Faculty Development Workshop Summary Notes 26-28 July 2011

Compiled by Jonathan Gandari
jgandari@yahoo.ca

Table of Contents

Acknowledgements

The workshop was made possible with financial support from the National Institute of Health (NIH), under the Medical Education Partnership Initiative (MEPI). Special thanks go to the University of Zimbabwe, College of Health Sciences Dean and Faculty for their invaluable contributions, experiences and deliberations. NECTAR would like to thank the facilitators from University of Colorado Denver for their contributions. The rapporteurs for this Workshop were Thokozile Mashaah, Shamiso Jombo, Angeline Paradzai and Blessing Marangadzva.

ACRONYMS AND ABBREVIATIONS

HIV	Human Immunodeficiency Virus
MCQs	Multiple Choice Questions
MEPI	Medical Education Partnership Initiative
NECTAR	Novel Education Clinical Trainees and Researchers
NIH	National Institute of Health
OSCE	Objective Structured Clinical Examination
TBL	Team Based Learning
UZCHS	University of Zimbabwe, College of Health Sciences

1.0 Summary of workshop proceedings

DAY ONE

1.1 Background of the workshop

University of Zimbabwe, College of Health Sciences under the NECTAR programme conducted a three day Faculty Development training workshop. The workshop which was facilitated by Associate Professor Eva Aagaard, Professor Nancy Madinger, and Dr. Jake Gray from the University of Colorado Denver, USA recorded an average of 50 participants on a daily basis. The objective of the workshop was to introduce and acquaint participants to basic knowledge on: Curriculum Development; Team Based Learning; Bedside Clinical Teaching and Lecture methods. The workshop was officially opened by Professor Midion Chidzonga, the current Dean of the College of Health Sciences. The workshop was conducted in sessions with each of the 3 instructors facilitating specific sessions. This report is a summary of how the workshop unfolded.

Workshop Objectives:

To introduce faculty to the theory and practice of:

- Curriculum Development
- Medical Education Pedagogies
- Student Assessment

Session 1: Curriculum Development
TOPIC: Principles of Curriculum Development
Facilitator: Associate Professor Eva Aagaard

Objectives

- Describe the rationale behind competency-based curriculum development
- Describe how this is relevant to NECTAR

Define:

- Competencies
- Goals
- Learning objectives
- Content
- Pedagogy
- Assessment
- Begin to develop your own competency-based curriculum

The session was introduced by defining and explaining the different types of curriculum: formal, informal and hidden. Curriculum development process was categorized into six basic steps:

i. Needs assessment,
ii. The planning session,
iii. Content development,
iv. Pilot delivery, feedback and revision,
v. The completed curriculum package
vi. Feedback and evaluation

The facilitator pointed out that it was important for curriculum developers to ensure sustainability of the curriculum. One way of ensuring sustainability was by constantly communicating with learners and faculty topics that needed to be covered.

The pie chart below was used to illustrate the importance of developing goals, objectives around specific medical competencies during the process of curriculum development.

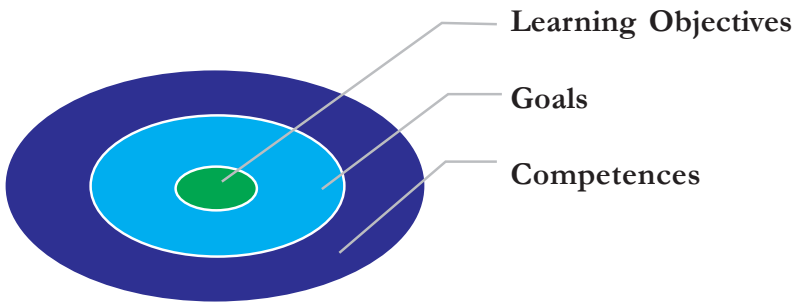

Figure 1: Competencies, goals and objectives

The facilitator explained that during the curriculum development process one had to remember that competencies and goals communicate the overall purpose, whilst learning objectives directed the choice of curriculum and learning activities. It was explained that good learning objectives help teachers in making better evaluations and also enabled them to select appropriate learning methods.

Educators could use different acronyms to guide them in drafting objectives. A.B.C.D (Audience, Behaviour, Condition, Degree) or SMARTER (Specific, Measurable, Action oriented, Relevant, Time specific, can be Evaluated, Realistic). Another way of thinking about developing objectivities was to consider the Bloom's Taxonomy. Figure 2 was used to illustrate the model.

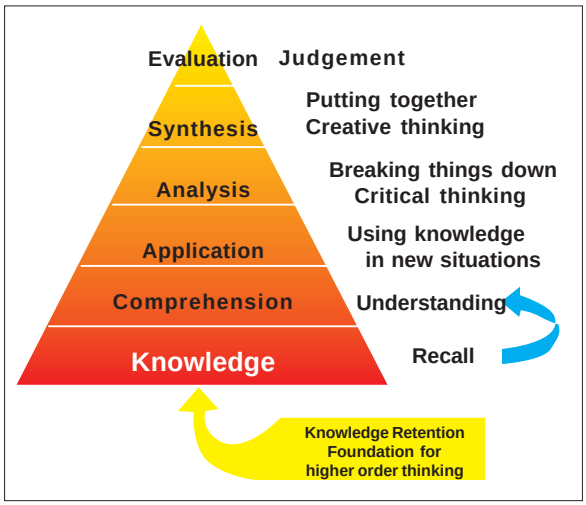

Figure 2: Bloom's Taxonomy for Thinking

The model shows that learning objectives can be lower or higher level. The facilitator explained that in terms of educational strategies two components had to be considered. These are content (what will be taught) and method (how it will be taught). She pointed out that it was imperative for educators to maintain congruence between learning objectives and educational strategies. One had to remember also that the educational methodologies should be multiple and feasible in terms of resources.

A significant point to be remembered during the implementation stage of curriculum development was that one had to obtain a buy in of colleagues and institutional leadership. To do this one has to consider the resources needed to accomplish the task and the possible barriers one could encounter. Introduction of the curriculum can be initially piloted and then phased in gradually. During this implementation period revision and re-implementation of the curriculum will have to be carried out whenever necessary.

Feedback and evaluation is the last step of curriculum development. In this step, assessment is done in terms of the learner's (cognitive, affective and psychomotor) and programme's outcomes. Evaluation can either be formative or summative with the former identifying areas of improvement, whilst the latter measuring achievement or success.

While curriculum development was presented as a 6-step model, in fact, this process is interactive, with each element informing the rest in a constant interaction.

ACTIVITY

Focusing on the 6-steps in curriculum development participants worked in pairs to apply what they learnt to their specific contexts.

1.3 Key Discussion points

Key points which came out of the session included:

- Educators needed to be aware that through the hidden curriculum students could learn their unprofessional behaviour
- There was no one size fits all curriculums as each had to be tailor made to suit the needs of specific learning environment. In this context there was need for educators to construct realistic goals.
- Curriculum development does not always need huge resources

DAY TWO

2.1 Teaching Methods 1: Lectures

Facilitator: Professor Nancy Madinger

The purpose of this lecture:

- Review the strengths and weaknesses of lecturing as a teaching method
- Discuss techniques used to overcome the weakness of lectures
- Practice a 10 min. or less presentation among friends

The session was introduced by asking participants to think about a time when they had a highly valuable learning experience. They learned something new and they retained that information for a very long time. The purpose of the exercise was to highlight the different ways in which people learn. The facilitator explained that people learn in different ways including the following:

- 'Just sit and listen' – there is no need to read
- When one is 'put on the spot'
- Through mistakes
- Or through 'reinforcement'

ACTIVITY 1

Participants were asked to vote for their preferred learning method. The results were as follows:

A – Listening to somebody explaining concepts to them – 18 votes

B – Watching a demonstration – 23 votes

C – Diagrams and charts (visual clues) – 13 votes

D – Written instructions (manuals or text books) – 11 votes

E – Performing the activity – 27 votes

What can be seen from the voting patterns is that most participants preferred learning by doing(practical experience) and the least popular was learning by reading text (manuals and text books).

The facilitator then explained the VARK Learning Styles as follows;

V – Visual

A – Aural (auditory)

R – Read/write

K – Kinesthetic (learning by doing)

Many physicians are said to be visual read (VR)

ACTIVITY 2

Participants were asked to vote for the skills they thought were most important for learners.

A – Acquire information (facts, principles, concepts) – 18 votes

B – Learn how to use information and knowledge in new situations – 23 votes

C – Developing lifelong learning skills – 26 votes

As can be seen from the statistics above most participants indicated that developing lifelong learning skills was the most important aspect.

The next discussion point was on delivering lectures. The following were given as qualities of bad lectures.

- Disorganized
- Long
- Monotonous
- All same style
- Speed – too fast or too slow
- Recitation from text (regurgitation)
- No summary of key points at the end
- Not audible
- Poor visuals
- Non-interactive
- Students not engaged
- Complex material
- No application to new problems

The facilitator pointed out that lectures as teaching and learning method had inherent weaknesses. One such weakness is that students had short attention span of 10-15 minutes. To maximize students learning during lectures participants were encouraged to find ways of re-engaging the students by combining different learning methods.

Other disadvantages of the lecture method discussed during the session included:

- Lectures encouraged passive learning and poor retention
- Lectures require supplementary study (notes and textbooks)
- Lectures were time consuming
- And that it was difficult for the lecturer to figure out if the students were grasping the concepts or not

The advantages of a lecture method discussed included:

- Lectures were suitable in teaching key principles of a concept i.e one can organize/ summarise materials and thoughts
- Lectures were good for providing a roadmap of what is important for students to remember
- Lectures could be used to motivate/ inspire / spark interest in the students in a particular concept
- Lecture helped prepare students for examinations
- During lecture the teacher learns the most during preparation
- Lectures are ideal when introducing key concepts
- Lectures are ideal for high student-teacher ratio areas
- Lectures are ideal when transmitting information into notes (lack of textbooks)

Key principles to consider for the lecture method

- One needs to focus on 3-5 points in a lecture and repeat these key points
- Tell a story (provide a roadmap)
- Visuals focused
- Try to be dramatic at the beginning and use visuals in the middle.

Interactive lectures

For lectures to be interactive one could try:

- Giving students the question of the day when they come in or a day before and making them answer the question before giving the lecture.
- One could also use the think-pair-share approach, whereby students are given tasks and asked to discuss in pairs. This is important in that students will be able to learn from their peers

- Another approach could be the "concept of testing" whereby students are asked a question to be answered individually in writing. Using the voting system students vote for the correct answers and a discussion will follow after the lecturer has revealed the correct answer.
- Kinesthetic learning can also be interactive in that students will learn through touching and seeing. The lecture can finish off the lecture by asking students to recite what they have learnt, the topic and the opportunities for practice.

