

Commentary: Faculty Development: The Road Less Traveled

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Abstract

The 2020 *Vision of Faculty Development Across the Medical Education Continuum* conference, and the resulting articles in this issue, addressed a number of topics related to the future of faculty development. Focusing primarily on the development of faculty members as *teachers*, conference participants debated issues related to core teaching competencies, barriers to effective teaching, competency-based assessment, relationship-centered care, the hidden curriculum that faculty members encounter, instructional technologies, continuing medical education, and research on faculty development.

However, a number of subjects were not addressed. If faculty development is meant to play a leading role in ensuring that academic medicine remains responsive to faculty members and societal needs, additional themes should be considered. Medical educators should broaden the focus of faculty development and target the various roles that clinicians and basic scientists play, including those of *leader* and *scholar*. They must also remember that faculty development can play a critical role in curricular and organizational change and thus enlarge the scope of faculty development by moving beyond formal,

structured activities, incorporating notions of self-directed learning, peer mentoring, and work-based learning. In addition, medical educators should try to situate faculty development in a more global context and collaborate with international colleagues in the transformation of medical education and health care delivery. It has been said that faculty development can play a critical role in promoting culture change at a number of levels. A broader mandate, innovative programming that takes advantage of communities of practice, and new partnerships can help to achieve this objective.

Medical teachers and educators need to be prepared for complex and demanding roles that include teaching, leadership and administration, and scholarship in its broadest meaning.

—Yvonne Steinert, *Understanding Medical Education: Evidence, Theory and Practice*, 2010

The 2020 *Vision of Faculty Development Across the Medical Education Continuum* conference addressed important issues related to the future of faculty development. These included core teaching competencies and barriers to effective teaching, relationship-centered care and the hidden curriculum that faculty members encounter, instructional technologies and biomedical informatics, lessons learned from continuing medical education, and research on faculty development. More specifically, the major focus of this conference was the renewal and development of faculty

members as *teachers*. The goal of this commentary is to highlight several themes that were not addressed at the conference or in a number of the resulting articles in this issue—the need for faculty development to broaden its focus and target the various roles that clinicians and basic scientists play, including that of leader and scholar; the critical role that faculty development can play in curricular and organizational change; the necessity to enlarge the scope of faculty development activities by moving beyond formal, structured activities and incorporating notions of self-directed learning, peer mentoring, and work-based instruction; and the value of situating faculty development in a more global context. Recent studies have suggested that faculty development can play an important role in creating communities of practice and that communities of practice can help to develop faculty members.¹ We must pay careful attention to the context in which medical education takes place and the diverse ways in which we can address the multiple roles that faculty members play.

defined as a planned program designed to prepare institutions and faculty members for their various roles.² As Sheets and Schwenk³ have stated, “the goal of faculty development is to improve faculty members’ knowledge and skills in areas relevant to their faculty position,” which include teaching, research, and administration. If this is the case, why is it that the majority of the Faculty Development articles in this issue focus on the faculty member’s role as teacher? Although faculty development activities tend to focus predominantly on teaching and instructional effectiveness,⁴ there is a critical need for these activities to address medical educators’ other roles, including those of *leader* and *scholar*.

A focus on leadership

Health care delivery, clinical practice, and medical education are all in a state of flux. To deal with the rapid changes and shifting paradigms that are occurring in all three domains, medical educators need to demonstrate diverse leadership and management skills. Moreover, although some faculty development programs have targeted leadership skills for health care professionals, this area of professional development requires greater attention and further growth. By and large, physicians have received excellent training to prepare them for

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Broadening the Focus of Faculty Development

Faculty development, an increasingly important component of medical education since the 1990s, has been

their clinical roles. However, where do they learn about health care systems, organizational behavior, and leading change? Faculty development initiatives should systematically address a wide range of topics, including personal and interpersonal effectiveness, leadership styles and change management, conflict resolution and negotiation, team building and collaboration, and organizational change and development. As Spencer and Jordan⁵ have highlighted, “educational change requires leadership”; we need to equip our colleagues with leadership capabilities that will enable them to implement change at multiple levels.

A focus on scholarship

Faculty members are also expected to promote scholarship, both in their specialty and the broader field of medical education. To what extent are we preparing medical educators to be scholarly? Boyer⁶ identified four categories of scholarship. The first category, the *scholarship of discovery*, which is often synonymous with research in the traditional sense, results in peer-reviewed publications and grants. The second category, the *scholarship of integration*, has been defined as making connections across the disciplines and illuminating data in a revealing way, whereas the third category, the *scholarship of application*, has been likened to “service” in one’s own field of knowledge and the application of theory into practice. In many ways, faculty development in this area is an example of the *scholarship of integration and application*. The final category, the *scholarship of teaching*, involves the capacity to effectively communicate one’s own knowledge, skills, and beliefs. It has also been said that teaching becomes scholarship when it is made public, is available for peer review and critique, and can be reproduced and built on by other scholars.⁷ Although many will agree that the promotion of scholarship—and helping educators to foster scholarly activities among their colleagues—is an important aspect of the professional development of medical educators, it is often neglected in faculty development programs. Moreover, whereas faculty development programs designed to enhance faculty members’ research skills have been described, few have specifically targeted educational scholarship. Such programs could focus on definitions of scholarship, ways of promoting scholarship among colleagues and peers, methods of disseminating scholarly work, and “moving from

innovation to scholarship.” More traditional sessions on research methods, grantsmanship, and writing for publication would also be worthwhile.

Promoting Curricular and Organizational Change

Faculty development can also play an important role in promoting curricular and organizational change. However, this potential function is often forgotten. In this issue, Hatem and colleagues⁸ have suggested that we need to establish an academic culture in medical education that values and rewards those committed to being teachers. Faculty development can promote this culture change by helping to develop institutional policies that support and reward excellence in teaching, encourage a reexamination of criteria for academic promotion, and provide educational resources for junior and senior faculty members.

In our own setting at McGill University, faculty development has played a valuable role in curricular change,⁹ in the recognition of excellence in teaching,¹⁰ and in the overall profile of teaching and learning. Faculty development can also serve as a useful instrument in the promotion of organizational change by helping to build consensus, generate support and enthusiasm, implement a change initiative, and enhance organizational capacities.¹¹ As Swanwick¹² has stated, faculty development should be “an institution-wide pursuit with the intent of professionalizing the educational activities of teachers, enhancing educational infrastructure, and building educational capacity for the future.” It is time for us to maximize the benefits of faculty development in producing organizational change.

Enlarging the Scope of Faculty Development Activities

To date, the faculty development literature primarily describes formal, structured faculty development programs such as workshops and seminars, fellowships and other longitudinal programs (e.g., Teaching Scholars Programs), and degree programs.⁴ The conference was no exception. However, it is time to broaden our perspective and consider informal and individual approaches as key components of professional development.

Figure 1 provides a pictorial description of how faculty development activities can move along two dimensions: from individual (independent) experiences to group (collective) learning and from informal approaches to more formal ones.^{13,14} As can be noted, mentorship has been placed in the center of the figure, as any strategy for self-improvement can benefit from the support and challenge that an effective mentor can provide.¹³ If we consider individual approaches to faculty development, we can see that learning from experience encompasses learning by doing, learning by observing, and learning by reflecting on experience. Learning from peers and students can include peer coaching, peer feedback and evaluation, and a careful appraisal of student evaluations. At a group level, in addition to workshops and seminars, much of our learning occurs in the workplace, often supported by a community of practice. In this issue, O’ Sullivan and Irby¹⁵ consider work-based learning and communities of practice in proposing new ways to investigate the effectiveness of faculty development programs and activities. These notions should also be considered in the design and delivery of faculty development activities, for learning at work is critical in the development of medical educators; we should also strive to render this learning as visible as possible so that it becomes recognized in the trajectory of self-improvement.

