

Faculty Development

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Learning Objectives

- Share about faculty development (FD)
- Review history of FD
- Define FD
- Apply adult learning theory to FD
- Learn about 'FD on the Fly'
- Future ACC resources for FD

Tell me what you do.

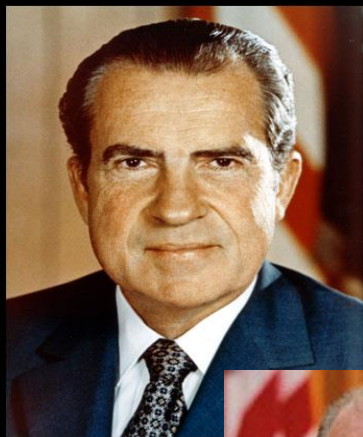
- Who here has organized or led FD?
- What formats have you used?
- Who is your audience?
- What is your aim/topic?
- How do you deem its success?
- Have you ever evaluated it?

A Brief History



Photo sources: www.medicine.ucsf.edu;
www.edci.purdue.edu; www.ucdenver.edu

1970s



FD in the 1970s

- Focus on teaching skills
- Use ***behavioral theories*** to teach
 - Write clear objectives
 - Deliver organized lectures
 - Evaluate learner based on objectives
- Teachers need written feedback to change
- Methods: consultation model and workshops

1980s



Photo sources: www.wikipedia.com

FD in 1980s

- Focus on teacher as facilitator of knowledge
- Use *cognitive theories* to teach
 - Identify learners' preconceptions
 - Provide conceptual scaffold for new knowledge
 - Understand learning
 - Promote active engagement
- Teachers need to assess themselves
- Methods: skills training, seminars with video review

1990s



FD in 1990s

- Focus on expanding roles of teachers
- Use social learning theories
 - Promote life-long and independent learning
 - Encourage collaborative learning
- Teachers need scholarly community and data
- Methods: peer coaching, fellowships, formal medical education

2000s to present

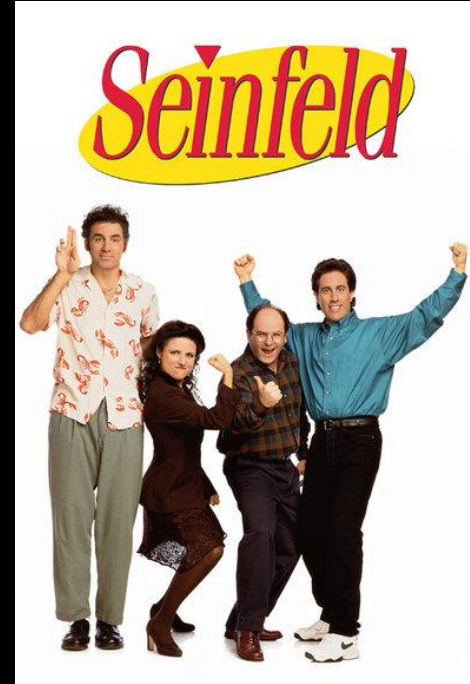


Photo sources: www.wikipedia.com,
www.sonypictures.com

FD in 2000s to present

- Focus on patient outcomes
- Use technology and scholarship
 - Teach learner self-assessment
 - Develop cultural competence
 - Tailor FD to individuals, disciplines, institutions
- Teachers need not be medical faculty
- Methods: medical education research skills, teaching portfolios

So...

What is faculty development?

21st century Definition of FD

“The personal and professional development of teachers, clinicians, researchers and administrators to meet the goals, vision and mission of the institution in terms of its social and moral responsibility to the communities it serves.”

Current State of FD

- Systematic Review, *Academic Med*, 2013 by Leslie et al
- 21 programs; intended for individuals (19) rather than teams (2)
- Most common format: series of workshops
- Most common aim: improve teaching effectiveness (15); scholarship (8)
- Evaluation was mostly quantitative (12) with surveys as most popular method of collection (18)

What are your barriers?



Photo source:
www.theartorder.com

Common FD Barriers

Time

Money

Location

Scheduling

Evaluation difficulty

Faculty (???)

Adult learners are:

- Independent and self-directed
- Experienced
- Interested in immediate, problem centered approaches rather than subject centered ones
- Busy – they value learning that integrates with daily life demands

“Faculty Development on the Fly”

- Similar to ‘teaching on the fly’ or ‘point of care teaching’
- Learner is your colleague, RN, fellow, boss (!)
- Learning is:
 - *Relevant*
 - *Learner centered*
 - *Time sensitive*

Case 1

You're in your office, working on WebADs and documentation of your CCC, when your colleague knocks on your door and says,
"Have a minute?"

You stop and say "Of course."

"I'm on service and have this new first year fellow, XXa. Have you heard anything about her? She has an attitude with me. Keeps challenging me on management decisions. She's just not all that friendly."

One Minute Preceptor

1. Get commitment for what the learner (*faculty member*) thinks is going on with the patient (*fellow*)
2. Probe for underlying reasoning
3. Teach a general principle
4. Provide positive feedback to learner
5. Make suggestions for improvement

FD on the Fly with One Minute Preceptor

1. So you think she has a bad attitude and is challenging authority? Anything else?
2. Why do you think that is?
3. Give feedback to her. *Practice with me.*
4. Thank you for coming to discuss with me.
5. My door is always open; helpful if you approach her first.