2.2 Key discussion points

Key points which came out of this session included;
- Students or trainees can also give lectures in the presence of their lecturers
- There is need for peer review when giving lectures; faculty could discuss how they want things to be done.

2.3 ACTIVITY: Practice Sessions for Lectures

Facilitators: Eva Aagaard, Nancy Madinger, Jake Gray

Participants were divided into three groups. In the groups participants took turns to present lectures to their peers after which they would receive feedback on how to improve the lectures.

Feedback

Group 1

The group made a critical analysis of Nancy's presentation on the lecture method. Below are the comments which were given by the group.
- It was motivating
- It was stimulating as it had both pictures and text as a way of sustaining learner interest.
- It was a good lecture and it was a sort of a seminar.
- It was noted that the facilitator ran into problem of time management due to much interaction with audience. Thus, she did not conclude the lecture. Therefore, during a lecture there is need to constantly check one's time, especially when there are active participants.
- Some of the activities that she included during the lecture such as counting people during the voting exercise were time consuming.
- There was need for a comprehensive handout so that no time could be wasted on writing.

How to gauge the level of knowledge of the audience during lecture method

The following are some of the tips discussed:

- One could give the audience the topic in advance so that when they come for the lecture they will have a bit of background of the concepts.
- Check by asking quick questions whether people were listening or following the lecture.
- Mix the lecture with other methods to enhance retention and motivation.
- Think of what you really want students to remember. Participants were reminded that the good student reads the lecture topic and tries to understand it.
- Sometimes a lecturer may engage a story or joke to reinforce the important points.
- In teaching there is no way one can exhaust everything. It is important to identify what is important in a lecture and put more emphasis on that.

Other key points which came up for discussion include:

- The need to include learning objectives as guidance to delivering a lecture
- Make the lecture short and leave more time for discussions.
- Senior lecturers could help junior lecturers improve their art of lecturing
- Departments should sit down and agree on the most important concepts which should be emphasized within their disciplines.
- Training modules which have different learning objectives could be used.

Group 2

Three participants made 10 minute presentations after which the rest of the group did a critical appraisal of the lecture. Key points highlighted from the group were:

- Introduction to a lecture should be captivating enough to let students look forward to the rest of the lesson
- Instead of trying to fit everything on a given topic in the allocated time, lecturers should consider quality of the lecture that they are giving and split the concept into different lectures if there is need.
- Involving students more during the lecture makes it more interesting
- It is good for faculty to attend professional development courses and refresher courses to enhance teaching skills
- It is always a plus to use everyday examples that students can relate to aid understanding of concepts

Group 3

Three participants made presentations after which the rest of the group did a critical appraisal of the lecture. The key points which were highlighted from the presentations were:

- Powerpoint presentation slides had to be logical in their flow, they should not be overcrowded and inclusion of visuals made power points better.
- One needed to make sure that there were limited technology hiccups during power point presentations (in terms of the projector and computer).
- Some departments in the college were unifying topic presentations to facilitate smooth transition from one lecturer to the other.
- Junior lecturers were encouraged to observe lectures delivered by experienced senior lecturers and also to attend faculty development workshops
- Departmental chairpersons were advised to work with the Dean's office to in order to ensure that faculty members attended professional development workshops or meetings.

2.4 Clinical Teaching

Facilitator: Eva Aagaard

To introduce the session the facilitator showed a video of the "**1-minute preceptor"** method. The facilitator explained that this would be a suitable method with one or more students in a clinical setting. When using this method the lecturer will use the following 5 steps or "microskills":

1) Make the student commit (what do you think is going on? What do you want to do next)
2) Probe for undrelying reasoning (whatelse did you consider? What made you exclude those things? What other interventions might you consider?)
3) Teach a key principle that fills in the gap.
4) Provide positive reinforcement.
5) Provide constructive feedback. This model allows you to teach effectively to the leaners.

However, it is not efficient if the student does not know the clinical concepts.

ACTIVITY: QUESTION AND ANSWER

The facilitator asked whether this method could be used in Zimbabwe. Some participants thought this was not possible because of the big student numbers and some thought it was possible if one improvised. When dealing with a big group it was suggested that instead of asking one student all the questions, one could distribute the questions among the students' on the same case.

In cases of higher level learners, the **SNAPPS** method could be more appropriate. SNAPPS (Summarizes, narrows, analyses, probles, plans, selects) was argued to be suitable for teaching post-

graduates. SNAPPS is the same as the one minute preceptor but in the later the learner drives the process. This is because it facilitates self-directed learning.

2.5 Learner Assessment Part 1: Development of Expertise, Feedback and Assessment

Facilitator: Nancy Madinger

The Kopta's theory of skill acquisition was discussed. Here expertise was characterized by repetition of a concept plus deliberate practice and time. However it was pointed out that educators had to remember that expertise was not genetic.

There are two commonly used assessment models, Dreyfus and RIME. The Dreyfus model is a 6 level model, only 4 of which are applicable to medical training. It performs well when assessing more quantifiable skills, such as laboratory or procedure based specialties. RIME is more specific to medical training and easier for faculty to understand.

Assessment can be either formative, with the goal to improve performance, or summative which is designed to prove competence. Summative assessments typically use rating scales (e.g. 1-5), which are open to wide interpretations by faculty. Rating scales need anchors to describe the meaning of each category. The most useful rating scales are normative, so that students progress through each category as they learn skills.

DAY THREE

3.1 Teaching Methods 3: Team Based Learning (TBL)

Facilitator: Dr. Jake Gray

Objectives

- Define Team Based Learning (TBL)
- Basics of TBL
- TBL activity
- Principles of TBL
- Discussion: Is TBL a useful method for UZ-CHS?

The facilitator explained that TBL method consists of three repeating phases. During the first phase learners read and study the material independently. During the second phase learners complete an Individual readiness test. During the third phase pre-assigned teams of 5-7 learners retake the same test, forming a consensus about each answer. These consensus answers are scored for immediate feedback. Groups get the chance to defend their answers when they were marked wrong. In cases were questions were controversial, credit is given to everyone.

Advantages of TBL

Team based learning was argued to be suitable for situations where a single instructor manages multiple small groups in one classroom. It was pointed out that the strength of the method is in increased active student engagement, high quality communication process during team work sessions and higher examination scores for students.

3.2 Key discussion points

After participants completed their group tasks, there was a discussion on whether TBL could be adopted to the needs of UZCHS. The discussion centered on the question: If TBL was to be adopted at UZCHS what would be the challenges of initiating TBL?

The following were some of the outcomes:

- Participants highlighted that the best way to initiate TBL was to identify a course to apply the method e.g. HIV course. Teams will have to be identified and students will be given preparatory work to do prior their presentations.

- If introduced, both students and lecturers had to be oriented properly on how the method works.
- Lecturers who would use the method needed to be proficient and up-to-date on the concepts they introduced.
- Appropriate resource materials should be accessible to students' e.g (textbooks/reading materials).
- Concerns were raised in terms of the higher work load for the lecturer during the initial stages of implementation the method. However, assurance was given that once preparatory work was completed, work load will be reduced.
- Given the large number of students at the UZCHS (about 200) the lecturer who will be the team leader has to be able to manage the large groups.
- It was recommended that piloting TBL method to post graduates or final year students who are usually fewer in numbers would be most appropriate.
- Participants suggested that lecturers can learn from partner institution. An example of Mt Kilimanjaro Medical School which created a TBL laboratory was cited.
- The departments of Pediatrics and Medicine pointed out they were willing to pilot the method. In this light, the department of medicine proposed that the Michael Gelfand House could be transformed into TBL Laboratory.
- Participants noted that further training in TBL was necessary for lecturers to appreciate the method in much more detail.
- The facilitator pointed out that literature on TBL showed that in USA, schools that used the TBL method concurred that their students had moved away from being passive learners to active learners. Literature on TBL showed that the students had opportunities to think more deeply about important concepts within the topics.

3.3 Learner Assessment Part 2: Evidence-Based Tools and Strategies

Facilitator: Eva Aagaard

Objectives

- Define the terms
- Feasibility
- Validity
- Reliability
- Describe the pros and cons of commonly used learner assessment tools
- Identify one or more assessment tools that may be useful for implementation in Zimbabwe

The facilitator emphasized that lecturers can target different aspects and skills when assessing students. Assessment methods should be congruent with the skill being assessed. The following was given as a method of testing congruence.

Knowledge	**Skill**	**Attitude**
MCQ test	Standardized patient	Self-assessment
Oral exam	Direct Observation	Reflective narrative

Figure 3: Example of Congruence

In addition, the methods chosen should be reliable and vaild. Reliability is when one produces the same measurements over and over. It can be:

- Intrarater/interrater: measurements are the same when repeated by same/different person
- Test/retest reliability: measurements are the same when repeated at different times

Validity on the other hand looks at whether the results represent what they claim to. It can be either:

- Face validity: Degree to which instrument seems to measure what it is supposed to (aka surface/ content validity
- Criterion validity: This can either be concurrent validity (Results from new instrument are the same as another proven instrument given the same time) or predictive validity (Instrument predicts individual's performance on specific abilities in the future)
- Construct validity: This is when the instrument performs as expected when used in groups with or without the attribute being measured

Participants were introduced to the Miller's Pyramid of Clinical Competence. This pyramid is used to focus on areas of competence which one can assess. It ranks skills like 'knowing' at the lowest level while 'knowing how', 'showing how' and 'does' are rated at successively higher levels of the pyramid.

Assessment Methods

Participants indicated that currently they were using the following methods to assess students at UZCHS.

- Multiple Choice Questions (MCQs)
- Oral examinations
- Written Examinations
- Long Case

- Chart Stimulated Recall – used at faculty level.

When accessing knowledge using MCQs participants were advised to test if the questions were good using item discrimination - a set of statistics that test whether students who did well on the exam got the item correct, while those who performed poorly got the item wrong. Cronbach's Alpha measures how well a set of items measure a construct.

The participants also discussed the chart-stimulated recall method. In the latter method the patient does not have to be present but the lecturer can use charts. This method is mostly used at faculty or registrar level.

