

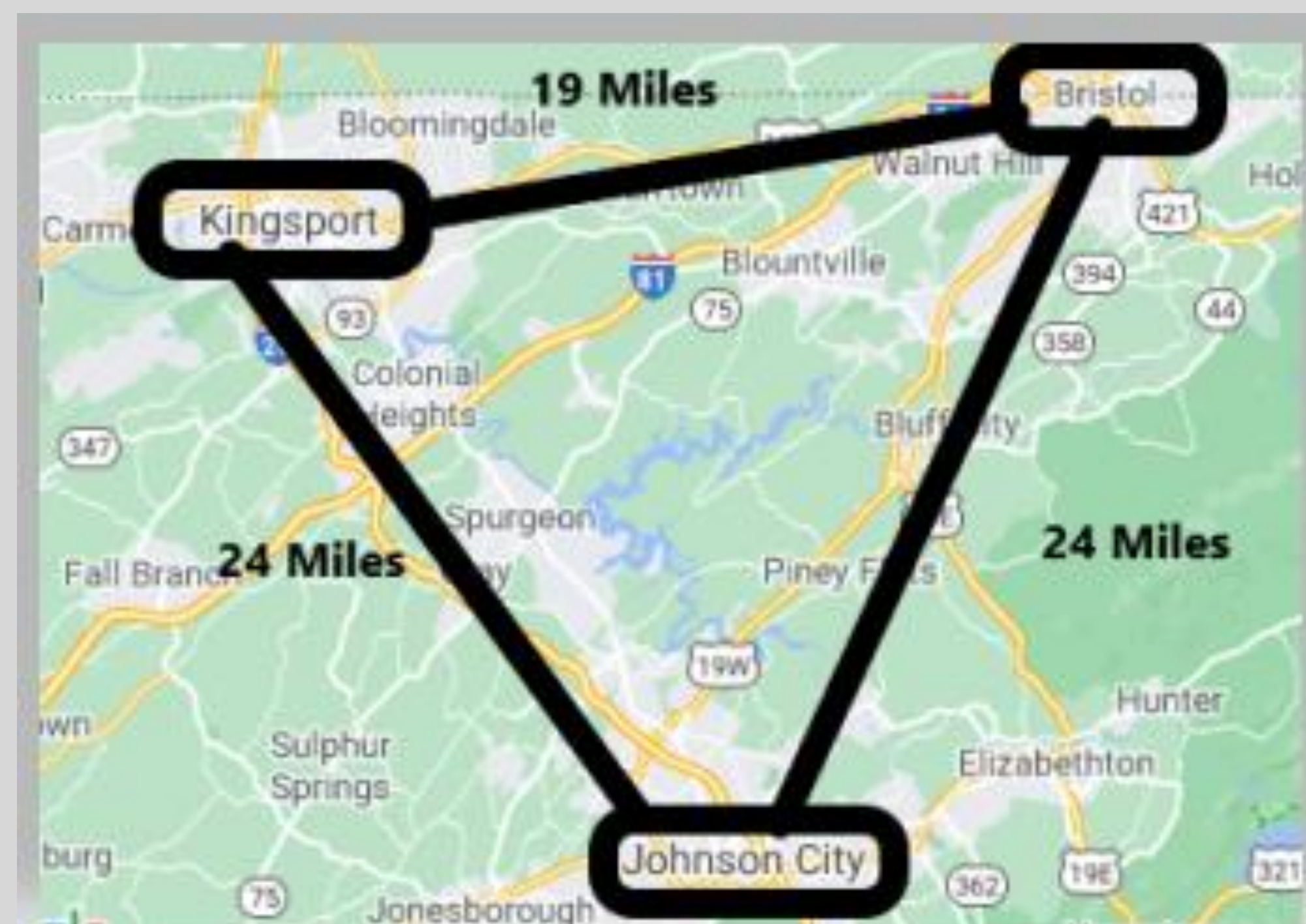
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Abstract

Educational program developers face special challenges in teaching the Family Medicine competencies set forth by the Accreditation Council for Graduate Medical Education, especially when a program has multiple clinic locations that are geographically dispersed. These challenges include faculty availability, physical space for training, geographic distance between sites, and need for clinic coverage by preceptors. Although virtual training can reach across geographical distance, learner engagement for extended periods of time in a virtual platform poses an additional challenge, and skills practice is more difficult. A Family Medicine Behavioral Health team met these challenges through a virtual shared training event that incorporated an interprofessional team in the delivery of a workshop for medical residents, medical students, and pharmacy students training in three geographically-distanced family medicine programs.

Background and Aim

ETSU Family Medicine is home to three medical residency training programs located in East Tennessee.



Geographical distance poses challenges:

- Travel time to travel to each clinic for didactic
- Limited faculty to cover precepting in clinic and didactics
- Increased faculty requirements limit availability
- Space for joint training is limited

Virtual training poses challenges for learner engagement/skills practice and remote areas have breaks in internet connection

