

Making It All Happen: Faculty Development for Busy Teachers

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OVERVIEW

- Faculty development, or staff development as it is often called, aims to help teachers develop the skills relevant to their institutional and faculty position
- Faculty development programmes and activities can transmit new knowledge and skills, reinforce or alter beliefs about teaching, provide a conceptual framework for what is often performed on an intuitive basis and introduce clinicians to a community of teachers
- Faculty development includes *all* activities that teachers pursue to improve their teaching skills in both *individual* and *group* settings
- *Individual approaches* to faculty development include learning on-the-job, observing role models in action and reflecting on teaching and learning. *Group approaches* include structured faculty development activities such as workshops or longitudinal programmes, work-based learning and belonging to a community of teachers
- To make faculty development work for you, it is important to identify your needs, determine your preferred method(s) of learning and choose a programme (or activity) that works for you. Finding a mentor and a community of teachers that support your vision and your goals can also be extremely beneficial

What is faculty development?

Faculty development, or staff development as it is often called, refers to that broad range of activities institutions use to *renew* or *assist* teachers in their multiple roles (Centra 1978). That is, the goal of faculty development is to help faculty members acquire the skills relevant to their institutional and faculty position, and to sustain their vitality, both now and in the future. Although faculty development often refers to a planned programme designed to prepare teachers for their multiple roles, clinicians often engage in both formal and informal 'faculty development' to enhance their

knowledge and skills. For the purpose of this discussion, faculty development will refer to all activities teachers pursue to improve their teaching skills in both *individual* and *group* settings.

Why is faculty development important?

Faculty development designed to improve teaching effectiveness can provide clinicians with new knowledge and skills about teaching and learning. It can also reinforce or alter attitudes or beliefs about teaching, provide a conceptual framework for what is often performed intuitively and introduce clinicians to a community of teachers (Steinert 2010a). As the expectations of teachers and demands for accountability in higher education increase, the need for professional development will proliferate. It is ironic that most physicians, while experts in their field, have had little or no training in how to teach.

Common faculty development goals and content areas

Comprehensive faculty development includes both individual and organisational development. At the *individual* level, faculty development can address *attitudes and beliefs* about teaching and learning; transmit *knowledge* about educational principles and instructional design; and develop *skills* in teaching, curriculum design and educational leadership. At the *organisational* level, it can help to create opportunities for learning; recognise and reward excellence in teaching and learning; and address systems issues that impede effective educational practices (Steinert 2010b).

To date, the majority of faculty development programmes have focused on teaching improvement, with a particular emphasis on clinical teaching, small-group facilitation, feedback and evaluation. A number of activities also target specific core competencies (e.g. the teaching and evaluation of communication skills) and the use of technology in teaching and learning; however, less attention has been paid to personal development, educational leadership and scholarship and organisational development and change. Yet without organisational change, new knowledge and skills may be difficult to implement. Clinical teachers should choose their faculty development activities wisely so that their perceived needs and goals can be met.



Individual approaches to faculty development

You become adept at what you do by the nature of your responsibilities and by learning on the spot . . .

Learning from experience

Prior to engaging in organised faculty development programmes, teachers often learn through 'on-the-job training', by the nature of their responsibilities, observing their colleagues in action or reflecting on their experiences. Some have said that educational leadership roles in medical education offer 'laboratories' in which to experiment with new methods and ideas; others have noted that they learn through role modelling or critically thinking about what they are doing. The role of reflection in clinical medicine, and the notion of *reflection in action* and *reflection on action*, has received increasing attention in recent years. This process of self-assessment and critical analysis is equally important in faculty development, as reflection on teaching allows for the integration of theoretical concepts into practice, greater learning through experience and enhanced critical thinking and judgement (Box 16.1).

Box 16.1 Reflection on teaching and learning

You need to do more than simply teach . . . You need to reflect on your teaching, discuss your teaching with other educators, and try to analyze and improve what you are doing.

- Reflection *in action* – while performing an act/role, analysing what is being done
- Reflection *on action* – after performing the act/role, reflecting on the impact of the action on the student and yourself
- Reflection *for action* – reflecting on what has been learnt for the future

Adapted from: Schön (1983) and Lachman and Pawlina (2006)

Learning from peers and students

Learning from experience can be heightened by peer and student feedback. Although teachers are often reluctant to solicit the views of others, it can be extremely helpful to ask a colleague to observe you and provide feedback after a specific teaching encounter; it can be equally beneficial to discuss a recent challenge or critical incident. Peer coaching, as this activity is sometimes called, has particular appeal for clinicians because it occurs in the practice setting, enables individualised learning and fosters collaboration (Orlander *et al.* 2000).