Attitudes could be measured using:

- Self-assessment exercises which can be predictive (the physician predicts his/her performance on a task to be completed), concurrent (the physician assesses his/her performance while performing a task or summative (the physician compares performance on a completed task to some standard of reference).
- Motivational discomfort when self-assessment is compared to external assessment, a performance gap creates "motivational discomfort", which leads to improvement

Skills could be assessed using the following methods:

- Objective Structured Clinical Examination's (OSCE's), - multi-station standardized patient exercises, they can be used for teaching psychomotor skills, communication, professionalism, medical interviewing amongst others.
- Direct observation, (Mini CEX and Objective Standard Assessment Technical Skill (OSATS)) for high stakes assessments, it is recommended that 6-8 direct observations should be carried out.
- Multisource feedback, where people who work (peers, patients, nurses, etc) with student are asked assess the student

3.4 Key discussion points

- Participants recommended that a workshop on test rating be scheduled
- A UZCHS committee should be established to review all multiple choice questions
- A number of references were given to participants for further reading (see Annex 1).

The workshop was officially closed by the NECTAR Principal Investigator, Professor James Hakim, who thanked all the participants and facilitators for making the workshop a success.

ANNEXES

1. References

MCQ Exam Resources

- Case SM, Swanson DB. Constructing written test questions for the basic and clinical sciences (3rd edition, revised). Philadelphia; National Board of Medical Examiners. 2002.
- Haladyna TM, Downing SM, Rodriguez MC. A review of multiple-choice item-writing guidelines for classroom assessment. Appl Meas Ed. 2001; 15: 309-34

Oral exams and CSR

- Mancall EL, Bashook PG. (eds.) Assessing clinical reasoning: the oral examination and alternative methods. Evanston, IL: American Board of Medical Specialties, 1995.
- Jacobsen E et al. Can J Anesthesia 2006; 53 (7): 659-668.
- Jennett P and Affleck L. Chart audit and Chart Stimulated Recall as Methods of Needs Assessment in Continuing Professional Health Education. J Cont Educ 1998;18: 163-71

Questionnaires and Surveys

- Davis DA, Mazmanian PE, Fordis M et al. Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. JAMA 2006; 296: 1094-1102.
- Epstein RM. Assessment in medical education. New Engl J Med 2007; 356: 387-96.

OSCE/SP

- Colliver JA, Swartz MH. Assessing clinical performance with standardized patients. JAMA. 1997 Sep 3;278(9):790-1.
- Van der Vleuten, CPM and Swanson, D. Assessment of clinical skills with standardized patients: State of the art. Teach Learn Med. 1990; 2: 58-76.
- Barrows HS. An overview of the uses of standardized patients for teaching and evaluating clinical skills. Academic Medicine. 1993. 68(6):443-51.
- Adamo G. Simulated and standardized patients in OSCEs: achievements and challenges 1992-2003. Med Teach. 2003 May;25(3):262-70. Barrows HS. Acad Med 1993; 6: 443-51

Multisource Feedback

- ABIM PSQ Project. ABIM. Philadelphia, PA. 1989.
- Thomas PA, et al. Acad Med 1999; 74: 90-91
- Matthews DA, et al. Am J Med. 1987; 83: 938-44.

- Weaver MJ. JGIM. 1993; 8: 135-9.
- Calhoun JG et al. Proc Annu Conf Res Med Educ 2984; 23:205-10.
- Chang JT et al. Ann Int Med 2006; 144: 665-72.

Performance Audit Assessment

- Luck J, Peabody JW, Dresselhaus TR, Lee M, Glassman P. How well does chart abstraction measure quality? A prospective comparison of standardized patients with the medical record. American Journal of Medicine. 2000 Jun 1;108(8):642-9.
- Houston TK, Wall T, Allison JJ, Palonen K, Willett LL, Keife CI, Massie FS, Benton EC, Heudebert GR. Implementing achievable benchmarks in preventive health: a controlled trial in residency education. Academic Medicine. 2006 Jul;81(7):608-16.
- Furman CD, Head B, Lazor B, Casper B, Ritchie CS. Evaluation of an educational intervention to encourage advance directive discussions between medicine residents and patients. J Palliat Med. 2006 Aug;9(4):964-7
- Miller GE. The assesment of clinical skills/competence/performance. Acad Med 1990. 65 (S9) S63-67.
- Colliver JA, Swartz MH. Assessing clinical performance with standardized patients. JAMA. 1997 Sep 3;278(9):790-1.
- Van der Vleuten, CPM and Swanson, D. Assessment of clinical skills with standardized patients: State of the art. Teach Learn Med. 1990; 2: 58-76.
- Barrows HS. An overview of the uses of standardized patients for teaching and evaluating clinical skills. Academic Medicine. 1993. 68(6):443-51.
- Epstein RM, Hundert EM. Defining and assessing professional competence.

JAMA. 2002 Jan 9;287(2):226-35.

- Adamo G. Simulated and standardized patients in OSCEs: achievements and challenges 1992-2003. Med Teach. 2003 May;25(3):262-70.
- Norman GR et al. J Med Educ 1982; 57:708-15
- Petrusa ER, et al. Arch Int Med 1990; 150: 573-7
- Rethans J-J, et al. BMJ 1991; 303: 1377-80
- Norman GR, et al. J Med Educ 1985; 60: 925-34
- King AM, et al. Teach Learn Med 1994; 6: 6-14
- Williams R. Teach Learn Med 2004; 16 (2): 215-222.
- http://mededonline.usc.edu/spcalconsortium.html

2. WORKSHOP PROGRAMME

Tuesday, 26 July 2011

TIME	ACTIVITY	AGENDA	ATTENDEES	VENUE
0800-0830	**Travel to Parirenyatwa Hospital**			
0830-0900	**Setting Up**			
0900-1200	Curriculum Development Training	Principles of Curriculum Development:· • Overview· • Writing Learning Objectives· • Choosing a Pedagogy includes breakouts	**Prof Chidzonga** CCAC, MCSP, MRSP and all faculty NECTAR, IMHERZ, CHRIS	Lecture Theatre 2
1200-1300	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
1300-1500	CCAC	Transitioning HIV Curriculum for MMeds to Medical Students NECTAR, CHRIS/ I MHERZ and TB/Malaria	**Prof Nathoo** CCAC	NECTAR Seminar Room
1500	**Return to House to Prepare for Wednesdays Workshops**			

Wednesday, 27 July 2011

TIME	ACTIVITY	AGENDA	ATTENDEES	VENUE
0800-0830	**Travel to Parirenyatwa Hospital**			
0830-0900	**Setting Up**			
0900-0930	Teaching Skills	Teaching Methods 1 Lectures	**Prof Hakim** All Faculty	Lecture Theatre 1
0930-0945		Break into small groups and collect tea	**Mr. C A Samkange** All Faculty	Break Away Rooms - Nectar
0945-1130		Practice lecture skills in small groups		Break Away Rooms – Nectar
1130-1230	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
1230-1430	Teaching Skills	Teaching in the Clinical Setting	**Prof Matenga** All Faculty	Lecture Theatre 1
1430-1500	**TEA**	**TEA**	**TEA**	**TEA**
1500-1600	Curriculum Development/ Teaching Skills	Learner Assessment Part 1	**Prof Muguti** All Faculty	Lecture Theatre 1
1600	**RETURN TO HOUSE TO PREPARE FOR THURSDAYS WORKSHOPS**			

Thursday, 28 July 2011

TIME	ACTIVITY	AGENDA	ATTENDEES	VENUE
0800-0830	**Travel to Parirenyatwa Hospital**			
0830-0900	**Setting Up**			
0900-1130	Teaching Skills	Teaching in the Small Group Setting/ Introduction to TBL	**Prof Nathoo** All Faculty	Lecture Theatre 1
1130-1200	**TEA**	**TEA**	**TEA**	**TEA**
1200-1300	Curriculum Development Training	Learner Assessment Part 2: Overview of Assessment Methods	**Prof Hakim** CCAC, MCSP, MRSP and All Faculty for NECTAR, IMHERZ, CHRIS	Lecture Theatre 1
1300-1400	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
1400-1600	MCSP	Committee Work	**Dr Borok**	Nectar Boardroom
1600	**RETURN TO HOUSE TO PREPARE FOR FRIDAYS WRAP-UP SESSIONS**			

3. PARTICIPANTS LIST

NO.	NAME	DESIGNATION	DEPARTMENT	E-MAIL ADDRESS
1	S.KHOZA	Lecturer	Clinical Pharmacology	skhoza53@gmail.com
2	Z. JOKOMO	Lecturer	Community Medicine	jokomob@gmail.com
3	P. NZIRAMASANGA	Lecturer	Medical Microbiology	pnzira@medsch.uz.ac.zw
4	L. GWANZURA	Lecturer	DMLS	gwanzura@mweb.co.zw
5	S.CHIMHUYA	Lecturer	Paediatrics	schimhuya@yahoo.com
6	M. ZVINAVASHE	Lecturer	Nursing Science	zvinava@yahoo.com
7	H.T MATARIRA	Lecturer	Chemical Pathology	
8	P. MUCHETO	Lecturer	Dentistry	pmucheto@yahoo.com
9	S. GAVI	Lecturer	Clinical Pharmacology	sgavi@yahoo.com
10	G. CHINGARANDE	Lecturer	Radiology	gchingarande@yahoo.com
11	G.Q KANDAWASVIKA	Lecturer	Paediatrics	gwenkandawasvika@gmail.com
12	RUDO NYAMAKURA	Lecturer	Nursing Nurse	rnyamakura@yahoo.co.uk
13	THEODORA CHIKWANHA	Lecturer	Rehabilitation	middychiky@yahoo.co.uk
14	TICHINANI MAVETERA	Lecturer	Paediatrics	tichmav@mweb.co.zw
15	CUTHBERT MUSARURWA	Lecturer	Chemical Pathology	cuthbertm@yahoo.com
16	MERCYLYN MAGWENZI	Lecturer	Medical Microbiology	mmagwenzi@yahoo.com
17	ALICE MOYO	Lecturer	Rehabilitation	amoyo@medsch.uz.ac.zw
18	KUDZANAYI CHIMEDZA	Medical Officer	MoHCW	kchimedza@yahoo.com
19	C. VERENGA	Registrar	MoHCW	drcverenga@gmail.com
20	AJV MAUNGANIDZE	Lecturer	Surgery	aspect_maunganidze@yahoo.com
21	ZM CHIRENJE	Professor	Obstetrics and Gynaecology	
22	P. KUONA	Lecturer	Paediatrics	patiencematereke@yahoo.com
23	T. SIMBINI	Lecturer	CEPHI	simbinit@gmail.com
24	SARAH MANYAME	Lecturer/consultant	Obstetrics and Gynaecology	Sarahmanyame79@yahoo.com
25	FELICITY GUMBO	Lecturer	Paediatrics	zvanyadz@mweb.co.zw
26	RUDO MUTASA	Lecturer	Histopathology	rmutasa@hotmail.com
27	TAKUDZWA SHUMBA		Medicine	tshumba@stanford.edu
28	JG HAKIM	Lecturer	Medicine	jhakim@mweb.co.zw
29	CE NDHLOVU	Lecturer	Medicine	mascen@mweb.co.zw
30	T. MABUGU	Lecturer	Pharmacy	travormabugu@yahoo.com
31	D. TAGWIREYI	S. Lecturer	School of Pharmacy	dextag@edumail.ca.za dtagwireyi@medsch.uz.ac.zw
32	CA SAMKANGE	Director ICHE	ICHE	csfd4055@gmail.com
33	ZAR GOMO	Professor	Chemical Pathology	zargomo@uz-ucsf.co.zw
34	D. CHADENGA	Head Multimedia AVTU	MMRC/AVTU	dchadenga@medsch.uz.ac.zw
35	H. CHINYANGA	Professor	Physiology	hchinyanga@gmail.com
36	TECLA MLAMBO	Lecturer	Rehabilitation	teclamlambo@hotmail.com teclamlambo@medsch.uz.ac.zw
37	TAPIWA CHIMOGA	Lecturer	Anaesthetics	tchimoga@yahoo.co.uk

38	C. CHIDEWE	Lecturer	Biochemistry	cchidewe@science.uz.ac.zw
39	C. MAPONGA	Lecturer	Physiology	cbmaponga@yahoo.co.uk
40	JA MATENGA	Lecturer	Medicine	jonmatenga99@hotmail.com
41	T. MUKONOWESHURO	Lecturer	Anaesthetics	mukonoweshuro@gmail.com
42	HV GUNDANI	Lecturer	Nursing	helegundani@yahoo.com
43	TG MONERA	Lecturer	School of Pharmacy	moneratg@yahoo.com
44	J. JANUARY	Lecturer	Community Medicine	miranda.january@gmail.com
45	SHEPHERD SHAMU	Lecturer	Community Medicine	shamushe@yahoo.com
46	FARAYI KASEKE	Lecturer	Rehabilitation	Farayi.kaseke@gmail.com kasekefmedsch.uz.ac.zw
47	LAZARUS KAJAWU	Lecturer	Psychiatry	lkajawu@gmail.com
48	JEPHAT CHIFAMBA		Physiology	jephatchifamba@gmail.com
49	K. DURI	Lecturer	Immunology	tkduri@yahoo.co.uk
50	R. KUMBAWA	Lecturer	Dentistry	ronkumbawa@zol.co.zw
51	MM CHIDZONGA	Dean	CHS	mmchidzonga@yahoo.com
52	A. CHINGONO	Lecturer	Psychiatry	alfred@uz-ucsf.co.zw
53	N. MUNYANDU	Lecturer	Medicine	nmbuwayesango@yahoo.com
54	G. SABURI	Lecturer	Nursing Science	gsaburi6@gmail.com
55	H. WATYOKA	Lecturer	Nursing Science	hwatyoka@gmail.com
56	T. NYAMAYARO	Lecturer	Chemical Pathology	nyamayaro@medsch.uz.ac.zw
57	W. MANGEZI	Lecturer	Psychiastry	wmangezi@yahoo.co.uk
58	W. KADZATSA	Lecturer	Radiology	wkadzatsa@gmail.com
59	L. KATSIDZIRA	Lecturer	Medicine	lkatsidzira@hotmail.com
60	F. C MUCHEMWA	S. Lecturer	Immunology	fcmuchemwa@yahoo.co.uk
61	W. F MUDOMBI	Lecturer	Medicine	wisdomforward@gmail.com
62	G. I MUGUTI	Professor	Surgery	godfreymuguti@yahoo.co.uk
63	M.G CHIRISA	Lecturer	Paediatrics	macjohn@mweb.co.zw
64	O.B CHIHAKA	Lecturer	Surgery	obchihaka@yahoo.com
65	T. MAWOZA	Lecturer	Clinical Pharmacology	tmawoza@gmail.com
66	I. TICKLAY	Lecturer	Paediatrics	iticklay@hms.co.zw
67	M.Z BOROK	Lecturer	Medicine	mborok@mweb.co.zw
68	K.J NATHOO	Lecturer	Paediatrics	knathoo@mweb.co.zw
69	JAKE GRAY	Visiting Lecturer	Medicine	Jacob.gray@ucdenver.edu
70	P. GONA	Professor	Community Medicine	philgona@bu.edu
71	R. MASANGANISE	Lecturer	Ophthalmology	
72	K.R GWENZI	S.I.C.	Mvurwi Hospital	krgwenzi@yahoo.com
73	I. MACHINGURA	Lecturer	DMLS	
74	D. M GUDZA	Head of Dept		omgudza@gmail.com
75	M. BWAKURA	Lecturer	Paediatrics	dangas@zol.co.zw
76	D.C. Nziramasanga	Head of Dept	UTLC	utlc@arts.uz.ac.zw
77	K. CHIMEDZA	Medical Officer	MoHCW	
78	J. CHIDEME MARADZIKA	Lecturer	Community Medicine	julimaradzika@gmail.com
79	Dr A. MASIIWA	Lecturer	Dentistry	
80	LT GWAUNZA	Ass. Lecturer	Physiology	lgwaunza@googlemail.com

4. WORKSHOP EVALUATION REPORT

Attendance

Tuesday 26 July 2011 - 75
Wednesday 27 July 2011 - 63
Thursday 28 July 2011 - 52

Committee Members who attended -18
Apologies - 4

Learning

- Generally faculty was happy with the workshop and many found it necessary for their professional development, having 32 participants strongly agreeing to this out of the 38 who filled in the evaluation form.
- Quite a sizeable number felt the Curriculum development course added value to their work and they also outlined that they learnt new information during the workshop.
- Most of them agreed that they are going to use the information and skills acquired in the workshop to improve their educational practices.
- 18 participants said they would need further training on Lecture methods , 20 on clinical teaching method, 30 on learner assessment and 35 on Team based learning which proved to be the most liked course during the workshop.