Program Development

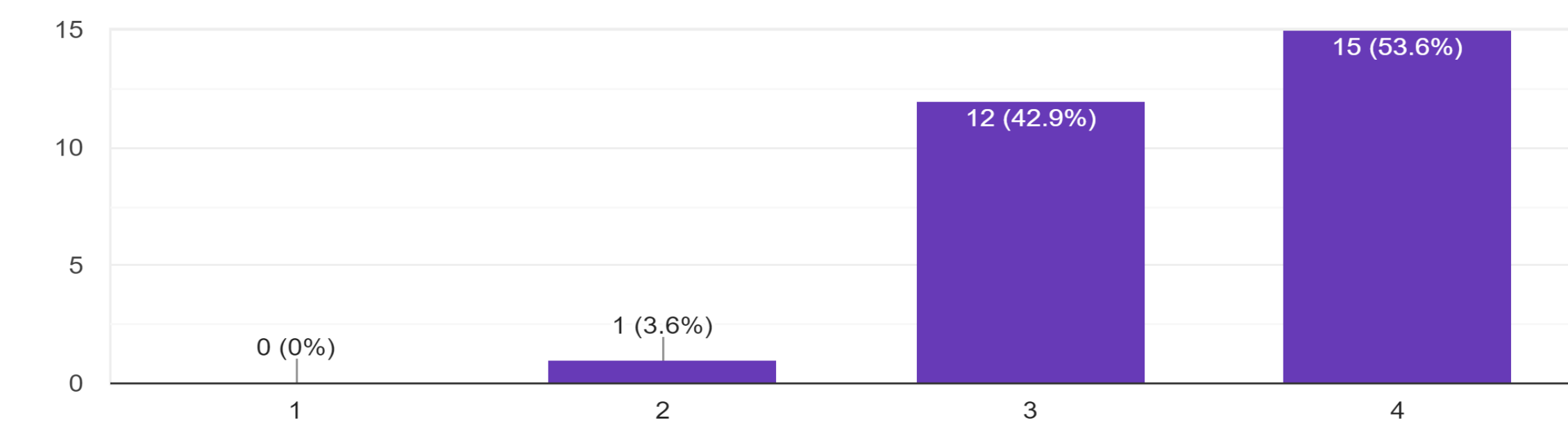
- Interprofessional course developers and presenters
- Pedagogical approaches included in the shared didactic included:
 - 1) Knowledge acquisition through mini-lecture/ pre-work
 - 2) Large group discussion for reflection and review
 - 3) Case-based discussion and skills practice in small groups to allow for knowledge application
 - 4) Debriefing

Results

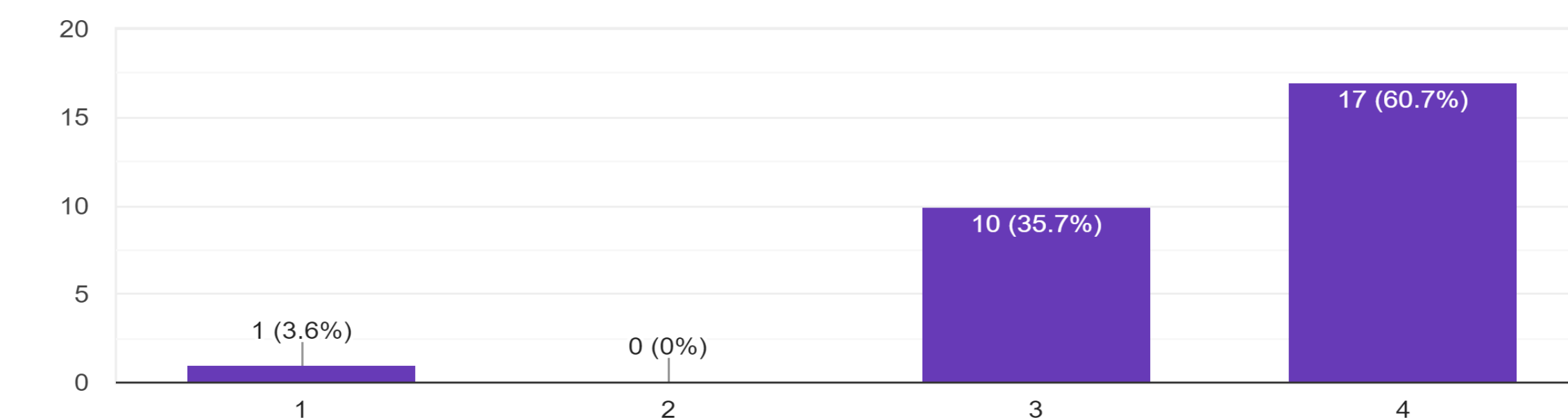
- 70+ Participants (interprofessional)
- 8 presenters (interprofessional)
- 9 facilitators (interprofessional)
- 3 hour and 30-minute training
- Pre-Work recorded for learners to view ahead of training (Major Depression and Post-partum Depression)
- Two topics with a break in between
- Zoom meeting used as platform for all three clinics – technical support important
- Mentimeter was used to facilitate large group discussion and learner interaction
- Breakout rooms were used for case-based discussion and skills practice
- Facilitators were assigned to each breakout room
- Presenters/activities changed every 10-15 minutes
- Evaluation completed at the end

Results

This workshop effectively met the stated objectives.
28 responses



I had adequate opportunity to be engaged in this workshop.
28 responses



Conclusions and Future Directions

1. Having documents and videos housed in two places was important to overcome technical problems
2. Name and type of learner listed in Zoom video was important for assigning to breakout rooms in interprofessional groups
3. Timekeeper was important
4. Use of chat and mentimeter was paramount to high learner engagement across sites
5. Facilitator guides helped ensure similar learning experiences across small groups
6. Having a break is IMPORTANT for all

- ❖ Facilitated advancement of a full behavioral health curriculum across three Family Medicine Clinics

References

- https://www.aafp.org/students-residents/residency-program-directors/curriculum-guidelines.html?cmpid=van_240
- <https://www.mentimeter.com>
- <https://zoom.us/join>