Introduction - Trainees who participate in a teaching scholars curriculum (TSC) may improve teaching skills *(Staitieh 2016)* and scholarly productivity, and may jumpstart their clinician educator careers *(Adamson 2015, Chen 2017, Miloslawsky 2015)*. Integration of a TSC into a fellowship training program is feasible, but the few successful models rely on in-person education. Utilizing digital education technologies *(Prober 2012)* may improve instructor efficiency, self-directed learning, and knowledge retention *(Ruffini 2012)*. We describe the development and implementation of a technology-driven TSC utilizing a blended learning model to prepare subspecialty fellows for clinician educator careers.

Abstract Presentation – IRB approval was obtained. This work was grant-supported by the Icahn School of Medicine Institute for Medical Education. We designed a 14-month foundational educator TSC including teaching skills, curriculum development, and career advancement. A multidisciplinary faculty was recruited and paired with a 'Tech Mentor' to transform traditional content into asynchronous (75%) and virtual (25%) modules. Asynchronous modules were developed using Storyline 3® (Articulate Global, LLC). Interactive features including knowledge check-ins, in-module reflections, and choose-your-own education pathways were incorporated. Virtual modules were conducted via video conference during afternoons or evenings. Learners followed a monthly timeline for pre-work, module assignments, virtual check-ins, and surveys. Course materials were maintained in the Blackboard® learning management system (LMS) (Blackboard, Inc.). Learners provided batched feedback in semi-structured interviews; subsequent modules were accordingly tailored. Course directors and module faculty were available for virtual mentorship.

Four pulmonary and critical care medicine fellows across three geographically distanced hospitals volunteered as pilot learners. Aggregated post-module survey data was strongly positive (Figure 1). Semi-structured interview data revealed that lower scores for "user-friendliness" were attributed to LMS challenges. Learner impressions from the semi-structured interviews were collated by Kirkpatrick levels (Table 1).

Discussion

Subspecialty fellows educate a wide range of learners across varied clinical topics and education venues. We describe the successful implementation of a novel, technology driven TSC for fellows. The blended learning model allowed for flexible engagement of busy, geographically distanced learners. Learner participation was robust and enhanced by the use of interactive in-module exercises, virtual check-ins, and self-paced completion of modules. The focus of this TSC pilot was on the development and delivery of a novel technology-driven course. The TSC was intentionally not paired with a primary medical education project. As such, the modules on curriculum development centered on theoretical application scenarios were perceived as less authentic by the learners. Learners rated all modules as highly valuable to their careers; however, truncating the course from 14 to 12 months would allow for more convenient delivery in the scope of the academic year. Modules imparting general educator skills may be delivered outside the TSC timeframe. Employing a more user-friendly LMS would enhance learner enjoyment. Learners will graduate from the TSC with knowledge, skills, and practical experience to launch their careers. Module faculty were not surveyed on their experience. Informal communications demonstrated their appreciation for the Tech Mentor role. To date, seven TSC faculty have newly-developed, interactive teaching modules suitable for standalone or in-course education. Development of these asynchronous modules will significantly reduce the labor for future TSC rollouts.

Conclusion

Our innovative, technology-driven TSC provided distanced and time-constrained subspecialty fellows with foundational education in the method and practice of teaching health care providers. This TSC may form the backbone for a Clinician Educator Track within the confines of any training program. Programs that lack a breadth of Clinician Educator faculty may especially value the TSC to provide opportunities for self-paced learning that are scalable to the demands of clinical fellowship.