FACILITATOR NOTES

Living our Professional Values: Essentials for Faculty Development Guide

The Essentials Guide provides a power point template designed for medical clinical faculty. We strongly recommend that each department adapt the images, media and academic references, and relevant policies and resources for its own members.

However, we request that the remainder of the PowerPoint not be modified without consultation with the Guide's developers. We have included identification of which slides should be delivered intact in the facilitator guide with the statement: *Please do not adapt this slide.*

The facilitator notes provided in the Notes Section of the PowerPoint are not meant to be restrictive or adhered to rigidly. They are an invitation to consider how you may wish to discuss the content of the slides with your own setting and group.

Discussion of Professional Values Module

It will be up to you whether or not you wish participants in your faculty development activity to complete the module prior to attending the session. We have found it helpful to provide some sort of incentive for its completion, for example, continuing education points or a need to provide evidence of its completion within the past three years during annual performance reviews.

N.B. As with the powerpoint, there is currently a single version of the module designed for Medical Clinical Faculty which may or may not feel like a good fit for your Department. The module in its current form focuses on a key document in the Faculty of

Medicine: *The Standards of Professional Behaviour for Medical Clinical Faculty (see appendix 1*), which articulates both desirable and unacceptable behaviours for physicians with Faculty of Medicine appointments. While the Standards are not directly relevant to other faculty, the document clearly lays out what the Faculty's expectations are for its appointees, together with the processes for addressing alleged breaches of its professional standards. This content will be highly relevant for all Faculty of Medicine faculty members. We are currently working to adapt the module for Rehab Sciences and Basic Science Departments.

The module in its current form can be accessed by clicking on this link:
https://rise.articulate.com/share/4FF1CYiihTTtSq8dLgcJAwcbYJk8Fwsr#/

The goal of the discussion of the module is not to review the content but rather to ask participants about their response to it. Potential cues may be:

- Did anything surprise you about the module?
- Did you learn anything new from the module?
- Did you find anything missing from the module?
- Did anything in the module make you uncomfortable?
- Did you find the scenario(s) authentic? Could you relate to the scenarios? If yes, why? If not, why not?
- How will you change your behaviour in any way as a result of completing the module?
- How can you apply this content to your teaching practice and your environment?

Difficult Conversations

Living our Professional Values necessitates our having difficult conversations – with ourselves, with colleagues, with staff and learners – when breaches of those values occur.   Most of us have had the experience of wanting desperately to avoid such conversations, and certainly hope not to be their recipient. However, allyship and

professional relationships require us to receive feedback, however challenging, and to respond to support learners, staff, and colleagues when we see situations where professional values have been ignored.

Like many teaching skills, learning how to have these difficult conversations – both as recipients and as initiators – may minimize our avoidance, and perhaps contribute to these conversations reaching resolutions that support the professional values of psychologically and culturally safe work and learning environments, and wellness.

We highly recommend the following tools suggest by the Faculty of Medicine's Office of Inclusion and Diversity:
https://medicine.utoronto.ca/oid-statement-solidarity-resisting-anti-blackness

https://medicine.utoronto.ca/message-covid-19-allyship-and-edi-supports

https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/Tools%20for%20Department%20Chairs%20and%20Deans.pdf

We also strongly recommend the following faculty development online tools created by the Office of Faculty Development in the University of Toronto's MD Program:

An Adventures in Teaching Interview with Dr. Arno Kumagai and Dr. Jana Lazor on addressing sensitive topics in educational environments:
play.library.utoronto.ca/play/qTKv6ZHj_CTJ

Scenarios & Facilitation Tips

You may wish to invite your attendees to submit scenarios before or during the workshop. If this is not appropriate – for example, if the audience all work together and the scenarios may reference members of the group – we have created some brief scenarios here that the group can flesh out and use for the purpose of role play simulations.

We caution that scenarios and related simulations – particularly those that evoke past or current challenges for participants – may be psychologically difficult. We have therefore included below some tips and reference for conducting safe and effective role play simulations.

The tips below focus primarily on timing and logistics. Keep in mind that individuals have differing levels of comfort with participating in role play simulations. You can accommodate these by emphasizing that there are a variety of active roles that participants can take on to contribute – note taker, timekeeper, observer, provider of feedback post simulation are all examples.