Soliciting student feedback can be equally beneficial, and in fact, a few concise questions can trigger useful discussions (Box 16.2). Moreover, an appreciative review of student evaluations can provide useful information, especially if teachers view these observations and comments as opportunities for learning. In multiple ways, engaging in dialogue with students and peers can help clinical teachers to break down complex teaching activities into understandable components, link intent, behaviour and educational outcomes, facilitate the examination of personal assumptions and examine the effectiveness of specific teaching practices (Steinert 2010b).

Box 16.2 Soliciting feedback from students and peers

Questions to solicit feedback from students and peers

- What did you learn in this teaching encounter?
- What about this encounter was helpful to you? What was not?
- What could I have done differently to make it more useful?

Questions to consider when reviewing student evaluations

- Is there a pattern that runs across diverse evaluations?
- What am I doing well? What might I do differently?
- How can I use this as an opportunity for learning about myself?

Learning from experience as well as peers and students can be further augmented by independent study, online learning and guided reading. In fact, numerous print and web-based resources (Box 16.3) are available to inform and support clinical teachers.

Box 16.3 A sample of medical education journals (Steinert 2005)

Academic Medicine	www.academicmedicine.org
Advances in Health Sciences Education	www.springer.com/
Journal for Continuing Education in the Health Professions	www.jcehp.com
Medical Education	www.blackwell-science.com
Medical Teacher	www.medicalteacher.org
Pédagogie Médicale	www.pedagogie-medicale.org
Teaching & Learning in Medicine	www.siumed.edu/tlm

Finding a mentor can also help to enhance independent learning, as mentors can provide direction or support, help to understand

the organisational culture and introduce teachers to invaluable professional networks.

Group approaches to faculty development

Participating in a faculty development workshop gives me a sense of community, self-awareness, motivation and validation of current practices and beliefs.

Structured faculty development activities

Common faculty development formats include workshops and seminars, short courses, fellowships, advanced degrees and longitudinal programmes.

Workshop, seminars and short courses

Workshops are popular because of their inherent flexibility and promotion of active learning. Of varying duration, they are commonly used to promote skill acquisition or help teachers to prepare for curricular change. Although transfer to the workplace is sometimes challenging, they can also help to develop expertise in curricular design and innovation (Box 16.4).

Box 16.4 A selection of common faculty development topics (Steinert 2005)

- Teaching when there is no time to teach
- Actions speak louder than words: promoting interaction in teaching
- Learning is not a spectator sport: effective small-group teaching
- Advanced clinical teaching skills
- Teaching in the ambulatory setting
- Teaching technical and procedural skills
- Giving feedback: tell it like it is?
- Evaluating residents: truth or consequences?
- The 'problem' student: whose problem is it?
- Teaching and evaluating professionalism

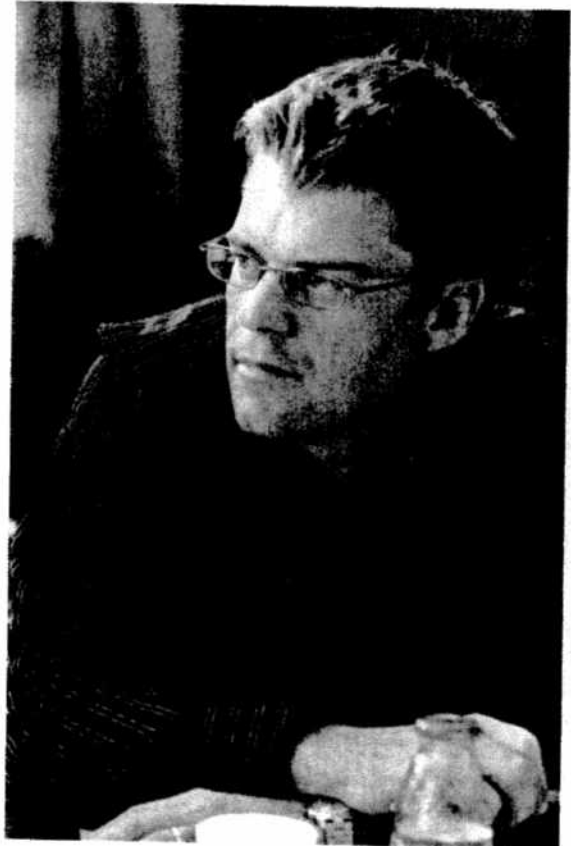
Fellowships and degree programmes

Fellowships and degree programmes are becoming increasingly popular in many settings. Most universities in the United Kingdom now require faculty members to undertake a certificate in teaching and learning and many medical schools provide fellowship opportunities for advanced training. These programmes can be particularly useful to individuals interested in educational leadership and scholarship.

