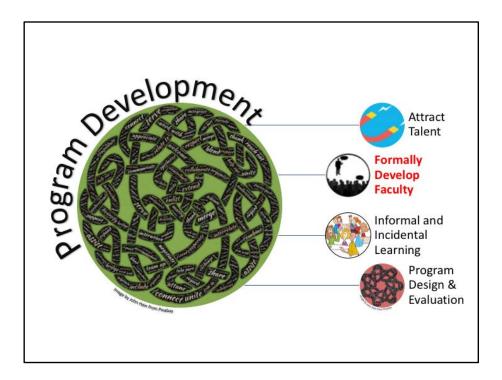


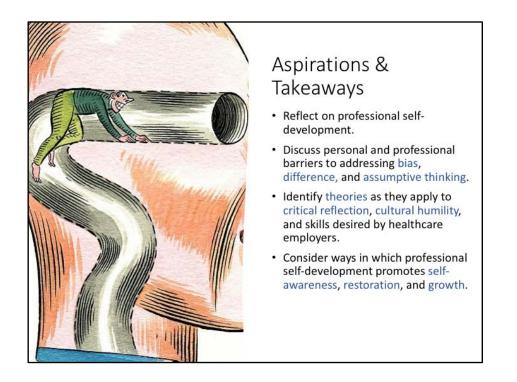
Welcome. We know many of you are highly familiar with professional development models and methods; some of you are skilled faculty and workforce trainers yourselves. We hope today's session will stimulate and inspire you as engaged educators whatever your profession or discipline. Conscious Instruction calls attention to the WHAT, HOW, and WHY of instruction and to the choices we make in every aspect of knowledge transfer. We'll introduce you to the framework and influential theories. We'll then engage you in a brief exercise focused on: 1. the use of self-awareness in health profession teaching and training; 2. recognizing implicit and explicit biases inherent in all health professions content; 3. Application of the model when teaching attitudes and skills for practice; and 4. the benefits of conscious instruction for professional restoration and growth.

We ask that during our remarks you consider how prior formal faculty development mirrors the intersecting circles of conscious instruction and also how it doesn't (please feel free to comment in the chat).

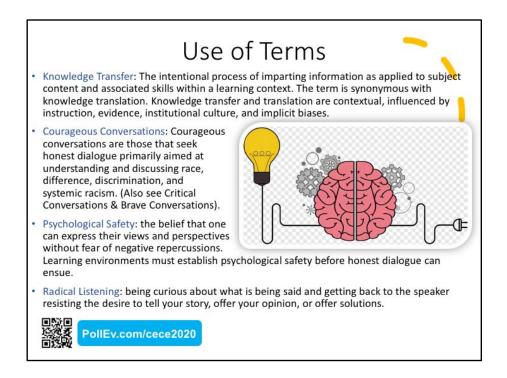
Kris – During this session, we will be using Poll Everywhere – an interactive polling platform that you can access from the web address shown here. This is also easily accessed in the form of an App you can load onto your phone, or by scanning the QR code using the camera on your phone which will take you to the website.



Shelley This session is about Step 3 - formal faculty development - the teaching and learning that takes place in formal structures such as the classroom and in workforce trainings.



Karen: Instead of learning objectives, we decided that aspirations was a better label because as educators, learning is ongoing and lifelong. It's our hope that you'll take away if not new knowledge, enhanced inspiration and insight that reimagines and reinvigorates your faculty development role.



Karen: We want to make sure that the language we're using today is transparent and understood. We've included readings in the reference list that expand upon these concepts of knowledge transfer, courageous conversations, psychological safety and radical listening. As teachers, we can't assume these terms are familiar. On the other hand, we equally don't want to assume these terms to be unknown. Please take a moment to acquaint yourself to our use of these terms throughout this presentation.



KRIS WORD CLOUD What sort of educator do you aspire to be? (If your phrase is two words ie. "Award_Winning" please connect them with an underscore "_"). https://www.polleverywhere.com/free_text_polls/nMgtlMkSRKm7bs4Yi8LCm Free Comment among presenters (2 minutes)



KRIS MULTIPLE CHOICE What do you hope to gain from this Faculty Development session?

https://www.polleverywhere.com/multiple_choice_polls/RgIYFbfmuq4tbEKWcOPqK Free comment among presenters (2 minutes)



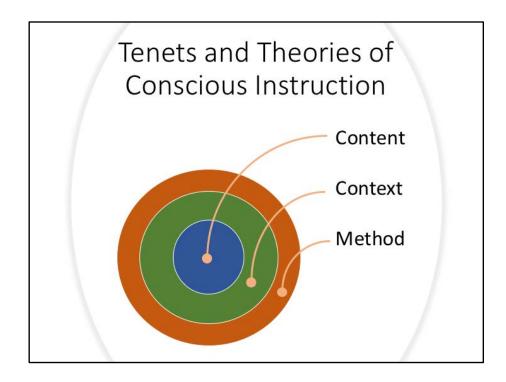
Shelley: Meet Pat. Her story was co-created by an interprofessional team assigned to create the story of a client you might meet in rural Maine. As our colleagues have emphasized, when designing cases, it's important that they are relevant to the local populations being served in your geography/culture. While watching, please be candid with yourself – what biases and stereotypes surface as Pat's story unfolds? How might your awareness of these enhance your instruction? How might they be problematic? Please feel free to share your insights in the chat.

