Faculty Development Provided During Work Hours: A Mixed-Methods Pilot Study for Developing Clinician Educators

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INTRODUCTION

Faculty development for clinician educators is important for retention, job satisfaction, successful careers, and successful interactions with learners[1]; however, the timing and format of faculty offerings are often in conflict with ongoing clinical responsibilities. As a result, faculty must sacrifice additional time outside of work hours to participate in professional development courses, which can lead to low attendance of these programs.[2] Faculty development programs reported in the literature include single-day[3] and week-long[4] courses, seminars outside of the institution,[5] and year-long fellowship programs.[6] Although these programs can occur during work hours, they often require the commitment of personal time or require participants to use their limited continuing medical education time. These programs have reported this lack of protected work time as a participant concern.

In the Department of Anesthesiology & Perioperative Medicine (APOM) at Oregon Health & Science University (OHSU), we implemented a workshop-based faculty development course that occurs during a protected block of nonclinical time on Wednesday mornings. To our knowledge, no other anesthesiology departments offer this type of course. Our hypothesis was that this type of innovative faculty development course provided during work hours is feasible, and that faculty would report high satisfaction with this innovation.

MATERIALS AND METHODS

Setting and Participants

An exemption for program improvement was obtained from the OHSU Institutional Review Board. Enrollment in this pilot program was capped at 5 participants and included 4 faculty within 5 years of completion of training and 1 faculty within 15 years of completion of training. Before soliciting participants, the course director contacted clinical site directors to get agreement on prioritizing nonclinical assignments for course participants and to determine how many faculty each site could support based on the site's clinical needs. The course was advertised via department newsletter, through faculty email listserv and discussed at faculty meetings. Previously approved paid time off or assigned call responsibilities did not preclude interested faculty from participating and faculty were prioritized based on commitment to participate and clinical site director approval, with prioritization of early-career faculty. Each full-time faculty member (defined as 1.0 full-time equivalent [FTE]) is allocated a minimum of 0.1 FTE to pursue nonclinical academic work. Participation in this course counted toward each participant's annual nonclinical target.

Needs Assessment

A review of the APOM survey data from the 2022 resident physician Annual Program Evaluation (APE) was completed in October 2022 and revealed room for improvement for faculty being responsive to feedback and creating a supportive learning environment. A review of data from the 2022 faculty physician APE showed interest in a faculty development format that included one-on-one skill development and a small cohort design. A longitudinal learning format offered during protected work hours was strongly preferred compared with options offered outside of work hours, such as after 5 PM or on weekends.

Intervention

The cohort participated in 8 didactic sessions lasting 90 minutes each, occurring once per week from March to April 2023. All sessions occurred during protected nonclinical time on Wednesday mornings. This time was selected because APOM schedules more faculty physicians to work on Wednesdays, with 23% of faculty from the main clinical site receiving a nonclinical work assignment in the morning and a clinical assignment in the afternoon to facilitate resident attendance at an academic half-day (AHD). Workshop sessions were taught by 4 faculty with backgrounds in medical education, including 3 faculty who completed the Education Scholars Program at OHSU,[7] a 1-year certificate program in evidence-based teaching practices, education scholarship, and curriculum design. The curriculum was developed in December 2022 by 2 medical education experts (L.Z. and A.M.J.) using Kern's 6-step approach to curriculum development.[8]

Information on developing the curriculum and session objectives can be found in the Supplemental Online Material.

Data Collection and Analysis

All participants were sent an anonymous survey before the intervention began, after the intervention concluded, and after each of the 8 sessions (Appendix 1). The pre-intervention survey questions were designed by education experts (L.Z. and A.M.J.) to evaluate participant experience with faculty development and knowledge of topics to be included in the sessions. The post-session surveys provided individual session feedback. The post-intervention survey evaluated participant satisfaction, impact on behavior, and perceived feasibility of the intervention. All surveys were evaluated for clarity by a medical education expert (A.M.J.) with expertise in survey development. Participant attendance and reason for absence were collected to further assess the feasibility of the intervention. A 50% attendance rate was considered the feasibility goal. Survey responses were evaluated by 2 researchers (L.Z. and L.C.) independently based on the Kirkpatrick Model for Program Evaluation levels to qualitatively assess the utility of the intervention.[9] Two researchers (L.Z. and L.C.) also performed thematic analysis of the open-ended comments from the surveys independently by using Excel.

