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Disclosures

Brody School of Medicine received AMA funding for initial ACE cohort  
 Dr. Lawson received AMA mini-grants



University of Nebraska College of Medicine received AMA funding for the second ACE cohort  
 Dr. Caverzagie received AMA mini-grants



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Objectives

- At the conclusion of this webinar, participants will be able to:
- Highlight opportunities for and challenges to faculty developing the skills necessary to teach HSS
  - Identify the importance of aligning HSS curricula and learning experiences with health systems priorities and initiatives to promote successful HSS curricular outcomes

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Brody School of Medicine at East Carolina University

Brody graduates plan to practice in North Carolina—and many in areas of our state that need them most.

81.1% intend to practice in North Carolina, with an average of 10.5 years of experience.

32.3% plan to practice in Virginia, with an average of 10.5 years of experience.

11.9% plan to practice in South Carolina, with an average of 10.5 years of experience.

5.1% plan to practice in Florida, with an average of 10.5 years of experience.

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What have we learned thus far?

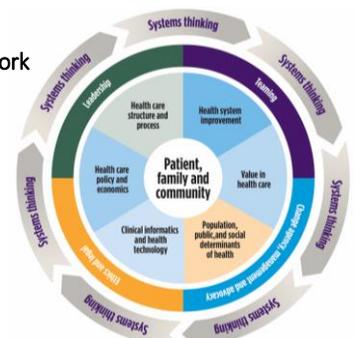
- New professionalism of systems citizens
- Value added roles for medical students
- Students as change agents

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HSS Framework



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Challenges to Developing Faculty

- Faculty (Lack of) Expertise
- Logistics of Teaching HSS
- Evolving Health Systems
- Providing Meaning to Faculty

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Challenge #1: Faculty (Lack of) Expertise

- Experiential knowledge is great
- Functional knowledge is limited
- Application varies by HSS domain
- Expertise relegated to the few (e.g., Chief Quality Officer)

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Opportunities: Leverage Faculty Experience

- Embrace (unique) faculty expertise
- Utilize lived experiences
- Co-learning
- Expand the concept of educator

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Challenge #2: Realities of Teaching HSS

- Limited space and opportunity in an already packed curriculum
- Lack of faculty role modeling HSS
- Inconsistent expectations across UME-GME-CME
- Assessment is hard

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Opportunities: Teaching HSS

- Frame expectations for faculty
  - Understand the 'lens' through which the student enters the system
  - Develop the interprofessional teams
  - Focus on "Mindset, skillset, toolset" of students
  - Professional identity formation
- Align curricular structures and assessments
  - Ensure that HSS is "valued" in summative assessments
  - Signpost HSS curricular activities
  - Role-model HSS in authentic clinical settings

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Challenge #3: Faculty buy-in is Lacking

- Topics are unfamiliar
- HSS is not routinely rewarded in academia
- Limited time to teach and role model due to competing demands
- Realities of compensation

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### Opportunities: Provide Meaning

- Formal incentives
  - Promotion and Tenure
  - Support scholarly activity
  - Formal recognition
  - Diverse teaching opportunities
  - Creation of new professional roles



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### Opportunities: Provide Meaning

- Leverage faculty professional identity
  - Faculty learning communities and interprofessional collaboration
  - New mentoring relationships
  - Personal growth and professional satisfaction
  - Transferrable and broadly applicable skills



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### Challenge #4: The Health System

- Health systems are not always viewed by faculty as a “partner”
- Students rotate in multiple health systems
- Health system priorities frequently change
- Faculty priorities may not align with health system priorities
- Uncertain future of healthcare

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### Opportunities: Health System



#### Introduce reality

Providers and systems are incentivized to partner to improve patient care  
 GME focus on sponsoring institutions  
 Prepare students to practice medicine for next 40-50 years



#### What do we have in common?

Clinical and non-clinical priorities  
 Don't “solve their problem” → Facilitate their “solving of the problem”  
 Goal: Student development of background knowledge and skills

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### Opportunities: Engaging the Health System

- Formalize partnership between medical school and health system to enhance clinical care AND education
- Leverage the clinical learning environment to focus on all health professions students, residents, and fellows
- Students are future leaders for health systems and practices
- Increased cross-campus collaborations and IPE

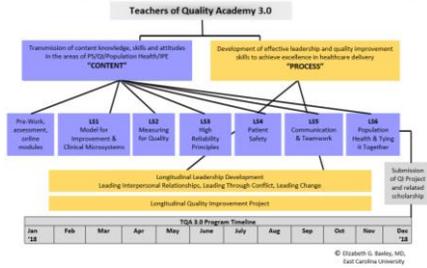
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### What are the opportunities for your institution?

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### ECU/Brody Teachers of Quality Academy



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### Evolving and Improving

- TQA 1.0- Educators to design curriculum
- TQA 2.0- Frontline educators to teach curriculum
- TQA 3.0-Clinical mentors and role models to change culture
- TQA 4.0- Expanded leadership and team concept

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### Desired Program Components

- Interprofessional faculty
- Strong sponsorship
- Protected time
- Problem-centered
- Immediately applicable
- Tangible products as outcomes
- Faculty contribution to curricular design



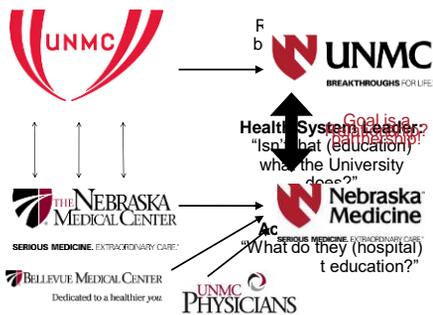
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### Lessons Learned

- Faculty and learners can learn together
- Expand the definition of faculty
- Support interprofessional and intraprofessional development simultaneously
- Teaching while practicing while learning is hard!
- Mentoring is critical
- Manage change and uncertainty
- Align institutional needs and faculty interests
- Money ~~≠~~ protected time

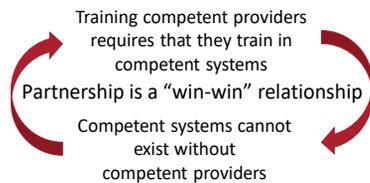


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### Why alignment?



Asch, et. al. JAMA, 2009

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**Bridging Leader Role**

- Institutional role with focused responsibility in alignment
  - Quality and patient safety role in GME
- Shared priorities between education and clinical enterprise
- Need to speak each others' language
- Chief "Dot-Connector"

Myers, et. al. JGME, 2017

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**Final Thoughts**

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Different approaches and roles to achieve common outcome

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Different strategies for different situations

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Embrace and manage change (process > outcome)

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**Questions?**

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