**Teaching the Scholar Role PowerPoint Slides**

Can Meds Scholar teaching tool number two

This is a power point presentation for a lecture or large group session.

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**Slide 1.**

Teaching the Scholar Role.

The presenter’s name and date of presentation can be inserted on this slide.

Presenters Notes for Slide 1.

Add information about presenters.

**Slide 2.**

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**Slide 3.**

Objectives and agendas of this presentation are,

Number 1. Recognize the process and content of the four different components of Scholar

Number 2. Apply key leadership skills to examples from day-to-day practice

Number 3. Develop a personal Leadership resource for day-to-day practice

Presenters Notes for Slide 3.

- Sample goals and objectives of the session – revise as required.

- Consider doing a ‘warm up activity.’

- Review/revise goals and objectives.

- Insert agenda slide if desired.

**Slide 4.**

Why the Scholar Role matters.

1. Learning does not end

2. Teaching others consolidates the information for the teacher

3. All learners and physicians have responsibilities for education

4. Physicians need to know what information is “evidence” and which evidence is applicable
 to day-to-day decisions

5. Physicians must understand and interpret research

Presenters Notes for Slide 4.

-Reasons why this Role is important.

-Provide examples from experience to illustrate

**Slide 5.**

The details: What is the Scholar Role.

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Presenters Notes for Slide 5.

- Definition from the CanMEDS 2015 Physician Competency Framework

- Avoid including competencies for learners

- If you are giving this presentation to teachers or planners, you may want to add the key and enabling competencies.

**Slide 6.**

Recognizing the Scholar Role

- Assessing

- Coaching

- Enhancing

- Evaluating

- Maintaining

- Mentoring

- Monitoring

- Motivating

- Orienting

- Providing feedback

- Researching

- Supervising

- Teaching

- Pursuing scholarly activity

 Presenters Notes for Slide 6.

* Trigger words relating to the process of the Scholar Role

**Slide 7.**

Recognizing the Scholar Role

- Community of practice,

- Continuing competence

- Critical appraisal

- Evidence

- Evidence–informed, evidence-based

- Goals

- Learning climate, learning environment

- Learning plan

- Lifelong learning

- Objectives

- Performance assessment

- Portfolio

- Scholarship

- Scholarly inquiry

- Scientific principles

- Self-directed learning/guided self-directed learning

Presenters Notes for Slide 7.

Trigger words relating to the content of the Scholar Role

**Slide 8.**

Four distinct ‘parts’ of the Scholar Role

1. maintenance and acquisition of new knowledge throughout one’s career through lifelong
 learning,

2. sharing of knowledge through teaching and assessment,

3. use of knowledge in evidence-informed decision-making, and

4. creation of knowledge through research and scholarly inquiry.

Presenters Notes for Slide 8.

- Correcting misconceptions about scholar

**Slide 9.**

* The responsibilities in the Scholar Role are shared by all practising physicians vis-à-vis teaching, the use of evidence to inform practice, and through lifelong learning.
* Need to pursue focused opportunities for learning and skill development in each of the four parts of the Scholar Role.

Presenters Notes for Slide 9.

- Correcting misconceptions about scholar

**Slide 10.**

Learning is a lifelong process for improvement and maintenance

1. Take FIRM control of learning.

2. Competent = skilled + current + connected

3. ASK for, look for, receive, and integrate feedback. Receiver is the key player in the
 feedback exchange.

**Slide 11.**

Worksheet T3

Planning for learning

**Slide 12.**

Tips to practice asking for feedbackA. Clinical competency

1. Ask someone who is willing and can be constructive

2. Ask for SPECIFIC feedback

3. Listen and focus on what is helpful and specific

4. Thank them for their input.

**Slide 13.**

R2C2 Feedback modelA. Clinical competency

* Relationship building
* Reactions exploration about feedback
* Content exploration
* Coaching for performance change

Presenters Notes for Slide 13.

- Relationship building: ls the learner ready for feedback? Is there trust of teacher? Motivation of learner?

- Reactions exploration about feedback re: Is there consistency between giver and receiver? Areas of agreement? Surprises?

- Content exploration re: What worked, What didn’t, Match and progress in program/personal goals, objectives, needs.

- Coaching for performance change re: What are hints or tips and priority actions for improvement? What is the plan?

**Slide 14.**

Worksheet T4

Coaching Learners to Give and Receive Feedback

Presenters Notes for Slide 14.

