Improving Clinical Teachers’ Access To Faculty Development Education

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Abstract

This is a personal view from a Family Medicine faculty development director on how she became interested in medical education, specifically faculty development, and became a leader in this field. The article describes how she determined that there were issues with accessing professional development events among the department faculty, and her attempt to improve access using innovative strategies and creative faculty development programming. Collaboration with a medical education research colleague to evaluate the resulting faculty development programme is described as key to determining if access to faculty development education is improved, and if the education provided is valuable to the department faculty members.

Keywords: faculty development; medical education; programme innovation

Reaching the Teachers

As I (Dr. Koppula) progressed along my own journey through medical education (medical school and postgraduate training in Family Medicine), I appreciated the knowledge and skills I acquired from teachers who taught me along the way. They always appeared to be skilled, generous, and passionate about training new generations of physicians. As I was learning in these formal settings, I became aware that my teachers engaged in education too, known as faculty development, in order to acquire the skills required to teach undergraduate and postgraduate learners most effectively. This was the first time I heard about faculty development as a concept and wondered how busy physicians such as my preceptors were able to access this kind of medical education.

Because I had developed an interest in medical education during my formal medical training, I decided to pursue graduate studies at the Master's level, focussing on skills required for leadership in academic Family Medicine. My thesis centred on topics related to family physicians providing maternity care. During the data analysis stage, my thesis supervisors encouraged me to consider the teaching perspective as they believed I had collected enough data
to examine this topic in sufficient depth. This was the first time I examined teachers’ perspectives on medical education and found it not only interesting, but a valuable exercise. This work resulted in an insightful publication about family physicians’ experiences teaching maternity care.

In part because of this work examining experiences of teachers, I became a faculty member at the University of Alberta, Department of Family Medicine, as faculty development director, a position supporting the department’s teachers. This was the beginning of my career in faculty development, the concept I had become interested in years prior as a learner, and in which I had deepened my interest during graduate school training.

In my position as faculty development director, I learned that there were many teachers in our department in varied practice settings and locations, and they had many professional interests. To learn more about our teachers and their needs, I coordinated periodic needs assessments with the assistance of medical education researchers (such as Dr. Babenko). An interesting result of these assessments was that our department’s teachers regarded faculty development as important. They made many suggestions for medical education topics that they would have liked to have provided to them. They expressed concern, however, that accessing faculty development workshops was difficult for them. As our teachers are busy individuals with other work and personal commitments, taking personal time during evenings and weekends (when workshops are typically arranged in an effort to avoid teachers’ working hours) to engage in faculty development activities is routinely not possible. Once I learned this, one of the priorities for my work in this role became developing strategies to provide our teachers better access to the faculty development education that they wished to have.

The workshop format that had traditionally been used in our department did not appear to lend itself to our clinical faculty accessing faculty development education very easily. Workshops required travel to a central location at our department office and personal time that our clinical teachers could not afford. In order to increase teachers’ access to faculty development, the two concerns of travel and involvement of personal time needed to be addressed. Relating to travel, my strategy became arranging to meet our teachers at their practice sites to provide faculty development either in-person or via an electronic platform. Relating to teachers’ personal time, my strategy became delivering faculty development during working hours when our clinical teachers were providing care to patients and teaching undergraduate and postgraduate learners in their clinical settings.

Improving access to faculty development using these two changes in strategy has several advantages: primarily it provides the faculty development that clinical teachers want, when and where they want it, making it accessible to them. Our clinical teachers have appreciated that their feedback was listened to and acted upon, thereby enhancing relationships between the central department office and our teaching sites. It also allows for visiting faculty in their practice to experience the teaching and learning environment first-hand, provide peer coaching during clinical teaching, and promote face-to-face conversations about teaching among fellow teachers. Needs assessments could also be planned in conjunction with Dr. Babenko at the site level, as opposed to at the department level, which may be even more insightful. Therefore, by addressing two factors to increase access to faculty development, many other advantages follow.

In order to allow for improved access to faculty development and the associated benefits as described, some additional factors need to be in place at our department to make this strategy operational. First, in order to visit our several teaching sites regularly, there needs to be a group of faculty members who are able to visit teaching sites routinely for faculty development purposes, thereby improving access to fellow teachers providing this service. Once this is available, planning logistics for teaching sites visits and implementing these visits would need to occur. After such a program to improve access to faculty development has been implemented and operational for a period of time, evaluation to determine if improved access to faculty development has indeed been achieved, and to determine
satisfaction of clinical teachers (among other factors) could be undertaken. A colleague like Dr. Babenko who is well-versed in medical education research and evaluation would be helpful in evaluating such a program.

Improving access to faculty development requires a number of factors: leadership, acting upon teachers’ feedback, identification of current barriers, innovative strategizing to overcome those barriers, ability to operationalize the ensuing plans, collaboration among faculty development leaders and medical education researchers, and evaluation of the program for ongoing quality assurance. Although this involves a great deal of effort and coordination, it is well-worth undertaking in order to support clinical teachers and improve their access to faculty development that they value.

**Take Home Messages**

**Notes On Contributors**

Sudha Koppula, MD, MCiSc, CCFP, FCFP, is an associate professor at the Department of Family Medicine, University of Alberta, Edmonton, Canada. Dr. Koppula wrote the manuscript and edited versions of it in consultation with the co-author.

Oksana Babenko, PhD, is an assistant professor and medical education researcher at the Department of Family Medicine, University of Alberta, Edmonton, Canada. Dr. Babenko edited drafts of this manuscript and provided guidance with respect to this submission.

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**Bibliography/References**


**Appendices**

**Declarations**

*The author has declared that there are no conflicts of interest.*

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