Discussing the undiscussed: what ingredients are missing in faculty development programs?

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Abstract

Background: Faculty development programs are essential for the advancement of faculty competence and organizational vitality. This is a multidimensional, daunting task because it involves transforming early career faculty with newer professional competencies such as educators, researchers and leaders. To get accustomed to these newer roles and responsibilities in medical education, faculty development programs must be modified and upgraded over time. However, a number of quintessential themes required for contemporary medical education practices are not routinely being addressed, particularly in medical schools in developing countries.

Methodology: This narrative review explores some practical complications in the existing faculty development programs and describes six areas to consider as the field of faculty development moves forward: incorporation of faculty identity, faculty vitality, barriers to faculty mentoring, breaking down silos, missing the grounds of evaluation, and importance of phronesis (that is, good character and good judgment).

Conclusion: By exploring frequently encountered challenges in designing and implementing faculty development activities, this article asks medical educators to advance faculty development programs beyond formal activities and situate these in a wider context to aid collaboration between colleagues.

Introduction

When compared to teachers of the previous generation, who required only expertise in their own fields, today's teacher requires competencies going beyond disciplinary expertise. Institutes should address gaps in the skills of individual faculty[1] as well as addressing the institutional and personal barriers that may prevent faculty members from being fully engaged in high-quality patient care and teaching. Simply bringing faculty from differing disciplines into the same learning space should not be assumed to result in beneficial faculty development.[2]

Many institutes conduct faculty development programs which focus on the development of teaching skills, curriculum design, and learning assessment. However, there is a need to focus more on systems that influence the role of the faculty and the context in which teaching-learning didactic activities takes place.[3] Yet another problem seen in developing countries is the absence of a substantial number of skilled faculty developers available to cater to a large number of early career faculty members. As participation in faculty development programs is mostly on a voluntary basis rather than based on deficiencies in individual skill sets, this can also result in a case where "those who need faculty development the most attend the least."[4,5]

This article outlines six less well-known factors which may be helpful for faculty developers to facilitate transformational change within institutional settings for successful faculty development.

1. Incorporating faculty identity as a part of faculty development programs

With the increase in learner-centred programs such as peer/near-peer tutoring and self-directed learning, confusion exists in the definition of "faculty" itself.[6] In the past, the term "faculty" was confined to the expert in

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that particular discipline who would impart knowledge to seemingly unaware students. Based on this, the concept of being a "faculty" requires more roles in addition to being a teacher, including role modelling and addressing barriers to teaching and learning that exist at both individual and organizational levels.[7,8] As the field moves towards more inter-professional education, educators need to move beyond traditional job boundaries to collaborate with others. For example, seeking perspectives from various stakeholders is essential to formulate common goals and action plans in integrated curriculum and health care settings.[9] Unless a faculty member develops his/her own professional identity on health care teams, these professional silos cannot be collapsed and can lead to professional disharmony. Unfortunately, the existing developmental programs aim at developing faculty to fulfil individualised clinical or educational needs and seldom focus on individual faculty members' identity formation.

2. Faculty vitality – an unaddressed hot spot

Faculty development programs attempt to move an individual along the continuum from faculty lethargy or enervation to optimal vitality.[10] Faculty vitality is associated with an ability to bring about desired change by convincing others regarding the desired outcomes. For example, an individual who attends a faculty development program may start feeling dissatisfied regarding the existing teaching-learning methodology and may wish to inculcate a change. The most vital faculty member is one who continuously seeks improvements in the organization. Depending upon the ability to convince others and managing the change, he / she might feel energized to work more (if outcomes are positive) or feel burnt out (if outcomes are negative). A study[10] conducted among faculty members of US academic health centres shows that young faculty have reasonably high vitality, but vitality scores quickly dip and reach the lowest point during the years when faculty should be most productive in their careers. Health care professionals also face an enduring battle to function effectively and successfully within an environment of constant and rapid change, which often produces an enormous amount of stress.[11] Rather than using a passive approach, faculty development programs should try to capture the complex interactions between the individuals involved in the learning activities and their work environment.[12]

3. Breaking the silos – what programs don't teach

During development sessions, faculty members often lament the inability to execute innovative ideas in day-to-day practice. This "silo" effect, which often goes unmentioned, accounts for some tension generated between faculty and their supervisors. In any organization, "silence" can be defined as the conscious avoidance of articulating thoughts, ideas or suggestions, which would

improve the activities of the organization.[13] In many situations, fear of unemployment or insecurity towards superiors may be counted among reasons for maintaining silence. But on an individual basis, particularly for those who have innovative ideas to excel, prevailing silence engenders negative consequences such as stress, feeling weak and worthless, lack of motivation, reduced job satisfaction and production and, eventually, leaving the job.[13] For example, an early career faculty member might have ambitions which do not align with the principles of his/her administrator. In that case, the administrator may force him/her to forego the initiatives by 'passive enforcement,' which corrodes the faculty member's vitality in the short and medium term, and the institution's vitality in the long term. Career progress conversations need to be incorporated as a part of faculty development programs to enable early career faculty to develop sustained partnerships with peers of similar interests across disciplines to deploy their skillsets to the maximum.[14]