Do a learning activity – Worksheet T4 from the CanMEDS Teaching and Assessment Tools Guide Scholar Role chapter is suggested.

* Can do on own or in groups
* Groups are appropriate when everyone is in the same specialty as examples will vary with each specialty
* Explore answers in small groups or with the whole group
* Share own experience and scenario

**Slide 15**

Steps to EIDM process

1. Ask by framing a focused question

2. Acquire the evidence in efficient manner

3. Appraise the evidence for quality and
 applicability

4. Integrate the evidence

5. Adapt the evidence for your clinical problem

6. Apply the evidence in your clinical plan

7. Analyze if the plan worked

**Slide 16**

Coaching Steps

1. Goals

2. Practice of knowledge, skills and abilities

3. Feedback

4. Reflection on performance

5. Setting goals

6. Planning for improvement

**Slide 17**

Objectives.

1. Recognize the process and content of the four different components of Scholar

2. Apply key leadership skills to examples from day-to-day practice

3. Develop a personal Leadership resource for day-to-day practice

Presenters Notes for Slide 17.

Revisit workshop goals and objectives.

**Slide 18**

References for this presentation are.

- Stone D, Heen S. Thanks for the feedback: the science and art of receiving feedback well. New York: Viking; 2014.

- Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, Driessen E, MacLeod T, Yen W, Ross K, Power M. Facilitated reflective performance feedback: Developing an evidence- and theory-based model that builds relationship, explorse reactions and content, and coaches for performance change. Acad Med, 2015. (in press)

- Ciliska, D. Introduction to evidence-informed decision making. Last retrieved July 31, 2015 http://www.cihr-irsc.gc.ca/e/45245.html

- Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

**Slide 19** forward are additional slides that may or may not be added to the presentation.

**Slide 20.**

Scholar Expert Key Competencies.

Physicians are able to:

Key competency 1. Engage in the continuous enhancement of their professional activities through ongoing learning

Key competency 2. Teach students, learners, the public, and other health care professionals

Key competency 3. Integrate best available evidence into practice

Key competency4. Contribute to the creation and dissemination of knowledge and practices applicable to health

Presenter Notes for Slide 20.

- Key Competencies from the *CanMEDS 2015 Physician Competency Framework*

- Avoid including competencies for learners

- You may wish to use this slide if you are giving the presentation to teachers or planners

**Slide 21.**

Scholar Key Competency 1.

Physicians are able to: Engage in the continuous enhancement of their professional activities through ongoing learning.

Enabling competency 1.1 is Develop, implement, monitor, and revise a personal learning plan to enhance professional practice.

Enabling competency 1.2 is Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources.

Enabling competency 1.3 is Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.

Presenter Notes for Slide 21.

- From the *CanMEDS 2015 Physician Competency Framework*

- Use one slide for each key competency and associated enabling competencies

**Slide 22.**

Scholar Key Competency 2.

Physicians are able to: Teach students, learners, the public, and other health care professionals

Enabling competency 2.1 is Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners.

Enabling competency 2.2 is Promote a safe learning environment.

Enabling competency 2.3 is Ensure patient safety is maintained when learners are involved.

Enabling competency 2.4 is Plan and deliver a learning activity.

Enabling competency 2.5 is Provide feedback to enhance learning and performance.

Enabling competency 2.6 is Assess and evaluate learners, teachers, and programs in an educationally appropriate manner.

Presenter Notes for Slide 22

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 23.**

Scholar Key Competency 3.

Physicians are able to: Integrate best available evidence into practice.

Enabling competency 3.1 is Recognize practice uncertainty and knowledge gaps in clinical andother professional encounters and generate focused questions that address them.

Enabling competency 3.2 is Identify, select, and navigate pre-appraised resources.

Enabling competency 3.3 is Critically evaluate the integrity, reliability, and applicability of health-related research and literature.

Enabling competency 3.4 is Integrate evidence into decision-making in their practice.

Presenter Notes for Slide 23

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 24.**

Scholar Key Competency 4.

Physicians are able to: Contribute to the creation and dissemination of knowledge and practices applicable to health.

Enabling competency 4.1 is Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care.

Enabling competency 4.2 is Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.

Enabling competency 4.3 is Contribute to the work of a research program

Enabling competency 4.4 is Pose questions amenable to scholarly inquiry and select appropriate methods to address them.

Enabling competency 4.5 is Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry.

Presenter Notes for Slide 24

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies