

LIC Learner Experience of the Range of Pedagogical Approaches

What is the role of Faculty Development?

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Declaration of COI

- Past president of CFPC
- Clerkship Site Director-Dalhousie University
- Fee for Service Family Physician
- Unabashedly biased towards LIC experiences, Family Medicine and Rural and Remote experiences

Overview of LICD Miramichi

- First 3 students hit the ground in September 2012
- 48 week LIC
- Went from being a site that did primarily block electives and rural FM experiences to one that offered an LIC- went from offering 40-50 weeks of student experience to 152 weeks.
- Ongoing rural FM residency, Internal Med and Pediatric residency elective experiences

Demographic information

- 75 Physicians: 36 FP's

39 other specialties-General Surgery,

Ortho., Int. Med, Urology, Ophth., ENT

Pathology, Anaesthesia, Obs/gyn

- Some visiting specialties including Geriatrics, Neurology, Dermatology.

Demographics-Age

Physician Age	Number of Physicians
Under 35	2 (2.6%)
35-44	10 (13.3%)
45-54	37 (49%)
55-64	13 (17%)
Over 65	13 (17%)

2010 NPS data would suggest that Miramichi has a considerably higher proportion of its physicians in the 45 plus category than the national average

Demographics-Location of Training

Trained in North America	Trained outside of NA
42	33

Faculty Development done in the year prior to Implementation

- 12 sessions completed-excellent attendance
- Topics ranged from Professionalism, Teaching on the Fly, Use of Technology, Effective Feedback, Graded Responsibility, Curriculum Review, Office Preparedness For Learners, Documentation of Evaluations, Failing to Fail, LIC preparation, Will your student be a good Doctor.

Faculty Experience

- Half of our faculty were new to teaching and had not had any academic experience/exposure since their own training.
- Comments during Fac Dev sessions:

“ We were afraid to ask questions of our preceptors when I trained”

“Why can't I just have the student with me for a month or so and I'll teach them all their xxxxxx objectives”

Student Experience

- 3 students became very adept at “navigating” through the expectations of the various preceptors they encountered
- Some physicians had a very didactic style of instruction-wanted regurgitation of information rather than attention to the learning process
- Students also encountered preceptors who did not fully appreciate the patient-centered nature of the LIC experience.

Our Questions:

- 1) What type of Faculty Development could we have done/could we do now to better bridge the gap between preceptor expectation and student need?
- 2) How much can we *really* expect long-established physicians to change their teaching style?

Thank you

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