Playlist: https://www.youtube.com/playlist?list=PLzVX-

aSoSPnJO1yQopsQnzAGpMTJ5nWnE

This is a video from the Interprofessional Education Module COMPtime. COMPtime (as in "time for competency"): Competencies for Collaborative Health Care is the University of New England (UNE) Center for Excellence in Collaborative Education's (CECE) series of interactive online modules designed to demonstrate UNE's interprofessional priorities to students, new faculty, and faculty teaching within the CECE curriculum. The modules deliver multi-media explanations and demonstrations of a patient-centered approach to the four core IPEC competencies: • Roles & Responsibilities • Communication • Teamwork • Leadership These materials are designed to: • pique student curiosity about what others do • demonstrate how common attitudes and goals are shared • promote respect across disciplines • enhance the process by which health professionals consider and choose to make referrals to colleagues from other health disciplines The modules follow a patient (Pat Chalmers, 31) through a six-month period that starts with a visit to her Dental Hygienist. She finds out she has type 2 diabetes via an ER admit for a broken ankle precipitated by bad balance and obesity. We will introduce the team as she meets them, and demonstrate roles, communication, teamwork and leadership through their interactions with her and each other. These modules set the stage for all other IPE opportunities on campus. MODULE 1 Introduction: Faculty and student perspectives on why an interprofessional approach is important. MODULE 2 Roles & Responsibilities: Introduction to each member of the team and their collective responsibilities to Pat's care. MODULE 3 Communication: Strategies for communication, including the TeamSTEPPS tools Teachback, Checkback and CUS. MODULE 4 Teamwork: Definition of interprofessional teamwork, and TeamSTEPPS tools including iSBAR and Debrief. MODULE 5 Leadership: Definitions of Leadership and Followership on the interprofessional team, and a conclusion to this chapter of Pat's care journey. COMPtime benefits from curricular development by UNE faculty and staff, and professional script development by Cathy Plourde of Add Verb Productions and video and editing by media professionals including Holly Haywood, Ryan Eling and the UNE Interprofessional Simulation and Innovation Center. Instructional Designers Shiva Darbandi and Anne Fensie assisted with completion of the modules, and Kris Hall served as project manager. Joelle Clingerman plays Pat, with the remainder of the cast being performed by a mix of UNE faculty, students and professional actors. Full cast list available upon request. Voiceover by Emily Dennis. Funding provided by the University of New England, The Bingham Program, and the Arthur Vining Davis Foundation (Faculty grant leads: Shelley Cohen Konrad and Karen Pardue). For access to these modules, please contact cece@une.edu, LIKE us on Facebook "Center for Excellence in Collaborative Education" or FOLLOW us on Twitter @UNEIPE

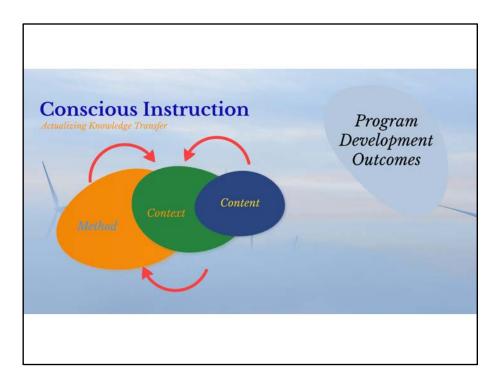
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Shelley: Keep Pat in mind as we explore the dimensions of conscious instruction. As you'll see, the framework is multi-faceted and intersectional - designed to hold us accountable to what we teach and to the environment we create for leaning. Selected theories serve to inform the model we are proposing. We will highlight and briefly apply chosen theories as we describe each sector. How might these theories influence how the Pat case study is taught and received? What will be included in discussion; what will be excluded?

https://prezi.com/view/SRppFtbtLVWCHbql2RDh/ Update Prezi link. Bodenheimer & Shuster 2020 study: Like other people-oriented occupations, teaching is a profession that requires intellectual and emotional labor the latter being susceptible to co-occurring disengagement and burn out. Burnout has 3 interrelated dimensions: 1. emotional exhaustion, 2. detachment & 3. low personal accomplishment (Watts and Robertson 2011). Context and institutional factors affect frequency of low inspiration, lackluster performance, and burn out.