RESULTS

Satisfaction

All participants answered "Strongly Agree" to the following questions: I would recommend this course to my colleagues; participating in this course helped me better understand my identity as a clinician educator; I would like this department to support more courses like this; this program shows the department is investing in me as a faculty member.

Feasibility

All 5 participants were able to achieve the >50% attendance goal. Participants missed sessions only when pre- or post-call, on vacation, or due to illness. A single participant missed 3 sessions because of vacation, illness, and an off-site leadership responsibility. Two participants missed a single session because of being pre- or post-call. One participant missed a single session because of vacation. One participant did not miss a session. None of the participants missed a session because of needing to work clinically at the time of the session. There was a 100% completion rate for the pre-intervention and post-intervention surveys. There was a 77.5% completion rate for the post-session surveys.

Evaluation Using Kirkpatrick's Model and Thematic Analysis

Kirkpatrick Model Evaluation findings are summarized in Table 1. The survey results indicate that all participants note subjective changes in interacting with learners based on this course. Four participants indicated that they would be interested in becoming facilitators. All participants indicated that they developed their personal identities as clinical educators. One participant noted that they were considering leaving academic medicine for private practice, and this course re-affirmed their passion for academic medicine. Thematic analysis of free-text comments is summarized in Table 2. The major theme for feedback for future faculty development sessions included incorporating longer sessions to allow for greater discussion and expanding access to this course. Responses about lessons learned from the course focused on adopting a coaching mindset and developing new strategies for providing feedback and understanding diversity, equity, and inclusion in the context of teaching.

DISCUSSION

Our approach to faculty development in this pilot course is novel, given that it is a workshop-based course occurring strictly during protected work hours. A variety of faculty development courses are described in the literature, including institution-wide didactics-based programs[3,4] and an anesthesia-specific multi-institution single-day seminar.[5] The Stanford Anesthesiology Teaching Scholars Program is a year-long program that focuses on project development by participants, providing a protected half-day per month to develop their education project.[6] This program includes lectures and interactive sessions that are not scheduled during protected time. As a result, they report that participant clinical responsibilities interfere with regular attendance of the lecture series.[7] Conversely, our faculty development course involves interactive sessions scheduled during protected hours, with no sessions being missed because of competing clinical responsibilities. Our course is, thus, novel for being conducted during protected time during the standard workday hours.

Our needs assessment indicated an interest in formal training for faculty development. In addition, it is an Accreditation Council for Graduate Medical Education requirement. Given the strong preference for faculty development courses to occur during protected work hours, we were able to garner buy-in from departmental leadership to develop this course with no clinical conflicts and a high attendance rate. Thematic analysis to post-session and post-intervention survey responses revealed overwhelmingly positive feedback from the faculty participants, which indicates that the course was satisfactory. Evaluation using the Kirkpatrick Model most notably showed strong interest from participants in facilitating future sessions, which shows evidence for increasing engagement in the education mission. Furthermore, 1 participant who indicated a desire to stay in academic medicine rather than leave for private practice demonstrates a return on investment for this course, as the business cost of 1 faculty leaving a program is as high as $500 000 to $1 000 000.[10]

Our thematic and Kirkpatrick Model findings are limited by survey methodology and the small number of participants. In addition, the generalizability of this program will rely on the structure of protected nonclinical time for departments at other institutions. Furthermore, the surveys were designed specifically for this program and are not validated for generalized use in program evaluation. However, these data are meaningful for understanding the interest in faculty development in medical education within APOM and can serve as a framework for other departments to do the same. Future work will involve additional cohorts participating in this faculty development program; qualitative analysis with participant interviews; ongoing program evaluation through annual faculty and resident surveys to explore

why faculty were interested in the faculty development course; and perceived effect on recruitment, retention, and professional identity formation. Ultimately, this novel pilot course was feasible for the department and satisfactory to all participants.

Acknowledgments

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Abstract

Background: Faculty development is important but often limited by conflict with ongoing responsibilities. The Oregon Health & Science University Department of Anesthesiology & Perioperative Medicine schedules more faculty physicians to work on Wednesdays, with nonclinical time in the morning and a clinical assignment in the afternoon, to facilitate a resident physician academic half-day (AHD). We designed a novel faculty development course to run in the mornings of the AHD using Kern's 6-step approach to curriculum development and hypothesized that it would be feasible and satisfactory.

