



Nurturing Faculty Development Programs to Guide The Formation of Communities of Practice

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Objectives

- ❑ Reflect on your current faculty development practices.
- ❑ Identify new approaches to faculty development beyond sessions/workshops.
- ❑ Incorporate the formation of Communities of Practice (CoP) in your approaches to faculty development.

Faculty Development

- “Faculty development refers to all activities health professionals pursue to improve their knowledge, skills and behaviors as teachers and educators, leaders and managers, and researchers and scholars, in both individual and group settings.”

(Steinert, 2014)

Faculty Development Approaches



Members have an identity defined by a shared domain of interest. They value their collective competence and learn from each other



Members engage in a joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other

Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems - in short a shared practice

Community of Practice is group of people who share a craft and/or a profession. The group can evolve naturally because of the members' common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their field. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally.

Lave & Wenger

Wenger E. Communities of Practice: Learning, Meaning, and Identity. New York: Cambridge University Press; 1998

Acknowledge contribution of this slide by:

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Core Principles of a COP

- A community of practice involves much more than the technical knowledge or skill associated with undertaking some task.
 - Members are involved in a set of relationships over time (Lave and Wenger 1991: 98)
 - Communities develop around things that matter to people (Wenger 1998).

CoPs (Wenger 2002)

- A managerial tool that brings together groups of people who work in parallel to share knowledge and innovate
 - Shared domain of interest
 - A community that pursues shared interest
 - Shared practice & repertoire of resources

CoPs (1991)

- ❑ Theory of situated learning, based on the observation that learning is more than acquiring knowledge and/or a skill
- ❑ Complex relationships
- ❑ Peripheral participation in practice
- ❑ Socialization & identity within a community

Community of Practice (COP): Three Dimensions

1. What it is about?

Joint enterprise

2. How it functions?

Social Identity

3. What capability it has produced?

Shared repertoire

(Wenger, 1998)

CoPs are drivers of...

- knowledge management/enhancement
- a mechanism to share tacit knowledge
- spark innovation
- level learning curve
- create social capital
- add organizational value
- Improve practice-support best practice development

Communities of teaching practice in the workplace: Evaluation of a
faculty development program

MARIE-LOUISE SCHREURS, WILMA HUVENEERS &
DIANA DOLMANS Maastricht University, The Netherlands
Medical Teacher (2015)

The focus of faculty development (FD) has recently shifted from individual and formal learning to formal and informal learning by a team of teachers in the workplace where the teaching is actually effected. This study aimed to evaluate the impact of a faculty development program on teachers' educational workplace environment.

Faculty development: From workshops to communities of practice

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

AMEE GUIDE SUPPLEMENTS

FACULTY DEVELOPMENT: YESTERDAY, TODAY AND TOMORROW: GUIDE SUPPLEMENT

33.1 – VIEWPOINT1

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Group Brainstorming-Questions

COPs

- Benefits

- Pitfalls

- Sustainability

- Assessment

Assessment Challenges for CoPs

- ❑ Need longitudinal follow-up of CoPs
- ❑ Baseline measures and indicators that will facilitate assessment of long-term effects
- ❑ CoPs go through stages of development and progress at different rates-impacts assessment of efforts
- ❑ Realist evaluation is a method that can address the gap in knowledge required to assess CoPs
- ❑ Explore the how, why and when CoPs facilitate improvements in healthcare

Practice Points - Implications

1. Appoint a CoP coach to stimulate reflection and provide feedback.
1. Promote participation in informal and formal educational networking through CoP.
1. Enhance awareness of educational policies.
1. Provide insight in the complexity of the educational organization.
1. Assign challenging educational tasks to apply newly acquired competencies.

Last Thought

- Build on faculty's strengths and enthusiasm, to provide provide inroads into how to be an effective educator in their own context and how to adjust the environment to be more amendable to educational principles

O'Sullivan PS, Irby DM. Reframing research on faculty development. Acad Med.2011;86:421-428.

Last Thoughts...

- ❑ CoPs are complex, multifaceted programs that operate using different models.
- ❑ CoPs are used to influence change in practice, which requires a change in practitioner behavior
- ❑ The social and cultural context within which CoPs operate is likely to influence impact

Ranmuthugala, Gettha, et al. How and Why are communities of practice established in the healthcare sector? A systematic review of the literature. BMCHealth Services research; 2011, 11: 273

Questions to guide future development of CoPs...