Faculty/Trainers impart knowledge about self-awareness but according to Sealy et al, 2019, they need to be more self-aware and confident themselves.





Shelley, Content: What definitions are used; where does our evidence come from?; are we reflexive in how we vet these choices; how do we use self-knowledge or what is sometimes called earned wisdom; how does our own experience inform content? We want to emphasize here that content is never neutral. Lastly; familiarity with subject matter certainly influences the impact of teaching. (Many of us have had the experience of being assigned a new content area or trying out new content in a training course). (Karen) Considerations surrounding content reflect one deliberate act of teaching. Schoen proposes reflective teaching, encouraging instructors to engage in systematic inquiry into themselves and their teaching practice. Authentic reflection plays a central role in teacher professional development and is enacted through thoughtful contemplation of multifaceted inputs to include student and peer feedback, photographs and video recordings and personal teaching notes. Reflective teachers assume responsibly for continuously assessing content, the **"what to teach"**, and actively engage in introspection to answer the question **"how am I doing in my practice?"**.

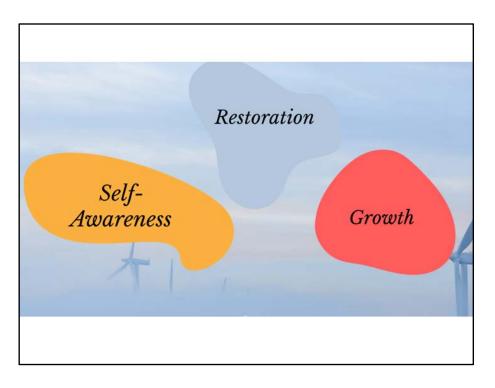


Context: (Karen). Context is influenced by select critical and sociological theories; by what is included and excluded from the narrative; by implicit and explicit bias and assumptions; and by social determinants and individual circumstances. Considerations of context involve deliberate examination of power structures and decision-making practices, challenging the status quo and giving voice to individuals and populations commonly not heard. Thinking back to Pat, what unique circumstances and professional biases affected knowledge transfer in this case?



Method: (Shelley) Instructors are role models. Learners watch what we do and how we do it. They want our acceptance and our praise. How we teach is on par with what we teach. We're at the frontline of psychological safety; our curiosity, authenticity, and openness make courageous conversations possible; and when we acknowledge biases and mis-steps we encourage learners to do the same. We set the stage for deeper, critical learning that changes minds and hearts. (Karen theory). Affective learning theory considers how teachers and learners are internalizing the educational experience. The outcome of affective teaching is an alteration in the direction or intensity of learners' attitudes and values, rendering a demonstrable change in behavior. Affective teaching is creative and multimodal, commonly stimulating visual, auditory, perceptual senses. Teachers need to feel confident and comfortable in creating and delivering affective educational experiences. The use of video in the Pat case lends itself to affective teaching. The instructor notices the nonverbal messages between clinicians and patients with the learners asking - how might Pat be experiencing communication with her practitioners? What is she telling us about patient-responsive care? Power: (Shelley) No matter the method, there are natural power dynamics in all forms of instruction. We select content and method and evaluate (grade) learner outcomes. We determine whose story is told and not told. We decide whether to radically listen and respond or whether to shutdown discourse that raises critical issues such as race,

gender, class, and citizen status and like in Pat's case, those who are body shamed. Conscious instruction challenges us to *engage with* the dynamics of difference AND acknowledge power differentials.



Shelley: Self-awareness, restoration, and growth: Perhaps unique to the CI framework is the inclusion of self-awareness, restoration, and growth as beneficial outcomes of teaching from this model. According to Bodenheimer and Shuster, teaching no matter the setting of learners, involves strenuous emotional labor. Instructors are vulnerable to burn out and intellectual fatigue. These can lead to lackluster performance and the loss of critical edge. Knowing the hazards, a conscious instruction practice helps reduce burnout and increases the likelihood of instructor satisfaction.



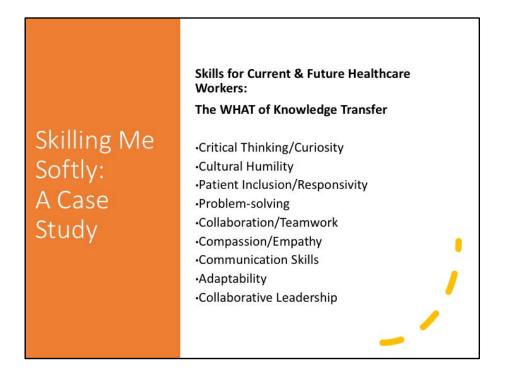
Karen – <u>Self-awareness</u> is a deliberate, conscious knowledge of ourselves. Selfawareness in our teaching practice involves focused attention and authenticity in exploring the WHY of ideas, thoughts and actions. It provides opportunity to be objectively curious about ourselves. Dedicating time and deliberate attention to selfawareness leads to instructor <u>restoration (next Prezi bubble</u>



<u>Karen:</u> Restoration is renewing and healing. Restoration liberates instructors, sparking creativity and connections. A restorative state is reinvigorating, serving as a buffer to the demanding, challenging work of teaching.



