

## **iMEdTrust's Educator Development Program (EDP)**

All faculty members (and many students) will join our Educator Development Program (EDP). The EDP is iMEdTrust's intensive and extensive set of experiences for helping our faculty (and some students) learn about and be effective, consistent contributors to our culture and educational approaches. We consider this a vital component of our "fresh start" to our educational program development. Our EDP is a core feature of our overall program, and is likely without precedent in medical education. We will make a large investment in helping our faculty members prepare for their educational responsibilities, and to continue growing in those roles.

We will seek to ensure that all faculty members have a well-informed commitment to our program's goals, mission, and approaches, many of which will likely be new and different for some of our faculty candidates. We want them all to understand and be committed to, as well as have the skills, attitudes, and personal characteristics needed for pursuing our program's goals and approaches. During their participation in the Educator Development Program the faculty will experience the learning atmosphere, communication and relationship styles, and overall culture that we want them to support in their work with students, and to help reshape and improve over time.

Becoming educators in any of the medical schools in our Network will begin with personal experiences of our educational principles in action. High quality medical education and clinical practice, in our view, need to be built on a foundation of well-conducted interpersonal, emotionally meaningful events. Being effective role models and helping others achieve high standards requires self-awareness and direct, extended experiences. Such expertise can't be developed or refined from only (or mainly) cognitive experiences. Gaining a deep understanding of our mission and processes takes direct, emotionally, as well as cognitively, meaningful engagement with our core principles in action, as follows;

### ***iMEdTrust's central educational principles and processes***

The 5 dominant learning-event types in iMEdTrust's educational programs will be:

- one-to-one mentoring; small-group, collaborative learning; individualized, technology-supported, guided self-directed learning; supervised and independent work, individually and in groups, in the simulation centre; and participating for extended periods as members of established clinical care teams and, at other times, as members of active research teams. (Although many members of the clinical and research teams who supervise our students will be part-time

iMEdTrust faculty members, they will participate in our EDP, just as our full-time faculty do.

- Comprehensive information about all learners' experiences and their performance will be continuously assembled and reviewed throughout their participation in our educational programme. This growing, rich body of information will be fully open to the learners and their educators (but otherwise kept fully private). These data, including assessments, will enable nuanced "diagnostic", "formative" and "summative" decision-making. (Also, in anonymized form, this information will contribute to our on-going program of health professions education research.)
- We will not assign conventional grades (e.g., A, C; 93, 78) or use formal, high-stakes examinations, except as may be required by our regulators.
- We will not have predetermined cut-off times for "completing" courses or fulfilling goals. No positive or negative value judgments will be assigned to a student who takes less or more time to reach expected outcomes. (Within reasonable limits, students will move through the process of reaching their expected outcomes at their own pace.). Each learner's performance in relation to the expected outcomes, not the clock or the calendar, will determine when end points have been reached (except for those few performance tasks for which speed of execution is part of the competence involved).
- We will not focus on the learners' capacities for assimilating and reproducing information from memory. In instruction and assessment, the learners' approaches to identifying and managing relevant information, and their effective use of information-search technologies, will be emphasized.

To the maximum extent possible, the responsibilities for learning will be shifted to the learners. The faculty will serve primarily as guides, coaches, mentors, facilitators, and role models, not as information-dispensers.

Educator-student relationships will be models of the supportive, trust-based, considerate, nurturing connections we want our learners to have with their current and future patients. The students should experience their educators as their unequivocal advocates.

In preparation for becoming effective health team members, students will be encouraged to have collaborative and mutually supportive relationships with each other. Given the wide range of prior experiences we expect will be found among our students, some of whom will even have had rich backgrounds in some aspects of health care, we anticipate that many students will have mentoring relationships with other students. Some of that mentoring will flow in both directions, since there will be differential levels

of readiness and accomplishment among different students in different domains. For these and other reasons, the students will be encouraged to participate in some aspects of the EDP. And we will avoid practices that can produce a sense of competition among learners (especially such hurtful, unjustified practices as grading on a curve, posting grades, and giving out awards). We want to help our students deeply understand that becoming highly accomplished and being contributory to others can be their own rewards.

We want our educators and our learners to have a deep understanding of the difference between “learning about” something (say, professionalism) and “becoming” that something. We will cultivate professionalism and other desired qualities by creating a sense that our students are authentically in the process of becoming professionals from the first day of medical school. (For more about this, see “NOTE”, below.)

Effective communication and other relationship skills are considered central parts of all educational encounters, whether with educators, patients, peers, or others, and will be important elements of ongoing self-assessments and formative assessments. Learning experiences will promote reflection and self-assessment, which we see as foundational elements of “mature learners”. These processes will be emphasized throughout. We consider them as core requirements for becoming professionals who continue learning and changing, as needed, throughout their careers.

Two additional, key features of our Educator Development Program:

- Any of our faculty who want their learning in the domain of medical education to be systematic and scholarly will have the opportunity to pursue a Master’s level or a Doctoral level degree in Medical Education Leadership;
- Our students will be encouraged to participate in any aspects of the EDP that interest them. Students who want to do so, in preparation for future leadership responsibilities, will be encouraged to pursue our Master’s or Doctoral program in medical education leadership, either in parallel with their medical studies or subsequent to them.

**NOTE:** Participation in iMedTrust’s EDP is one of many examples of ways we are seeking to create a culture in which the usual boundary line between being a student and being a faculty member will be regarded as permeable. We want our students and faculty to regard themselves as colleagues who are at different stages along the same continuum. If our recruiting and EDP programs are successful, our faculty and students will regard themselves as continuous learners.

Some of our students may well be more accomplished than some of our faculty in some areas (in or out of medicine). In keeping with the collaborative team model that will be central to

our program, leadership at any given moment will be a function of competence in whatever area is under consideration, not a reflection of age, titles or hierarchical structures. We will encourage our faculty and students to relate to each other on a first-name basis as an indication of this collegiality, while respecting the fact that cultural traditions can make such familiarity a source of discomfort for some people.

We will seek to help everyone come to understand that titles and formality can contribute to creating boundaries that may interfere with important elements of learning. For example: removing boundaries can be important in ensuring patient safety; without status or other hierarchical boundaries, students may be more willing to raise questions about, even offer challenges to, a teacher's ideas, assertions and patient-care practices. We will endeavour to tread gently while inviting reflection about the possible unintended consequences of cultural traditions and habits that may be counterproductive to maturation as a learner and as a professional.