

with ReadMI technology with residents who receive the usual and customary MI training. ReadMI has the potential to transform MI training, because the prospective applications of ReadMI extend far beyond substance misuse detection and intervention to include chronic disease management. ReadMI will likely improve health care quality by better equipping physicians as decision support agents in their efforts to facilitate patients' health-related behavior change.

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“Clinical Teaching is Like Improv Because. . .” A Faculty Development Strategy

Setting and Problem

The opportunity to teach is often cited as an important reason physicians become involved in graduate medical education (GME). As of July 1, 2019, the Accreditation Council for Graduate Medical Education Common Program Requirements will require faculty members to pursue formal faculty development designed to enhance their skills, including those as teachers. Research has demonstrated that while expert teachers often appear to teach (or perform) without a lesson plan, it is not unplanned. Expert clinical teachers take cues from the patient, learners, setting, and time available to decide which educational path to pursue. It's an interactive process determined by the responses of the learners (audience)—adapting the content and strategies to best meet learners' needs—a skillset that is commonly associated with improv.

Intervention

Improv is increasingly used in medical education as an approach to improve communication skills. But it has had limited application as a faculty development strategy focused on clinical teaching. Applied Improv, like clinical teaching, has key principles and rules ranging from “Be present” and “Respect your Partner” to “Yes and . . .” When these skills are applied to a “teaching scene,” they yield faculty development exercises that are quick, practical, timely, and consistent with key principles of well-being (purpose and meaning as teacher, competence, relationship, autonomy). Our sessions begin, just as in improv, with at least one warm-up exercise. For example, participants shout out responses to an exercise called “Go with the possibility that clinical teaching is like improv because . . .” This exercise requires participants to warm up cognitively by identifying commonalities. The “Teacher's Pet Peeves” dyad warm-up exercise starts with one participant stating a teaching “peeve” (*Residents just don't read anything in depth—only what's on their app*). The

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listener then has 60 seconds to reframe the peeve into a positive by connecting the emotion to a value (*Clearly it is important to you that residents understand the “why” along with the “what” we do as physicians*). These exercises require the teacher to be present, cognitively agile, and connect emotionally, thereby strengthening interpersonal connections and relationships. Various teaching scenes are then established by asking the audience to define “who,” “what,” and “where” questions, or scenarios can be provided. This gives participants the opportunity to apply the improv skills of “Agree,” “Yes and . . .,” and “Make Statements” (not questions disguised as statements, thereby showing respect and adding value to the interaction) as clinical teachers. Depending on time at the initial session, the teaching scenes can start (or continue to occur) at subsequent sessions. All sessions close with a large group debriefing discussion to identify benefits and barriers of using improv skills as teachers.

Outcomes to Date

This interactive and LOL (laugh-out-loud) approach to faculty development has been presented locally and nationally to rave reviews. Evaluations from a regional and a national meeting (N = 50) utilized a 4-point scale (1, strongly agree/yes definitely, to 4, strongly disagree/no definitely not) with mean responses for all items less than 1.2. The items included: The session “increased my repertoire of teaching strategies”; The session made me “be truly present—attentively listen, focused on now—not what I’m going to say next”; The session made me recognize that “improv utilizes many of the same skills associated with expert teaching” and I would “recommend this session to other medical educators.” The item “Session rocked/was a mic drop!” was rated strongly agree by over 85% of respondents (remainder agree). Long-term follow-up using local participants’ teaching evaluations baseline/post is anticipated.

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NEW IDEAS

All GME Is Local: A Novel Approach to GME Governance in a Consortium Model

Setting and Problem

In a newly formed graduate medical education (GME) consortium model supporting a complex academic

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