educators as possible. The use of research findings together with inputs from the reviewers and administrators was crucial in enabling us to make a highly usable tool. The need to include specific behaviours in the nomination process further increased the sensitivity of the tool, and obtaining user feedback facilitated its refinement. This process enabled both content-related and implementation-related issues to be addressed, and helped in the improvement and refinement of the teaching educator award criteria, nomination and review processes for medical, nursing, pharmacy and allied health educators.

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Implementation of point-of-care tools for assessment of teaching

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What problem was addressed? Although attainment of teaching skills is critical to physician development, objective measurement of these skills remains uncommon. Harnessing technology to create point-of-care assessment tools may allow integration of observation and real-time assessment of teaching skills into clinical rotations.
What was tried? As a component of a longitudinal, clinically integrated resident-as-teacher curriculum (RATC), on-line brief assessment tools (OBATs) were implemented to assess (i) residents' (postgraduate year [PGY] 1–3) facilitation of a brief didactic experience for peers during a continuity clinic and (ii) interns' (PGY-1) provision of feedback to medical students during hospital medicine (HM) rotations. The OBAT was designed to facilitate real-time point-of-care objective assessment and to serve as a reference for faculty members' feedback on resident's teaching skills. After a literature review, multiple-choice questions focusing on directly observable teaching behaviours were created. Each question had three discrete levels that described the teaching behaviour observed and delineated criteria for improvement. Faculty members completed these questions, in addition to narrative comments related to the teaching behaviours, when assessing residents.

The OBATs were created in Google™ Forms making repeated use by multiple users possible. The link to the OBATs could be saved on the home-screen of a smart phone or tablet, enhancing accessibility. Between July and December 2015, the tool was utilised in 106 of 117 (91%) potential continuity clinic teaching sessions and in 28 of 84 (33%) potential HM feedback encounters. Residents in the continuity clinic reported that they integrated the feedback into future teaching sessions, and faculty members reported improved teaching skills when the same resident was observed on multiple occasions.
What lessons were learned? Utilisation of the OBATs differed between settings, potentially related to their integration into existing workflows. The higher frequency of utilisation in the continuity clinic may be secondary to the highly structured nature of these sessions. A faculty champion assigned one resident to facilitate teaching and one faculty physician to provide immediate assessment and feedback. Because a core group of 10 faculty members oversee these educational sessions, comfort with using the OBAT and integration into the workflow was more easily attained. On HM rotations, the OBAT utilisation rate was significantly lower. Without a clear faculty champion and over 25 potential evaluators who changed service frequently, the OBAT probably did not become integrated into the standard workflow.

The next step for the continuity clinic setting is to track OBAT results over time to assess competence in teaching and allow for targeted interventions as needed. To optimise the HM process, the feedback OBAT will be transitioned to assessing a single PGY 2 or 3 resident on each HM team because this is better aligned with the clinically integrated feedback process. This will allow repetitive assessments and tracking of the resident's ability to provide meaningful feedback. An online calendar system that triggers reminders for faculty members will also be implemented.

The OBAT has enhanced the frequency of documented, objective assessment of didactic teaching and provision of feedback. We believe that these frequent structured assessments will improve residents' teaching skills, a goal that is well-aligned with competency-based training.

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