Methods: A needs assessment was performed. Two experts in medical education developed the curriculum and sought faculty with medical education training to lead sessions. Five participants completed pre-intervention, daily session, and post-intervention surveys. Satisfaction was evaluated by surveys. Feasibility was evaluated by session attendance and surveys. Kirkpatrick's model for program evaluation was used, and a thematic analysis was performed.

Results: All participants responded "Strongly Agree" to all participant satisfaction post-intervention questions. All participants were able to meet the >50% attendance goal, only missing sessions when pre-call, post-call, on vacation, or ill. All participants reported changes in behavior and reported developing their clinician educator professional identities. One participant reported re-affirming their commitment to academic medicine.

Conclusions: This faculty development pilot course provided during work hours was feasible, and participants were highly satisfied. In addition, thematic analysis suggests that the course helped faculty develop a clinician educator professional identity and changed their behavior. Future work will include a qualitative study to understand the impact on participant behavior and professional identity formation.

Keywords: Anesthesia education, faculty development, medical education

Appendix

Appendix 1. Intervention Surveys

Pre-intervention survey

1. Have you attended a faculty development course in the past 1-2 years? A course is defined as a series of lectures or lessons in a particular subject. (Yes/No)

2. If yes, approximately how many total hours of content were provided in the course? (Free text)

3. If not, why? (eg, not interested, bad timing, etc.) (Free text)

4. If yes, what was helpful about the course? (Free text)

5. What would you have liked the course to do differently in the next iteration? (Free text)

6. Have there been other resources (courses, seminars) that you would have liked to utilize, but didn't? (Yes/No)

7. If yes, please describe why you didn't utilize these resources. (Free text)

8. In what general topics do you feel LEAST prepared with advancing your academic career? Select all that apply. (Effective teaching—evidence-based didactic and clinical teaching/Promotion & Tenure process—steps needed to get promoted/Scholarship and research methods—how to create a study, implement, and publish it/Leading in Service—Becoming a leader in a committee or organization/Work-life balance & Work-life integration—managing work-life and personal-life/Networking—interacting with others to develop professional contacts/Discovering your academic interests—academic interests typically include education, scholarship, or leading in service/Balancing new responsibilities—evaluating current responsibilities and bandwidth to start new projects/Other)

9. What other education/faculty development-related needs do you have, and how can we help? (Free text)

Daily post-session feedback survey

1. Which session are you providing feedback for? Provide topic. (Free text)

2. Were the Learning Objectives met? Link to learning objectives: [link provided] (Yes/No)

3. Please rate the content of the presentation. (1—Not helpful/2/3/4—Very helpful)

4. Please rate the relevance of the topic to your own teaching. (1—Not relevant/2/3/4—Very relevant)

5. Please rate the facilitator's teaching effectiveness. (1—Not effective/2/3/4—Very effective)

6. Do you have any suggestions for improvement for the facilitator, the session, or the program? Provide a short answer below. (Free text)

Post-intervention survey

1. What are the 3 most important things you learned during this course? (Free text)

2. What specifically will you/have you incorporate(d) in your daily interaction with learners as a result of what you learned during this course? (Free text)

3. How will you incorporate the information you learned during this course into your career development? (Free text)

4. How can we improve this course? (Free text)

5. How often were you needed to work clinically in the morning, causing you to miss the session? (Always/Sometimes/Never)

6. I would recommend this course to my colleagues. (1—Strongly Disagree/2/3/4—Strongly Agree)

7. Participating in this course helped me better understand my identity as a clinician educator. (1—Strongly Disagree/2/3/4—Strongly Agree)

Appendix *continued*

8. I would like the department to support more courses like this. (1—Strongly Disagree/2/3/4—Strongly Agree)

9. The Anesthesiology and Perioperative Medicine (APOM) Faculty Development Intensive (AFDI) shows the department is investing in me as a faculty member. (1—Strongly Disagree/2/3/4—Strongly Agree)

10. Any additional comments or kudos?

11. If you would like to facilitate future sessions in this course please email me Leila at zuo@ohsu.edu

Tables

Table 1. Summary of Findings Using Kirkpatrick's Model for Program Evaluation

Level 4: Results - Was there return on investment? • 100% of participants report developing a clinician educator professional identity • 4 participants are interested in facilitating future sessions • 1 participant re-affirmed their commitment to academic medicine, rather than leave for private practice
Level 3: Impact - Did the training change behavior? • 100% of participants reported changes in behavior including implementing new teaching and feedback techniques
Level 2: Learning - Did learning transfer occur? • Participants report lessons learned including adopting a coaching mindset, providing feedback, and addressing diversity, equity, and inclusion • Learning was evaluated each session with reflection, in-session practice, and action-planning
Level 1: Reaction - Were participants satisfied? • 100% satisfaction was reported in participant post-intervention surveys

Table 2. Thematic Analysis of Free-Text Survey Responses

Topic	Theme
Barriers to past development course participation	• Recent graduation from residency/fellowship • No courses offered • Too much other nonclinical work
Pre-intervention areas of weakness	• Promotion and tenure process • Scholarship and research methods • Balancing new responsibilities • Work-life balance/Work-life integration
Course feedback	• Longer sessions with time for additional discussion • Larger cohort/more broadly available to faculty
Participant-reported lessons learned from course	• How to use a coaching mindset • Strategies for providing feedback • Strategies for addressing the topic of diversity, equity, and inclusion
Participant-reported changes in behavior	• Improved intraoperative teaching technique • Improvement in providing feedback
Anticipated impact	• Continued use of learned techniques • Commitment to career in academic medicine • Professional identity formation as a clinician educator

Supplemental Online Material

Development of Curriculum Using Kern's 6-Step Approach:

1. Problem Identification and General Needs Assessment:

The need for this intervention was identified through informal feedback from faculty and literature search. The current approach to faculty development includes year-long programs, attending continuing medical education conferences, or short (single-day to week-long) seminars, which generally rely on faculty to participate outside of working hours or sacrifice their continuing medical education time bank. Based on our feedback, we concluded that the ideal approach to faculty development would be to offer a course during protected time during working hours.

2. Needs Assessment of Targeted Learners:

A review of the survey data from our 2022 resident physician Annual Program Evaluation (APE) revealed room for improvement for faculty being responsive to feedback and creating a supportive learning environment. A review of data from the 2022 faculty physician APE showed interest in a faculty development format that included one-on-one skill development and a small cohort design.

3. Goals and Specific Measurable Objectives:

The goal of the course was to create an innovative faculty development course that would be feasible and well-received by participants. Learning objectives were created for each session, as outlined in the following. Outcome and goals were measured using attendance and surveys.

4. Educational Strategies:

The educational method used was an active, workshop-based didactic course.

5. Implementation:

Given the additional faculty required to work on Wednesday afternoons for the resident academic half-day, we proposed that conducting the course on Wednesday mornings would be feasible for faculty. The use of protected clinical hours was supported by department leadership.

6. Evaluation and Feedback:

This current report describes the evaluation and feedback from the pilot portion of this faculty development course.

Description and Learning Objectives of Faculty Development Sessions:

Deliberate Practice

1. Discuss core principles of deliberate practice
2. Describe the steps of Goal-Oriented Feedback
3. List the components of a SMART goal
4. Develop an example SMART goal from your cases today
5. Compare and contrast characteristics of helpful feedback

Supplemental Online Material *continued*

Teaching in the Clinical Setting

1. Discuss the features of effective teaching in the clinical setting

2. Explain the importance of psychological safety in creating a positive learning climate

3. Describe the components of One-Minute Preceptor

4. List the steps of Activated Demonstration

5. Demonstrate the use of One-Minute Preceptor and Activated Demonstration through role-play

Skills Coaching

1. Reflect on your own experience in coaching or being coached in and out of clinical setting

2. Articulate difference among advising, mentoring, and coaching

3. Briefly outline APOM's resident portfolio coaching program and contrast this to skills coaching

4. Describe 2 frameworks to feedback for skills coaching (R2C2 [relationship, reaction, content, coaching], Doctor Coach), and consider which would be applicable to anesthesia resident/fellow clinical education for you