Facilitation

- Most participants agreed that contributions by all the three facilitators helped them integrate theory with practice.
- The content was also relevant for medical education and the modes of delivery were suitable for adult learning.
- 75% of the participants felt that the sessions were very interactive.

Organisation

- Generally most participants felt that the sequencing of the course was not well organised.
- Time was not adequate.
- More than half of the participants said more time should have been allocated for the different sessions.

- The timing of the workshop was also not proper as many felt that it should have been during semester breaks or when students are not around e.g. during weekends.
- They also said the venue was not appropriate as it was their workplace; there were too many interruptions for them when they have to attend to departmental lectures and other things at the office.

Favourite Session

- The most liked session was the Team Based Learning having 18 participants voting for it.
- This was because it was very interactive and it was something new to participants.

Weaknesses of the Workshop

- Inadequate time and inappropriate venue topped the list.
- Others were clinical bias, inadequate writing paper, mistiming of tea and lunch among other things.

What should be done to strengthen future workshops

- Change of venue and more time allocation had more votes.
- Others said there should be presentation handouts, and the facilitators should focus on other health disciplines e.g. pharmacy and also include local facilitators.
- NECTAR was also encouraged to sensitise departments on any impending faculty development workshops especially by actually visiting the departments.

New information learnt

- Participants learnt new learner assessments methods, Team Based Learning, Curriculum Development, new teaching methods.

Courses to be included in future

- Most participants said they would want a course on how to set MCQs, clinical teaching, teaching methods, learner assessment methods and a course on research/dissertations.

Recommendations for future trainings

- More refresher courses should be conducted, more time allocation, change venue, timing of workshop should be considered, a course on communication skills should included and more handouts should be available. Some participants also said they want incentives.

Any other comments

- Most participants felt that the workshop was well done with some indicating that the concepts were covered in very interesting and informative ways. Participants recommended that UZCHS in collaboration with NECTAR organise refresher on a regular basis.
- Participants recommended that a list of "problem areas be drawn

5. EVALUATION FORMS

FACULTY PROFESSIONAL DEVELOPMENT WORKSHOP

WORKSHOP EVALUATION FORM 26 - 28 JULY 2011

Thank you for participating in this workshop. May you kindly fill in this form, your responses will assist in improving the planning and delivery of future Faculty Development workshops.

For questions 1 – 14, please indicate your responses by putting a ü or an X in the corresponding box on the scale of 1 to 5, indicating your impressions/opinions about any particular aspect of this workshop.
1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

Learning

1. Faculty development workshops are necessary for professional development.
   Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

2. The Curriculum Development course added value to my work.
   Strongly agree agree neutral disagree strongly disagree

3. The pedagogy sessions improved my understanding of teaching concepts and skills.
   Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

4. I can connect what was covered during the workshop with my teaching work.
   Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

5. I have learnt new information during this workshop.
   Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

6. I am going to use the information and skills I have acquired in this workshop to improve my educational practices.
   Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

7. Would you need further training on:

	Yes	No
Lecturing method	☐	☐
Clinical teaching method	☐	☐
Team based learning method	☐	☐
Learner assessment method	☐	☐

Facilitation

8. The contributions by the following facilitators helped me to integrate theory with practice:

a. Dr Eva Aagaard

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

b. Dr Nancy Madinger

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

c. Dr Jake Gray

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

9. The content was relevant and covered key competencies of Medical Education.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

10. The modes of delivery were suitable for adult learning.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

11. The sessions were interactive.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

Organization

12. The sequencing of the course was well organized.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

13. The time allocated for different sessions was adequate.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

14. The workshop venue was appropriate.

Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

Open Questions

15. My favourite session was……

16. What I liked most about the session was:

……

……

17. What do you think were the weaknesses of the workshop?

……

b) What do you suggest should be done to strengthen future workshops?

……

……

18. What new information/concepts did you learn from the workshop?

……

……

19. List courses/ skills that you think should be included in the future workshops.

……
……

20. My recommendations for future trainings are:

……
……..

21. Any other comments you may have.

……
……

Thank You

FACULTY PROFESSIONAL DEVELOPMENT WORKSHOP

PRE-EVALUATION FORM 25-29 JULY 2011

Kindly fill in this form, your answers will assist us in the planning and delivery of this workshop

1. What teaching methods are you familiar with? *(Tick appropriate box)*

		Yes	No
(a)	Lecture Method		
(b)	Clinical Teaching Method		
(c)	Team-based Learning Method		

2. List any other teaching methods you are currently using?

……

3. How did you learn the teaching methods that you are using?

……

4. (a) Do you have any experience in curriculum development? *(Tick appropriate box)*

Yes ☐ No ☐

(b) If yes, list some of the stages that you have used to develop a curriculum

……

5. What methods do you use to assess your learners?

……

6. List any clinical teaching styles that you use

……

7. What are your expectations of the workshop in terms of?

(a) Curriculum Development……

……

(b) Teaching Methodologies……..

……