Decide whether to use the scenarios provided or, if you prefer to choose an example from your own practice (briefly describe this to your group). Be mindful of the need to preserve the privacy of your colleagues and learners, and where relevant patients, and change identifying details accordingly.

We recommend the following time frames:

- 3-5 minute role play
  - Teacher/Faculty member
  - Learner(s)
  - Observer/time keeper
  - "Time out" for help!

- Debrief in your groups (use tip card as a guide)
  - "Teacher" debriefs first, then other roles:
    - How did that go for you?
    - What went well?
    - What would you do differently?

- Repeat:
- Modify based on feedback or, try a different scenario

We recommend the following Small Group Debriefing Process:

Debrief with the most anxiety provoking role first (i.e. teacher), then go on to the learners. Start with asking them about their reactions and feelings to the role play simulation. Allow the actors, especially the teacher, time to emotionally decompress by starting with the general questions first.

	Teacher	Learner
Effectiveness and Alternatives	1. How did that go for you 2. What went well? (**important**) 3. What would you do differently 4. Share your role with the class	5. Ask learners to share their roles
	6. What were you thinking 7. What were you trying to accomplish 8. How do you think it worked? 12. What else could you have tried (how could you have done it differently)	9. How do you think it worked? 10. Was it effective for that purpose 11. What effect did the teacher's action (i.e. behavior) have on you? 13. What else could the teacher have done (what other behaviours can you suggest)

	14. Do you think that would have worked? 15. Would it have been effective? 16. What effect would that have had?	

Please see two articles at the end of this section on establishing safe and effective role plays/simulations. While the Joyner Young article references teaching medical students it includes broadly applicable recommendations.

Scenarios

(*Please note that these suggestions for scenarios, which can be fleshed out with more complete scripts, either ahead of your workshop or in the workshop, have been designed to be adaptable to physician, non-physician clinician, and scientist groups.*) N.B. Some of the scenarios focus on relationships between individuals, others on potential systemic breaches of professional values. Our recommendation is to include both types given the interdependent nature of institutional and individuals' professional values.

1. As Educational Coordinator in your Department, you are aware that a colleague in your department is known to provide persistently poor supervision. This individual is widely known to be brusque, to berate learners in public settings, to raise their voice, and to use language such as "This proposal is useless; you're going to have to start again", without providing detailed constructive feedback to the learner on how to improve. In the past several months, you have been approached by multiple learners with concerns, asking to transfer supervisors.

2. Your department hosts a social event for new learners and new faculty every year at a local pub. Alcohol tends to flow freely. A recent faculty recruit raises at a

department meeting that they are concerned this may be off putting to individuals who chose not to drink for health/religious/cultural reasons and suggests a change of venue.

3. You observe that a colleague engages in persistent conflict with other clinical services/faculty regarding consults, clinical differences, transfers in view of learners and other staff, research approaches, evaluations of learners.

4. As Educational Coordinator in your Department, you are aware that a colleague is routinely unavailable for supervision. You are also aware that concerns have been raised about a possible substance use disorder. At least two trainees and several faculty members have described smelling alcohol/cannabis on your colleague.

5. A group of learners come to you in your role as a departmental educator and raise the fact that their academic schedules do not allow time for daily religious observance and prayers.

6. You observe that a senior colleague persistently engages in sexist and/or flirtatious behaviour with trainees and or early-career faculty.

   (Ref. https://www.svpscentre.utoronto.ca/about-the-centre/)

7. An early career faculty member asks for your support in addressing the issue of departmental meetings occurring at 8 am, which interferes with getting children to daycare and school for them and a group of similarly positioned faculty.

8. You observe and hear from others (including learners) that a colleague engages in what are perceived to be discriminatory behaviour towards international and/or racialized trainees, while demonstrating favouritism towards others trainees by offering with invitations for afterhours socializing and athletic activity.

9. A senior faculty member routinely sends after hours emails and texts and phone calls about non-urgent issues to trainees and early career faculty, with the expectation of a prompt response.

10. A faculty member in your department reduces an administrative staff person to tears after discovering that the wrong link was sent in the flyer for an online educational event and belittling the staff member's competence and intelligence in a public setting.

11. It is brought to your attention that a senior colleague persistently demands first authorship on papers by junior team members citing seniority, having made relatively little or no academic contribution.

(ref. https://www.authorshipethics.com/)