Case 2

You are running the Clinical Competency Committee this quarter. This time, all first year fellows are reviewed. One of the female fellows, XXb, is up for discussion. She is meeting all of her milestones (actually above most) after reviewing her evaluations. You open the floor for discussion about concerns, comments or interactions not included on evaluations.

One of your colleagues comments on a “habit” that he’s noticed XXb does. Before asking a question, she makes self-deprecating statement, such as “I should probably know this” or “This is a stupid question.”

You agree this is a problem and discuss as a group.

Team FD with One Minute Preceptor

1. Get commitment from group about problem
2. Probe for underlying reasoning
3. Teach a general principle
4. Provide positive feedback to the group
5. Make suggestions for improvement

Case 3

You are the APD and have received multiple complaints about two of your new first year fellows.

You and the PD decide to discuss this with the two fellows together.

You will lead the first discussion with XYa.
He will lead the discussion with XYb.

Activated Demonstration

(Active Modelling)

1. Assess learner's knowledge
2. Set learning goal
3. Guidance for learner participation during interaction
4. Demonstrate skill
5. Discuss learning points
6. Set an agenda for future learning opportunities

FD with Activated Demonstration

1. What do you know about giving negative feedback?
2. What does faculty member want to learn?
3. Does he want to participate? How?
4. Demonstrate.
5. Discuss his observations of interaction.
6. Set goals for him in next session with XYb.

“I’m too busy. I just can’t do any Faculty Development right now.”



ACC.org to the Rescue!

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The screenshot shows the top portion of the ACC.org website. On the left is the American College of Cardiology logo, a circular emblem with a figure holding a staff. To its right, the text reads "AMERICAN COLLEGE of CARDIOLOGY" in a serif font, with "University of Pittsburgh Institutional Access" below it. Further right is the "CardioSource Plus for Institutions" logo. On the far right of the header are navigation links: "Guidelines", "JACC Journals", "Membership", and "About ACC". Below these is a search bar with a dropdown menu set to "All Types" and a magnifying glass icon. A link for "Create an Account or" is positioned to the right of the search bar. A dark blue navigation bar contains a home icon, "Clinical Topics", "Latest In Cardiology", "Education and Meetings", "Tools and Practice Support", and a "Log in to MyACC" button with a user icon. Below the navigation bar is a promotional banner for "ACC.15 TCT@ACC-i2" held in San Diego, California, from March 14-16, 2015. The banner features an image of a person pointing at a screen. To the right of the banner is a "Guidelines" section with the text "Access the ACC's trusted knowledge base of Guidelines and Clinical Documents." and a "Go to Guidelines" button. Below this is a "Featured JACC Article" section.

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Guidelines

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[Go to Guidelines](#)

Featured JACC Article

ACC 2 Minute Vignettes

- Ensuring Practitioner Competence
- Novel Med Ed Methods
- Using Technology to Support Med Ed
- Changing the Training Paradigm
- Tips on Audience Engagement
- Backwards Planning – Starting with the End in Mind
- Mentor Relationships
- Delivering Effective Feedback
- Delivering Effective Education
- Educating the Multi-disciplinary Team

Current and Future Activities

- Emerging Faculty Modules
 - BARISTA: 7 Steps to a More Powerful Presentation
 - Engaging Your Audience
 - Humor Your Audience
 - Maximizing the Power of PowerPoint
- Expert Analysis Modules
 - Point of Care Teaching
 - Teaching to the Competencies
 - Developing an Effective Curriculum

Conclusions

- FD is an evolving concept with a rich history.
- Current definitions encourage us to broaden our focus and scope and challenge us to measure and evaluate FD.
- Apply adult learning principles to FD and try “FD on the Fly”
- The ACC is here to help. Use our resources!

References

- Mclean M, Cilliers F, Van Wyk J. Faculty Development: yesterday, today and tomorrow. *Medical Teacher*; 2008, 30:555-584.
- Wilkerson L, Irby D. Strategies for improving teaching practices: a comprehensive approach to faculty development. *Academic Medicine*; 1998, 73:387-396.
- Leslie K, Baker L, Egan-Lee E, Esdaile M, Reeves S. Advancing Faculty Development in Medical Education: A Systematic Review. *Acad Med*; 2013, 88:1038-45.
- Kaufman, DM. Applying Educational Theory in Practice. *BMJ*; 2003, 326:213-6.

Thank you!



2014 Activities

2-Minute Vignettes:

- Ensuring Practitioner Competence
- Novel Medical Education Methods
- Using Technology to Support Medical Education
- Changing the Training Paradigm
- Tips on Audience Engagement
- Educating the Multi-Disciplinary Team
- Delivering Effective Education
- Backwards Planning – Starting With the End in Mind
- Mentor Relationships
- Delivering Effective Feedback



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2014 Activities

Emerging Faculty Flipped Classroom Modules:

- BARISTA – 7 Steps to a More Powerful Presentation
- Engaging Your Audience
- Humor Your Audience
- Maximizing the Power of PowerPoint

ACC.15 Faculty Development Video



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In Production

Expert Analysis Modules:

- Point of Care Teaching
- Teaching to the Competencies
- Developing an Effective Curriculum



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2015 Plans

Education Business Plan 2014 – 2018:

1. Faculty Database
2. Clinician Educator Professional Development

Education Design 2015 Goals:

1. Establish an online home for clinician educator resources
2. Deploy resources across the college
 - Orient members and staff to available faculty development resources
3. Launch faculty database – first steps
4. Determine plan for faculty database use and communicate options to take advantage of available information