5. Describe and practice WOOP (wish, outcome, obstacle, plan) as an approach to coaching for clinical skills

Assessment

1. Briefly review the rationale and background for outcomes or competency-based graduate medical education

2. List 5 necessary components of an effective assessment system

3. Define entrustable professional activity (EPA), and briefly review APOM's current approach to determine EPA proficiency

4. Choose 1 entrustable professional activity, and propose 5 observable behaviors the learner should demonstrate to entrust proficiency

Discussion Teaching

1. Compare and contrast passive vs active learning

2. Identify 3 strategies to increase active learning in a large group setting

3. Practice 1 technique for active learning in large group setting

4. Incorporate new strategies into a traditional lecture

Feedback

1. Explain why giving and receiving feedback is difficult

2. List the triggers that block feedback

3. Discuss strategies for managing difficult feedback encounters

4. Demonstrate use of the Prepare to ADAPT tool

Supplemental Online Material *continued*

Bias in the Learning Environment

1. Increase internal motivation to address unconscious bias in a safe nonthreatening space

2. Distinguish several strategies for addressing microaggressions

3. Review case scenarios and apply strategies to address microaggressions and equity themes

4. Enhance confidence in managing microaggressions as an ally/bystander

Clinician Educator Professional Identity Formation

1. Create personal values that align with being a clinician educator

2. Write 1 career goal that aligns with #1

3. Articulate how your new goal will help you develop your clinician educator professional identity

Pre-intervention Survey Responses

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Have you attended a faculty development course in the past 1-2 years? A course is defined as a series of lectures or lessons in a particular subject.	No	No	No	No	No
If yes, approximately how many total hours of content were provided in the course?					
If not, why? (eg, not interested, bad timing, etc.)	There hasn't been one available.	Recent graduate from residency.	Not offered at previous institution.	Too many other nonclinical projects.	Finished fellowship in 2022.
If yes, what was helpful about the course?					
What would you have liked the course to do differently in the next iteration?					
Have there been other resources (courses, seminars) that you would have liked to use, but didn't?	No	Yes	No	No	No
Please describe why you didn't use these resources.	Resources were not available, to my knowledge.	Faculty Development Fridays are always at inconvenient times (usually 12-1 PM) and our hours are very unpredictable. It wouldn't be a good idea to be on WebEx while in the OR.		Didn't seek out any courses.	

Supplemental Online Material *continued*

In what general topics do you feel LEAST prepared with advancing your academic career? Select all that apply.	Promotion & tenure process (steps needed to get promoted); Scholarship and research methods (how to create a study, implement, and publish it); Networking (interacting with others to develop professional contacts); Discovering your academic interests (academic interests typically include education, scholarship, or leading in service); Balancing new responsibilities (evaluating current responsibilities and bandwidth to start new projects).	Effective teaching (evidence-based didactic and clinical teaching);Promotion & tenure process (steps needed to get promoted);Scholarship and research methods (how to create a study, implement, and publish it); Leading in service (becoming a leader in a committee or organization).	Scholarship and research methods (how to create a study, implement, and publish it); Work-life balance/Work-life integration (managing work-life and personal-life); Networking (interacting with others to develop professional contacts); Balancing new responsibilities (evaluating current responsibilities and bandwidth to start new projects).	Work-life balance/Work-life integration (managing work-life and personal-life); Balancing new responsibilities (evaluating current responsibilities and bandwidth to start new projects).	Promotion & tenure process (steps needed to get promoted); Scholarship and research methods (how to create a study, implement, and publish it); Work-life balance/Work-life integration (managing work-life and personal-life); Balancing new responsibilities (evaluating current responsibilities and bandwidth to start new projects).
What other education/faculty development-related needs do you have, and how can we help?	Specifics - developing a specific niche for a career in research; creating a 5-10-year timeline on how to reach goals (what is doable in your given field and institution); how to effectively network (and how to choose which relationships to foster).		Getting involved in our department vs branching out to the institution more broadly.		Methods or techniques to stay organized and time management advice.

