Canadian Association of University Teachers (CAUT)



- *There should be regular meetings at which all constituencies are represented and are encouraged to be explicit about their perspective on clinical teaching.*
- *Any further increases in student numbers should ensure that the quality of the learning by clerks and residents is maintained. Adequate funding for expansion is required, but is only one of the factors necessary for success.*



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Communication

- Communication is sometimes less than effective between all levels. There is a need for an exchange of information to correct misunderstandings and to develop joint strategies for improvement.



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Recommendations

- *Deans of Medicine should systematically discuss issues pertaining to clinical teaching, focusing on their specific successes, challenges, and solutions.*
- *A forum on clinical teaching for Undergraduate and Postgraduate Deans should be considered.*
- *There should be funding available to clinical teachers to foster inter-university communication on clinical teaching, through activities such as conference participation, task groups, and committees.*



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Communication

- There needs to be effective communication between the parent university and the distributed campuses or community sites. In general communication is satisfactory in most cases, but can be improved.



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- *All clinical instructors need a statement of the objectives/outcomes/competencies.*
- *A site visit at least once a year by the program/ clerkship director is important. Visits by the Dean have a large positive impact.*
- *Every instructor should have input into the process by which trainees are educated.*
- *Those at the academic health centres should make it clear that learning at the distributed sites is as effective and as challenging as similar programs offered in the centre itself.*



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Assessment and accountability

If teaching is to improve, the following need to be in place:

- Accepted standards of adequate performance
- Systematic performance review
- Mechanisms for rewarding excellence
- Effective means of providing assistance to those whose performance is sub-optimal
- Options for sanctions against those whose performance is consistently sub-optimal.



- *Trainees should have an opportunity to provide written feedback for their instructors, and the process should be transparent and standardized.*
- *The responsibility for gathering feedback should be centralized*
- *Some systematic attempts at peer evaluation are desirable.*



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Recognition, reward and remuneration

- *Promotion criteria must be clear, widely available, place an appropriate emphasis on education and associated administration, and be discussed with the instructor by the Chair or his/her delegate on an ongoing basis.*
- *Universities should provide some reward for a significant number of the staff whose teaching excels, and consider means by which pressure can be brought to bear on those whose teaching performance is substandard.*



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Alternative Funding Plans

- AFPs are generally successful and well received, although there is no unique best model.
- *Faculties of Medicine should attempt to ensure that the income derived from the AFP is equitably distributed, provides appropriate recognition for teaching and forms a significant part of the total income for the clinician-teacher.*
- *Units that do not currently have an AFP in place, should be encouraged to develop one.*



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Recognition of part-time staff

- The amount of money supplied is a small fraction of the amount received for clinical earnings.
- The major reward for teaching is the process itself.
- We need to ensure that clinical teachers receive equitable payment, but particularly that they are recognized and respected for their efforts.



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- *Faculties should immediately institute ongoing discussions with clinical teachers about appropriate recognition, focusing on ongoing acknowledgement of their contribution rather than the dollar amount of reimbursement.*



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Faculty development

- The assumption that knowledge of content equates to teaching ability is incorrect and dangerous.
- Most Universities have effective faculty development programs
- Mandating attendance at faculty development activities is encountered less often
- Often those attending are those who are already good teachers.



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- *Clinical teaching staff should be required to take faculty development training before they first encounter trainees.*
- *The content, timing and location of faculty development workshops should be based on the needs of the clinician*
- *Faculty development should be presented as an intrinsic part of functioning as a clinical teacher, rather than as an option.*



Teaching by residents and other health professionals

- Residents are often effective teachers
- Residents are almost never watched while they teach, and almost never receive feedback about their teaching.
- Residents often see teaching as an option not a requirement
- Other health professionals such as nurses can provide effective educational environments for clerks.



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- *Educational development for residents is necessary*
- *It should be made absolutely explicit to trainees that teaching is an intrinsic part of clinical practice and is expected of every practicing clinician.*
- *Preceptors should be encouraged to watch their residents teach and to provide appropriate encouragement and feedback.*
- *Consideration should be given to the use of other health professionals in the education of clerks and residents*



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New developments

- We need to take full advantage of any educational development that improves student learning, and/or makes the life of the instructor easier or less crowded.
- *Faculties should work together to explore and implement new models to supplement the methods and approaches to clinical teaching that are currently employed .*