Longitudinal programmes

Integrated longitudinal programmes, such as a *Teaching Scholars Programme*, have been developed as an alternative to fellowship or degree programmes. These programmes, which allow teachers to

continue to practice and teach while improving their educational knowledge and skills, can also encourage the development of leadership and scholarly activity in medical education.



Work-based learning

Work-based learning has been defined as learning *for* work, learning *at* work and learning *from* work (Swanwick 2008). This concept, which is closely tied to the notion of community, is fundamental to the development of clinical teachers for whom 'learning on-the-job' is often the first entry into teaching. Moreover, as learning usually takes place in the workplace, where teachers conduct their clinical, research and teaching activities, it is important to view these everyday experiences as 'learning experiences'.

Becoming a member of a teaching community

Clinical teachers often note the benefits of working together with a network of committed colleagues. As a junior colleague observed, 'If you are able to immerse yourself in a group, it gives you so much. If you start with some experience, and you mix yourself into a group with like interests, you get much more out of it . . . especially as you begin to look at things critically with education glasses on' (Steinert 2010b). This quote underscores the benefit of *valuing* and *finding* community, as in many ways, sharing a common vision and language – and becoming a member of a community of teachers – can be a critical step in faculty development.



Does faculty development make a difference?

In 2006, as part of the BEME (Best Evidence in Medical Education) collaboration, an international group of medical educators systematically reviewed the faculty development literature to ascertain the impact of formal initiatives on teaching improvement. The results of this review indicated overall satisfaction with faculty development programmes. Moreover, participants found programmes to be useful, acceptable and relevant to their objectives and they valued the methods used. Teachers also reported positive changes in attitudes toward faculty development *and* teaching as a result of their involvement in these activities and cited a greater awareness of personal strengths and limitations, increased motivation and enthusiasm for teaching and learning, and a notable appreciation of the benefits of professional development. In addition, they reported increased knowledge of educational principles and strategies and gains in teaching skills.

The BEME review also highlighted specific features that contribute to the effectiveness of formal faculty development activities. These 'key features' incorporated the role of experiential learning and the importance of applying what had been learnt; the provision of feedback; effective peer relationships, which included the value of role modelling, exchange of information and collegial support; well-designed interventions that followed principles of teaching and learning; and the use of multiple instructional methods to achieve intended objectives. Awareness of these components can help teachers to choose effective programmes.

Making faculty development work for you

Both formal and informal approaches, in individual and group settings, can facilitate personal and professional development as a teacher. Irrespective of which approach works for you, it is important to identify your needs, determine your preferred method(s) of learning and choose a programme (or activity) that works for you. Finding a mentor and a community of teachers that support your vision and your goals can also be extremely helpful.



Identify your needs

The following attributes and behaviours of effective clinical teachers have been identified in the literature: enthusiasm, a positive attitude towards teaching, rapport with students and patients, availability and accessibility, clinical competence and subject matter expertise. Core teaching skills have also been identified: the establishment of a positive learning environment; the setting of clear objectives and expectations; the provision of timely and relevant information; the effective use of questioning and other instructional methods; appropriate role modelling; and the provision of constructive feedback and objective-based evaluations. Take time to assess your strengths and areas for improvement and consider how you might improve your teaching abilities.

Determine your preferred method(s) of learning

As adults, we all have preferred methods of learning. Some of us prefer to learn on our own and others prefer to learn with colleagues, in a formal or informal setting. Think about your preferred method(s) and build this into your faculty development plan.

Choose a programme that works for you

As previously described, numerous activities can facilitate teaching improvement. Choose an activity that is pertinent to your needs and preferred method of learning and that will help you to achieve your teaching and learning goals. At times, independent learning in an informal setting will be most appropriate for you. At other

times, a structured activity (such as a workshop or short course) will be most pertinent.



Identify a mentor or guide

Clinical teachers frequently comment on the role of mentors in their personal development, as they value their support, their ability to challenge personal assumptions and their assistance in framing a vision for the future. Whenever possible, find someone who can help to fulfil this role and provide guidance as you try to improve as a teacher and identify a faculty development approach that will work for you.

Find a community of teachers

As stated earlier, a community of teachers can help you to refine your vision, develop your skills and find ways to improve as a teacher. It has often been said that teaching is a 'team sport'. We must remember that achieving educational excellence cannot be accomplished independently and we must try to find – and value – a community of like-minded individuals.

Conclusion

The Dutch term for faculty development, *Docentprofessionalisering*, loosely translates as the 'professionalisation of teaching'. In many

ways, engaging in faculty development, either individually or as part of a group, is the first step to the professionalisation of teaching in medical education.

Further reading

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