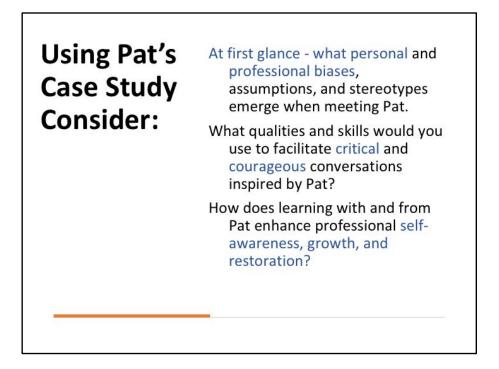
Shelley – (Growth – next Prezi Bubble) Growth speaks to professional development and instructional inspiration. In many respects the CI framework parallels that of the Quadruple Aim – overarching goals are to advance quality education, improve learner experience and assure instructor satisfaction and personal growth.



Slide 9 - Karen:

Now that you've been introduced to the CI framework and its theoretical partners, let's go back to Pat and do a brief exercise we call Skilling me Softly. Here's a list of qualities sought by current healthcare employers. Your assignment is to determine how you'd use this case-based virtual exercise to transfer knowledge of these skills. Consider strengths and potential barriers in successfully implementing this activity. **Use the chat to share your process and ideas**.

Put terms in chat box. Want participants to consider their comfort imparting these skills; how they would address them using the case study; and barriers to achieving success.



Slide 10: Karen and Shelley moderate feedback session – participants put comments in chat. Kris will call out comments and themes.

(If needed) Example 1: Empathy is not typically emphasized in curriculum. How might you use Pat's case to cultivate empathic communication and affective learning? Shelley and Karen – Kris will pull from Q&A – 5 minutes

Question Brainstorm...

What skills would you deploy in using a case like Pat's in your teaching? What more would you need to learn and what barriers would you need to address to teach – in classroom and clinical

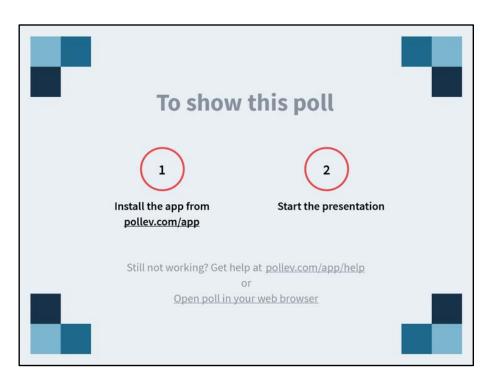
How might you make a case such as Pat's relevant to your learners?

- Pat's case presents opportunities to discuss beliefs, biases and stereotypes. How would you use the qualities you described facilitate this conversation?
- What theories can you draw on? What instructional methodologies would you employ? What barriers might you encounter?
- What instructional methodology might you deploy in the classroom? In clinical CE?
- including ability to address diversity, inequity, power, and race.

Skillset, comfort zone



We have offered just a snapshot of CI and its possibilities. Solicit and discuss takeaways.

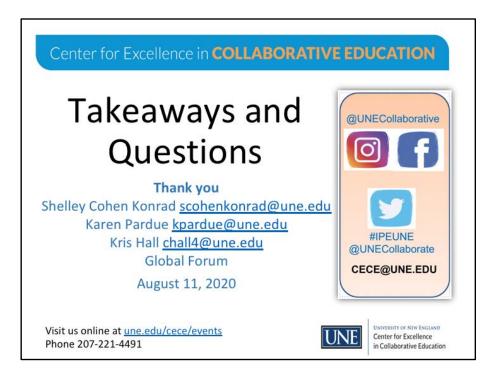


KRIS SPOTLIGHT Name one takeaway from this session that you plan to use (this poll is designed for short answers - phrases of 5-10 words).

https://www.polleverywhere.com/free_text_polls/eswB3EW6CrQnRMV2StwFG Free comment from all presenters 2 minutes



KRIS: https://youtu.be/Fv_tN53gK0I Playlist: https://www.youtube.com/playlist?list=PLzVXaSoSPnJO1yQopsQnzAGpMTJ5nWnE



Thank you 1 minute

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