Faculty Development

Katie Berlacher, MD MS FACC
Heart Vascular Institute
University of Pittsburgh Medical Center
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
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

Photo sources: www.wikipedia.com
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.”

Mclean M et al. Medical Teacher; 2008.
Current State of FD

- 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.
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!

Mentoring, Networking, Education home, Web Modules, Videos, and More!!
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


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
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
In Production

Expert Analysis Modules:

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