Faculty Development

Bringing everyone to the table

APPD Fall Meeting 2015, Atlanta

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- Yes…..this too…..is (in part) your responsibility

- Effective FD is a win / win for the faculty and residents – it role models continuous professional quality improvement for trainees

- Don't overlook this, especially if nobody else is "in charge" of FD in your department

ACGME Pediatric Program Requirements:

"Program leadership and core faculty members must participate in faculty or leadership development programs relevant to their roles in the program." "They should participate at least annually."

"All faculty members involved in the education of residents should participate in programs to enhance the effectiveness of their skills as educators, based on their roles in the program."

ACGME Common Program Requirements:

"The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: Resident Performance, **Faculty Development**, Graduate Performance, and Program Quality"

Needs Assessment

- Who needs what, when, and from whom?
- Get the "what" information from:
  - Individual faculty members
  - Leadership
    - Section Chiefs, Chair, Fellowship Directors, Rotation Directors, DIO
  - Trainees - students, residents, fellows
  - CCC & PEC advisements
  - 360 (patient satisfaction rankings, nursing, mid-level and staff evals)

Where to look for FD "needs":

- ACGME requirements
- Citations / areas for concern
- Surveys: local program evaluations – resident and faculty, graduate survey, ACGME resident and faculty
- Evaluations (faculty and rotations)
- New topics on the horizon (there's always something in GME)
- Ask! Faculty meetings, rotation director meetings, section meetings, your Chair, your DIO, your residents
- Program Improvement Plan (PIP) should serve as roadmap for faculty development offerings

Here's the "What"
(general topics for faculty development)

- Personal / Individual
- Leadership / Administrative
- Education / Teaching
- Research / Scholarly Activity
- Service / Clinical Care
- GME specific roles

Personal / Individual

- Wellness
- Work-life balance
- Organizational skills
- Time management
- Promotion / Tenure
- Mentoring
- Professionalism
- Media training
- Cultural Sensitivity
- Delivering effective presentations

Leadership / Administrative

- Effecting change
- Leadership style
- Personality styles
- Conflict negotiation
- Staff / faculty evaluation
- Running meetings
- Hospital governance

Education / Teaching

- Delivering and receiving feedback
- Curriculum development and evaluation
- Family centered rounds / bedside teaching
- Learner Assessment
- Direct observation
- Simulation
- Team based learning
- Adult learning principles
- Generational differences
- Creating (and maintaining) a positive learning environment
- Teaching with technology

Research / Scholarly Activity

- Grant and manuscript writing
- Grant and manuscript review
- Research methodology
- Literature search and review
- Qualitative / Quantitative Data analysis
- Patent process
- NIH review process
- Biomedical ethics / IRB

Service / Clinical Care

- Patient Safety
- Quality Improvement
- Cost-Effective healthcare
- Future of healthcare
- Develop your clinical niche
- Patient / community advocacy
- Legislative advocacy
- ICD-10
- Care of underserved / marginalized populations (local and international)
- Access to care
- Effective consultation (asking for and providing)

GME specific roles (DIO/PD/APD/FD/CCC members)

- legal issues & remediation
- GME financing
- Visa sponsorship
- ACGME surveys
- resident evaluation and advancement
- CCC/PEC
- Program Evaluation APE/ PIPs
- Milestones / EPAs
- Leading your administrative team (PCs, APDs)

Formats (offer multiple)

- Web-based / online
- Distance learning
- In person
  - Grand Rounds (consider Education specific)
  - New faculty / PD orientation
  - Professional Development lunch series
  - Incorporate piece of FD into existing rotation director, faculty, CCC and PEC meetings. These can be short!
  - Workshops / mini-courses
  - Leadership programs (local or national)
  - Evening/ morning (& ideally, dinner/breakfast) sessions

Formats and Advertising of Offerings

- Offer a veritable cornucopia of FD – multiple formats, topics, times, lengths of training

- Make the list of offerings accessible in real time (department server / intranet / weekly emails, etc.). Post around clinical and break areas

- Many faculty cite not enough advanced notice as barrier to participation

Make FD fun…one example

- Use creative ways to deliver "dry" topics
- Role play, case-based, pair-share – make as **interactive** and **individualized** as possible
- