

Could Workplace-Based Assessments Improve Faculty Teaching Confidence and Competence?

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PRiMER. 2024;8:29.

Published: 4/19/2024 | DOI: 10.22454/PRiMER.2024.517396

The Scholarship of Teaching and Learning (SoTL) defined by Ernest Boyer 30 years ago has been widely adopted as an important extension of traditional academic scholarship.¹ In their recent meta-ethnographic review, Liu et al deftly identified many barriers for clinical teaching faculty to actualize these forms of scholarship.² Their article, "Primary Care Perspectives on Education Scholarship: A Qualitative Synthesis," enumerated several important themes of clinical teacher perceptions.

For example, the authors cited dozens of studies that reported how clinical faculty describe teaching as a skill requiring development, confidence, and competence. Furthermore, Liu et al cited an abundance of studies delineating how often clinical faculty are unaware of the specific learning objectives and educational outcomes of the courses they precept for.

As a prerequisite to engaging clinical teachers in SoTL, Liu et al highlighted the need to evaluate and innovate current clinical teaching strategies. We propose workplace-based assessments (WBAs) may embody the next iteration of pedagogical improvement.

At the 2024 Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education (MSE), there were plentiful posters, presentations, and workshops related to WBAs. WBAs are contemporarily defined as brief, point-of-care teaching tools for frequent, formative feedback.³ Although popularized in residency programs, WBAs are rapidly gaining traction in undergraduate medical education (UME) as well.

With the goal of elucidating faculty perspectives related to WBAs, a group of clerkship directors and a student affairs dean led a seminar at the 2024 MSE conference. At the conclusion of session, we gathered introductory data on whether UME educational leaders felt WBAs could improve teaching skills and competence. We conducted a small study based on the data collected. This study was approved by the Baylor College of Medicine Institutional Review Board.

Seventy-three percent (n=16) of the 22 session attendees responded to a 5-item questionnaire. Participants were predominantly clerkship and residency program leaders; 100% of respondents strongly or somewhat agreed that "UME faculty should become familiar with WBAs and other competency-based tools." Affirming Liu et al's point on the value for intuitive teaching tools, most (75%, n=12) respondents agreed WBAs are a way to provide students targeted, outcome-based feedback. Notably, 100% of surveyed faculty felt the use of WBAs can improve undergraduate medical education faculty confidence in their teaching abilities. Of course, these cursory observations require additional study.

Engaging clinical teachers in SoTL is a common struggle for educational leaders. Even among our self-selected group of session attendees who were passionate about teaching innovations, only half of respondents (n=9) felt satisfied with existing WBA faculty development materials. We believe this training gap indicates a further

need for national discussion and intentional exploration. Wherever possible, we encourage colleagues to publicly share their successes and challenges in developing and piloting WBAs. A trend toward safeguarding these assessments as proprietary may further hinder the ability for residency program directors to make sense of and compare disparate assessments from various schools.

Acknowledgments

Presentations: Data presented in this submission were collected via the following seminar:

Sarkar A, Keisler BD, Barning K, Smith KL. Incorporating WBAs Into Medical Student Performance Evaluation. Society of Teachers of Family Medicine Conference on Medical Student Education. Feb 2024; Atlanta, GA.

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