- ❑ What is your purpose to establish CoPs in your healthcare environment?
- ❑ What is the composition of your CoPs?
- ❑ How do members of the healthcare environments interact & communicate with each other & exchange knowledge?
- ❑ Does the CoPs improve performance of your healthcare organization?

Organizing graduate medical education programs into communities of practice

“With the integration of two sources of data, our results indicated that a reorganization of GME administrative medical residency communities of practice staff into CoPs resulted in:

- improved perception of group identity,
- availability of resources,
- increased professional development
- improved communication.”

Citation: Med Educ Online 2016, 21: 31864 -
<http://dx.doi.org/10.3402/meo.v21.31864> 5

Assessment of Your CoP

1. How does your Community of Practice help you get things done now, compared to before you were in a Community of Practice?
2. What are the factors that facilitate making things happen in your Community?
3. When things are not moving along as you would like, how do you figure out what to do?
4. What does it feel like to be in a Community now?
5. What does it mean to you to be in a Community?
6. How do you relate to the other administrative staff and get along with one another in your Community?
7. How about relating to those in your department?

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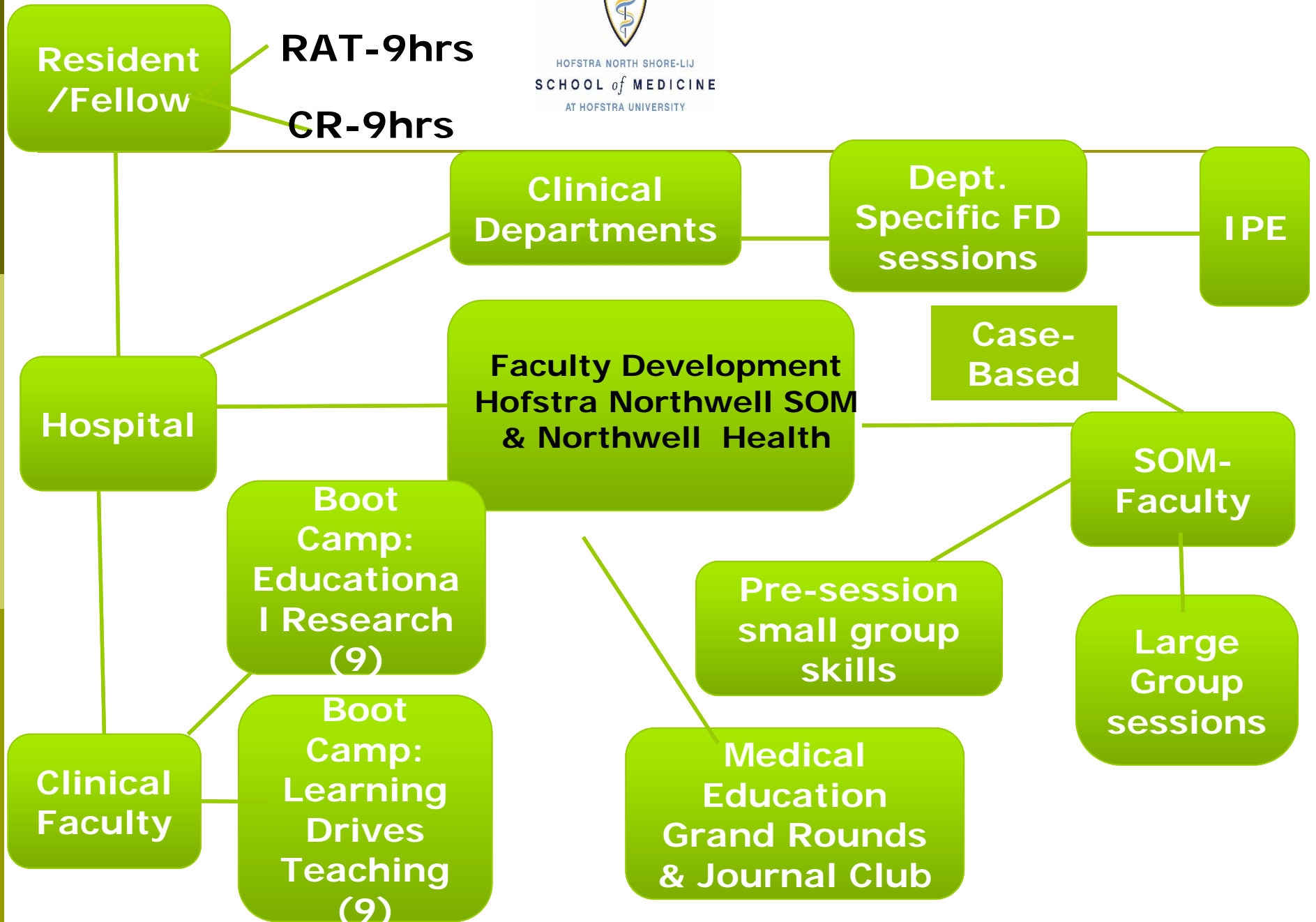
Assessment of Your CoP

8. Describe successes to date.
9. Describe challenges to date.
10. How would you describe your Community to someone who was interested in joining your Community, for example, someone applying for an administrative staff position in your Community?
11. What stories would you tell this applicant about your Community of Practice?
12. What does being in the Community mean for your job growth, or career plans?
13. What else would you like to say about your Community of Practice?

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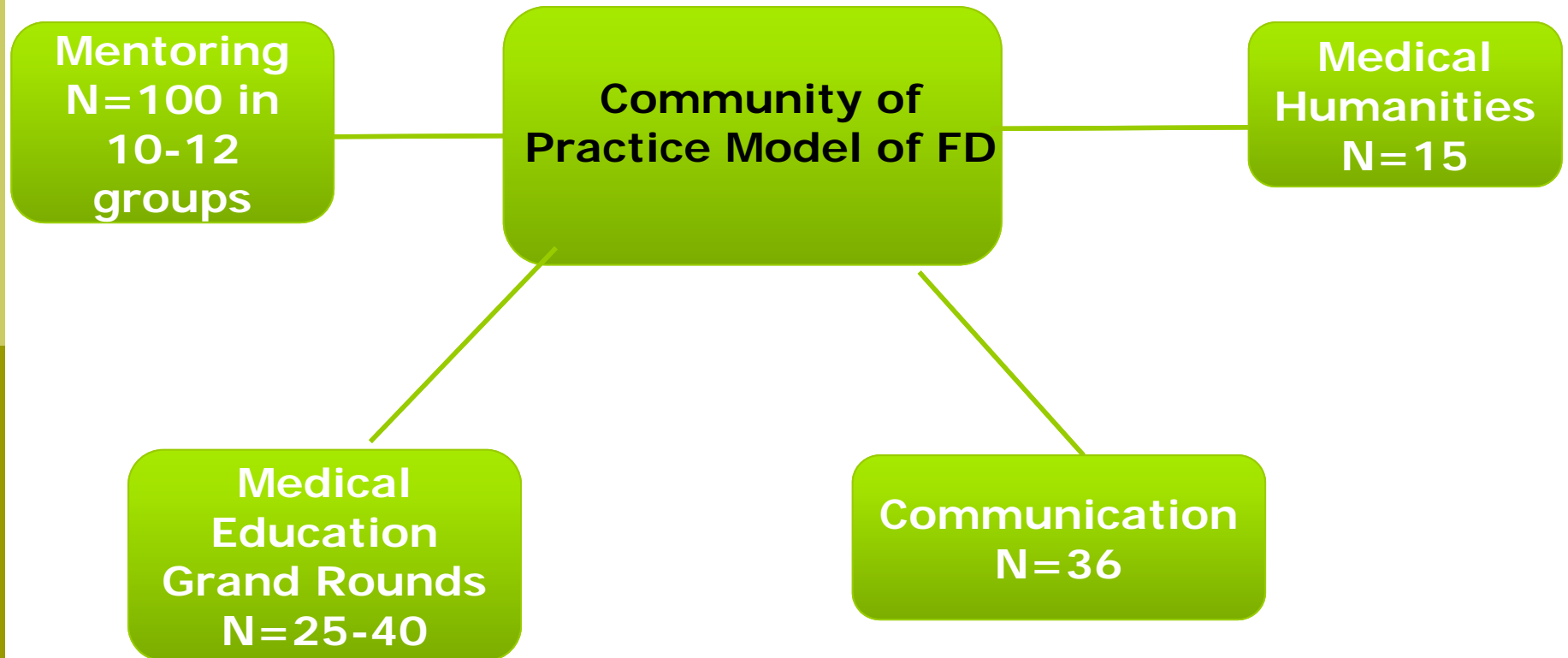


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