Barab and colleagues¹⁶ have defined a community of practice as a “persistent, sustaining, social network of individuals who share and develop an overlapping knowledge base, set of beliefs, values, history and experiences focused on a common practice and/or mutual enterprise.” In multiple ways, faculty development programs can play a pivotal role in developing communities of practice. Belonging to such a community (which in some schools can be likened to an academy of medical educators) can also play a critical role in faculty development, although we do not always make this link explicit.

Situating Faculty Development in a More Global Context

As we are all aware, new challenges in health care delivery and educational practices are occurring throughout the

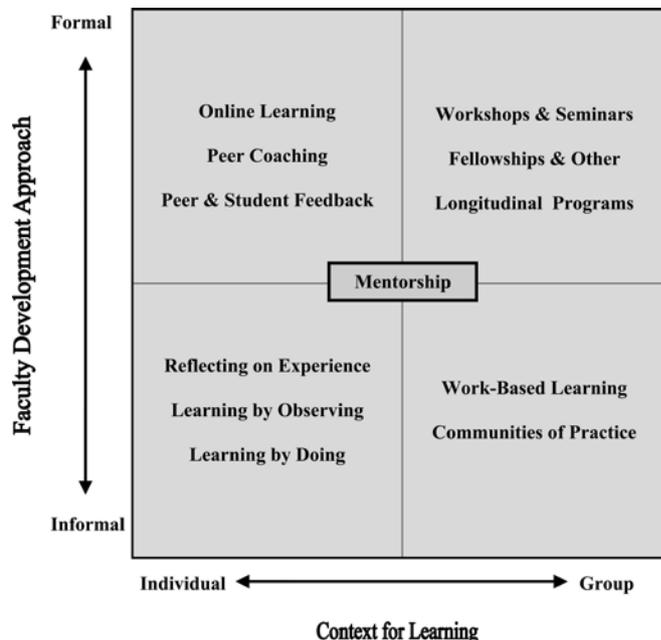


Figure 1 Faculty development—from workshops to communities of practice. A pictorial description of how faculty development activities can move along two dimensions: from individual (independent) experiences to group (collective) learning and from informal approaches to more formal ones. From Steinert Y. *Becoming a Better Teacher: From Intuition to Intent*. In Ende J, ed. *Theory and Practice of Teaching Medicine*. Philadelphia, Pa: American College of Physicians; 2010. Published with permission by the American College of Physicians, © 2010. This figure also appeared in Steinert Y. Faculty development: From workshops to communities of practice. *Med Teach*. 2010;32:425–428.

world. It is therefore imperative to think about faculty development beyond our local contexts. In 1992, Charles Boelen¹⁷ addressed the need for global action in medical education reform and detailed an agenda that included quality medical education, strategies for change management, and the monitoring of progress made. These priorities remain equally important today, and faculty development clearly has a role to play in making these changes happen. As the emphasis on global standards in medical education increases, we must be sensitive to the challenges that medical educators around the world face; we must also be prepared to collaborate and share our expertise, accumulated “know-how,” and resources. Faculty development is very much a “team sport,” and we should consider our international colleagues as our key partners in the transformation of medical education and health care delivery.

The Future of Faculty Development

The “Baylor Conference” (as it is fondly called), and the resulting articles in this issue, highlight a number of recommendations that are critical to the

future of faculty development in the United States. We should try to view these recommendations with a global perspective and find ways to make this discussion more internationally—and cross-culturally—relevant. We should also dare to be different and take “the road less traveled” by broadening the focus of faculty development, remembering the critical role that faculty development can play in curricular and organizational change, and enlarging the scope of faculty development activities. In this era of personalized medicine, the role of faculty members will change significantly. We must ensure that our faculty development programs and activities, while responsive to our colleagues’ needs, are poised to help lead the way.

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