

## **FDIG 2019/20 Winners**

**Principal Investigator:** Dr. Laura Farrell MD, PRCPC, MMed, Assistant Dean Undergraduate Education, Island Medical Program, Clinical Associate Professor, Dept of Medicine, UBC

**Co-Investigators:** Dr. Rose Hatala, MD, MSc, FRCPC Professor, Dept. of Medicine Director, Clinical Educator Fellowship, Centre for Health Education Scholarship UBC;  
Dr. Cary Cuncic, MD, FRCPC, MSc, MMed Clinical Assistant Professor, Dept of Medicine Associate Director of Curriculum, MD Undergrad Programme, UBC

**Title:** How can academic coaches be supported to facilitate residents' personal goal development?

**Project:** Coaches are paired longitudinally with learners to guide learner self-reflection, coach for improvement, and help learners develop achievable goals that aid the learner to progress. While goal setting is an important part of the coaching relationship, previous studies have highlighted challenges of goal-construction, especially when learner and preceptor goals are unmatched. Limited literature exists to address the specifics around how academic coaches can optimize goal discussions, especially where feedback is not necessarily based on direct observation, but rather on a cumulative portfolio of feedback and assessments. Using design-based research, we present a longitudinal faculty development initiative focused on supporting academic coaches. The project includes an initial coaching workshop followed by reflection and facilitated group debriefs, and a review of audio-taped conversations between resident and faculty coaches to explore the coaching relationships and how these discussions may result in the effective goal co-construction.

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**Principal Developer:** Dr. Brenda Hardie, Lead Faculty for Faculty Development (Family Practice Residency Program: Post-Graduate), UBC

**Co-Developers:** Dr. Jacqueline Ashby (Program Coach & Project Manager) & Dr. Holden Chow (Site Director)

**Title:** Peer observation: By the preceptors, for the preceptors

**Project:** Studies in peer observation and coaching indicate that "peer observation is an extremely valuable process with benefits for the observer as much as the person being observed." However, there is no formal curriculum, including educational templates, designed for the clinical learning context. We will begin the project by engaging Family Practice clinical educators in a series of discussions on peer observation and coaching to understand their needs, perceptions of, and experiences with the concept. We will then facilitate workshops that allow participants to design and prototype the observation and teaching templates and evaluation tools. We will test the prototypes with clinical educators, create a facilitation guide, a video demonstrating the process, and an online module, and launch the resources for all clinical faculty to use. Lastly, we will gather participants' experiences and document our findings.

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**Principal Developer:** Dr. Fiona Manning Faculty of Medicine; Family Practice Department; Faculty Development Committee Member; Site lead for Faculty Development Victoria

**Co-Developer:** Dr. Brenda Hardie - Lead for Faculty Development, Postgrad, Family Practice, UBC

**Title:** Evidence-based teaching knowledge is beautiful

**Project:** There is a need to reach faculty that may not attend faculty development workshops and are in need of just-in time teaching tools that shape the faculty-learner relationship. Enter infographics. Building on what is known from the use of infographics to reduce the cognitive load of learning, we propose to create a set of educational infographics that would be suitable for all clinical settings. We would develop monthly infographics that align with the core skills, attitudes and behaviours that we are already teaching in our workshops. The tools would be developed with the use of small test groups before being published more broadly. The final tool would be easily maintained as a digital or printed image. We anticipate that this would be highly attractive to those in busy clinical settings such as hospitals, and could be shared easily at rounds, departmental meetings, etc without investing more time than those participants are willing to provide.