Supplemental Online Material *continued*

Post-intervention Survey Responses

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
What are the 3 most important things you learned during this course?	Different approaches to address sexist/racist/inappropriate interactions, to set expectations the night before while staffing cases, to develop a coaching mindset instead of a lecturer or expert mindset.	1. Balancing personal and professional commitments as an academic attending. 2. Techniques to improve learning and retention during lectures. 3. Methods to structure resident feedback.	WOOP, values assessment, DEI strategies.	This course helped me learn how to be a more effective clinician educator, with focuses on improved providing of feedback, intraoperative teaching, and how to be a more effective coach.	How to create a space of psychological safety to promote a good learning environment. Tools to give feedback and how to handle conflict. How to maintain engagement during educational activities.
What specifically will you/have you incorporate(d) in your daily interaction with learners as a result of what you leaned during this course?	Coaching learners through what their goals are the night before and pushing them to think more independently.	Using existing structures like ADAPT/R2C2 to give feedback to learners. Using the 1-minute preceptor model to teach intraoperatively.	WOOP, I am going to adjust the content of my educational discussions to reflect topics around what I'm passionate about.	I have specifically incorporated feedback techniques and intraoperative teachings techniques learned through this course. The 1-minute preceptor technique and the approaches to feedback as well as approaches to our residents as adult learners emphasized in this course have been incredibly helpful and I readily incorporated them.	Setting expectations in advance, when and how to give/receive feedback, and tools to navigate a difficult feedback encounter.

Supplemental Online Material *continued*

How will you incorporate the information you learned during this course into your career development?	I will use this information in my future as an academician involved in teaching.	Continue to use these techniques when teaching or giving feedback.	The course served to confirm and reinvigorate my desire to stay in academic medicine instead of leaving for private practice.	This course has already helped me improve as a clinician educator, and I feel as that has had a positive effect on the foundation of my future career development.	I will change how I prepare presentations in order to get the most out of the interaction with learners. I feel more comfortable with giving feedback, even if there is conflict or resistance from a learner. I will be setting SMART goals and set expectations. Also I will focus on fewer things to teach during an interaction. I also connected more with my professional identity, and it has since helped me stay focused on what really matters to me professionally.

Supplemental Online Material *continued*

How can we improve this course?	The number of sessions should be increased to allow for splitting of a few lectures. Since this a discussion-based course, there were 1-2 sessions that had far too much excellent material to fit into 1 session without cutting conversations short, which was a disservice to those taking the class. Extending those sessions or adding additional sessions would help with that.	Having the first lecture be about personal/ professional identity as an academic physician and adding lectures about work-life balance or how NOT to overcommit.	Have more staff in each session and stretch out the topics into more sessions. Move the values assessment activity to the first session.	I would like to see more sessions on feedback, especially how to incorporate feedback from learners on improving our own teaching styles, as well as sessions on approaching adult learners and the different styles in which our students and residents learn.	I think we need more time in order to discuss because there are some faculty learners that learn more through discussion and exchange of ideas. Especially for the feedback session.
How often were you needed to work clinically in the morning, causing you to miss the session?	Never	Never	Never	Never	Never
I would recommend this course to my colleagues.	4	4	4	4	4
Participating in this course helped me better understand my identity as a clinician educator.	4	4	4	4	4
I would like the department to support more courses like this.	4	4	4	4	4
The AFDI shows the department is investing in me as a faculty member.	4	4	4	4	4

Supplemental Online Material *continued*

Any additional comments or kudos?	Excellent job to Jamie, Jeff, Amy, and especially Leila for developing this excellent course!		This course greatly exceeded my expectations. When I signed up I hoped to learn a couple of ideas to improve day-to-day teaching with residents. In reality, the course reinvigorated my desire to be in academic medicine and provided an opportunity to evaluate my professional goals.	This really was an excellent course, and I am so thankful that it was offered by our department. I really appreciate being given dedicated time to focus on my faculty development, and I felt invested in as a part of this course. It has laid excellent foundational knowledge for me as a growing clinician educator.	Thank you for the time and effort to get this done and get us the time and space to get involved.
If you would like to facilitate future sessions in this course please email Leila at zuo@ohsu.edu	Possibly.	Yes		I would love to facilitate future session of this course!	Yes I would.

Abbreviation: DEI, diversity, equity, inclusion.