4. Is faculty mentoring worth its hype?

Despite of the significance placed on faculty mentoring, a survey of junior faculty members revealed that "less than half…felt adequately mentored."[15] This is largely because mentorship programs do not try to address the factors responsible for disengagement, which can lead to cynicism about the mentoring relationship. Dyadic mentoring, where a junior faculty member is paired with a senior faculty member for a stipulated period of time, might not be always effective unless the mentor demonstrates a particular degree of commitment towards mentoring his/her mentee. The mentor should be able to identify and overcome generational barriers that may arise in the course of mentoring. In many instances, a senior faculty mentor belongs to the "baby boomers" generation, who are keen on maintaining a hierarchy and expect loyalty from junior faculty. In contrast, a junior faculty mentee who belongs to "generation X" may not be keen about organizational norms and may wish to navigate the pursuits in his / her own ways.[16] In addition, most faculty mentoring programs address general issues in a superficial manner and leave the rest to the participants themselves.[17] If effective stratification based on broader interest areas such as biomedical research, medical education, community based research etc. are made and effective academies are created, these could serve as "hot-houses" where the cumulative energy could expand rather than being consumed.[18,19]

5. Missing the grounds of evaluation

In faculty development programs, utmost importance is given to the esoteric activity of doing research. Research, in simple terms, can be defined as the quest to create generalizable knowledge or theory which may or may not have a direct impact on practice.[20]

Evaluation, however, intends to measure an outcome pertaining to a specific context and thereby focuses on the improvement of quality of a service or an intervention with a direct impact on practice. The data generated by performing an evaluation might not contribute directly to the scholarship of discovery but has its own value in improving organizational outcomes, which possibly can bring changes in policy or practice.[21] Considering the fact that the ultimate client of a faculty development program is the organization's needs, methodologies should be incorporated to evaluate programs to enhance patient care and collaboration across departmental boundaries.[22] A feasible suggestion is to ask participants to develop an "onion model" delineating fundamental, core issues from peripheral issues that have less influence pertaining to corresponding organizations and then ask them to develop possible solutions. Developers should have a concept that participants have both a desire to change and knowledge regarding the whats and hows of change at the end of the program.[23,24]

6. Phronesis – the road less travelled

Phronesis involves reasoning around the concerned intellectual virtue that enables us to judge what we should do in a given situation. It is a multifaceted concept which involves wisdom, reasoning, and judgement: acting appropriate to the context.[25] Planning a "one-size-fits-all" program is one reason why many mid-career faculty lack motivation to attend such programs. Indeed, a complex adaptive system such as health care should be perceived as "a collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected such that one agent's actions change the context for other agents."[26] Traditional faculty development programs teach faculty about the linear change models, such as implementing a change X results in the effect Y in an existing environment. In reality, such changes are influenced by various factors such as inertia among colleagues/seniors, psychological resistance to change, and inability to arrive at the consensus. All these factors dampen the change process at universities.[27]

From the above, we can contextualize that it is mandatory to develop early career faculty as "pragmatists"

who judge the value of knowledge (coupled with action) by its context-dependent, extrinsic usefulness for addressing practical questions of daily life.[28] As suggested by *Pellegrino ED*,[29] the prudent question which every faculty should harbour is, "What should be done in this particular context?" rather than simply asking, "What can be done?" Considering the global *status quo* of faculty development programs, we can clearly see the magnanimity of the challenge lying in front of us.[30]

An effective solution is to inculcate the practice of reflection in faculty development programs. *Reflective practice*[31] calls for health care practitioners to address the "swampy zones of practice" where "confusing problems which defy technical solutions" often lie. It would be productive if the faculty immersed in the practicum experience were to reflect on the issues they grapple with in day-to-day practice to help reshape them accordingly and come to an understanding of how outcomes have come to pass. Phronesis-based portfolio writing is a feasible methodology to implement such a reflective practice which would in turn help improve the faculty member's ability for self-assessment and critique. Their observations, particularly regarding the values and limitations of the learning environment, might provide inputs to curricular changes and potentially add to existing medical education literature. It should be remembered, however, that reflection portfolios should not become a "laundry list of bureaucratic hurdles" faced by individual faculty members.

Conclusion

Faculty development programs can contribute significantly at both the individual and system levels to influence positive change. To meet the challenges of educating professionals for complex and demanding practices, new approaches to faculty development are essential. Faculty developers should ask themselves, "What competencies should be acquired by a faculty in order to better his/her organizational performances?" before framing objectives of programs. The findings and recommendations presented here are meant to stimulate dialogue and illuminate others to further develop and enhance their own programs (Table 1).

Table 1. Practice points

1. Incorporating faculty identity as a part of faculty development programs.	• Develops his/her own professional identity in health care teams • Perspective taking from various stakeholders is essential to formulate common goals and action plans
2. Faculty vitality –unaddressed hot spot	• Capture the complex interactions between the individuals and their work environment
3. Breaking down silos	• Career progression conversations need to be incorporated
4. Faculty mentoring	• Effective stratification should be made and effective academies are created
5. Evaluation	• To meet organizational needs, methodologies to evaluate programs should be incorporated
6. Phronesis	• Phronesis-based reflective writing would help faculty reflect upon the issues they grapple with in day-to-day practice and reshape faculty outlook accordingly.

Ethical approval
Not applicable.

Competing interests
None.

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