

their attending physician. The intentionality of thinking about, writing, and subsequently sharing a brief lesson learned helps focus and reinforce the educational experience.

The other side of the GOoC Card has the term “Feedback” on it. After the resident shares their learning point with the attending physician at the end of clinic, the attending does their part by sharing feedback on the resident’s performance during that half-day in clinic. The feedback is brief, specific, and timely. Having the term “Feedback” noted on the card is also a way of signposting that feedback is being given.

Outcomes to Date

To date, 102 GOoC Cards have been completed by 38 different residents, with feedback given each time a card was completed. Preliminary review of these cards shows a wide range of learning points documented by the residents, some being medical knowledge based, others being systems based, etc. Verbal feedback by residents regarding the GOoC Card has been very positive, noting the ease of use, the little time needed, and its educational value. Residents also noted that they tended to better remember learning points that they wrote and shared. Additionally, faculty members who have used this system have provided positive feedback.

While these cards do not fully resolve the educational challenges in the clinic system that residents encounter, they present an easy, low-cost, time-efficient system that is a step in the right direction. They are also a nice way to supplement other educational endeavors in the clinic setting, such as didactics and academic half-days. Future plans include more formal data gathering around the effectiveness of the GOoC Cards, as well as resident and faculty focus groups on how to further fine-tune this system.

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Just in Time Teaching (JiT) Infographics App for Teacher Development

Setting and Problem

During clinical clerkships, medical students credit residents for enhancing their clinical knowledge. Residents can spend at least 25% of their time teaching medical students, and many training programs consider resident-as-teacher skills a core competency. Despite this key role, many residents lack adequate instructions and training in teaching and mentoring skills and methodologies.

Given the growing demand to enhance the existing curriculum among our residents and faculty (concomitant with requirements set forth by accreditation bodies), faculty development is moving to Just in Time Teaching models for content delivery. The ubiquitous use and availability of smartphones and connectivity through applications (apps) has tremendous potential to enhance the ability of trainees and faculty to supervise learners on their clinical teams with evidence-based knowledge and skills across the continuum of medical education. Geographically dispersed academic health systems, which continue to grow, require access to educational resources to guide diverse teaching needs of clinicians.

Intervention

The Just in Time Teaching (JiT) Infographics app was created by combining a pedagogical approach derived from the SAMR (substitution, augmentation, modification, redefinition) technological conceptual framework. The JiTT Infographics app is a novel teaching tips approach that delivers evidence-based clinically relevant teaching tips to trainees and clinical faculty in their environment and can be used alone or adapted for resident-as-teacher programs.

Each JiTT infographic tool supports clinical teachers’ access to faculty development with an asynchronous digital experience strategy to engage busy teachers in a geographically distributed medical

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education network.¹ Educational content was developed by medical educators, clinician educators, and residents. Each JiTT tool is also downloadable as a PDF to explain foundational and specialty-specific clinical teaching tips during didactic sessions. JiTTs can be saved in a “Favorites” category to ease finding a JiTT in the moment of need.

Foundational JiTT tools include brief podcasts to support learners who prefer listening to content. Foundational teaching principles include setting expectations, questioning techniques, feedback and coaching, and bedside teaching. Specific clinical teaching techniques include content pertaining to internal medicine, family medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and neurology, as well as sub-specialties. In addition, categories focused on teaching wellness, quality, social justice, and research principles are included. Optional review questions are provided in each category for users to self-assess their acquired knowledge.

Outcomes to Date

The JiTT Infographics app is available in Google Play and the Apple Store. As of April 2022, the app has been downloaded by 3406 unique users across 90 countries, with the largest numbers of downloads from the United States (N=2337), Phillippines (N=179), Mexico (N=169), Canada (N=98), and Saudia Arabia (N=68). Preliminary analysis of app activity highlights the foundational teaching category, which includes: Domains of Social Determinants of Health; 5 Micro Skills: Precept with Limited Time; and Questioning as an Effective Teaching Skill. The results to date support a global interest in utilizing technology to increase accessibility to open access resources. As of April 2022, a brief video on YouTube (July 2021) that guides users on how to apply the JiTT in real-time teaching settings has been viewed 462 times. In March 2022, the app was accredited as an “enduring product,” enabling interprofessional users to obtain selected continuing education credits at no cost. The app as an evidence-based JiTT teaching tool is an outcome in itself, as it redefines technology for faculty development.

Future efforts will focus on app evaluation by capturing end-user feedback via brief structured feedback surveys and more in-depth analyses of learner engagement metrics to determine the outcomes and effectiveness of the app. Requests for translation to other languages are in the pipeline, as are additional external collaborators.

References

1. Dowhos K, Sherbino J, Chan TM, Nagji A. Infographics, podcasts, and blogs: a multi-channel, asynchronous, digital faculty experience to improve clinical teaching (MAX FacDev). *CJEM*. 2021;23(3):390-393. doi:10.1007/s43678-020-00069-5

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NEW IDEAS

PICU Overnight INTerprofessional Education of Residents (POINTER): Leveraging Bedside Experience to Improve Resident Bedside Care

Setting and Problem

Resident education rarely includes training in the hands-on mechanics of care delivery; however, these bedside

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