Daily Post-session Feedback Survey Results

Which session are you providing feedback for? Provide topic.	Were the Learning Objectives met?	Please rate the content of the presentation.	Please rate the relevance of the topic to your own teaching.	Please rate the facilitator's teaching effectiveness.	Do you have any suggestions for improvement for the facilitator, the session, or the program? Provide a short answer below.
Deliberate Practice	Yes	4	4	4	It was great! No suggestions.
Deliberate Practice	Yes	4	4	4	We need more time to go over the content and discuss as we go over the content.
Deliberate practice	Yes	4	4	4	A daily email or text with the goal for the week.
Deliberate Practice	Yes	4	4	4	Excellent session, provided valuable skills that I could implement immediately. It really helped raise my confidence in improving my deliberate practice and goal-setting.
Deliberate Practice	Yes	4	4	4	Make PPTs available at end or some form of notes at the end so I can remember key points.

Supplemental Online Material *continued*

Teaching in the Clinical Setting	Yes	4	4	4	Providing outlook calendar invites in advance.
Teaching in the Clinical Setting	Yes	4	4	4	Truly excellent session on techniques to improve teaching in the clinical setting, especially appreciate the discussion of activated demonstration.
Skills Coaching	Yes	4	4	4	No :)
Skills Coaching	Yes	4	4	4	This was a fun conversation. I think this specific session would be a great grand rounds talk for the department! I'm excited to try out WOOP with residents!
Assessment	Yes	4	4	4	Excellent time management, facilitated conversation well.
Assessment	Yes	3	4	4	More time for the session and to discuss.
Assessment	Yes	4	4	4	Great overview of assessment with good data and articles in support of discussion.
Assessment	Yes	4	3	4	Does a good job at distilling the assigned reading to some key points. Did a lot of reflection on residency experiences and I think a separate session thinking about our own backgrounds and training would be useful.
Assessment	Yes	4	4	4	This was a very complex topic, and it could likely be divided into 2 weeks. First session basically the same content but the follow-up session as a time to look through the EPAs we use and figuring out how/ why those were selected and then showing how to best fill them with a connection back to the literature underlying EPA development.
Discussion Teaching	Yes	4	4	4	Great job :)
Discussion Teaching	Yes	4	3	4	I would like to see perhaps any data that show effectiveness of the interventions or techniques.
Discussion Teaching	Yes	4	4	4	Excellent and important talk on the foundations of active vs passive learning and incorporating active learning.
Discussion Teaching	Yes	4	4	4	Definitely more interactive exercises on how to improve this.
Feedback	Yes	4	4	4	No suggestions. I thought the use of media and role-playing allowed us the chance to work out potential bugs with you present.
Feedback	Yes	4	4	4	I would like to see examples of how to handle problematic or difficult feedback interactions with examples.
Feedback	Yes	4	4	4	Great job on teaching the psychological aspects of giving and receiving feedback.

Supplemental Online Material *continued*

Feedback	Yes	4	4	4	Great session on giving and receiving feedback. An incredibly important topic and a great session with specific tips and tools that I can incorporate into my daily practice immediately.
Bias in the Learning Environment	Yes	4	4	4	Add the OHSU policies or links to policies for reference.
Bias in the Learning Environment	Yes	4	4	4	Time management is important, although conversation is the point of these lectures, but I don't think we've finished a full lecture due to the abundance of discussion. Maybe that's not important, but it's the only thing I can see for improvement.
Bias in the Learning Environment	Yes	4	4	4	I think it's great that this lecture offers a space to share a lot of personal experiences with microaggressions and bias, etc., but it would be helpful to have more scenarios oriented around interactions with coworkers.
Bias in the Learning Environment	Yes	4	4	4	Consider adding information about how to address microaggressions/ bias committed by fellow MDs/ surgeons
Clinician Educator Professional Identity Formation	Yes	4	4	4	This was the best one!
Clinician Educator Professional Identity Formation	Yes	4	4	4	
Clinician Educator Professional Identity Formation	Yes	4	4	4	Very important discussion on professional identity and managing that to achieve personal and professional goals. This was a great discussion and I would love to see it earlier in the curriculum with time to double-back and reflect at the end of the curriculum.
Clinician Educator Professional Identity Formation	Yes	4	4	4	Have this topic as the first or second session. Defining personal and educational goals as a first step will provide the context to implement all of the skills learned in the subsequent sessions.
Clinician Educator Professional Identity Formation	Yes	4	4	4	Put this lecture at the very beginning of the series because for new faculty they have to unlearn a lot of values they took away from residency and fellowship.

Abbreviation: PPT, PowerPoint.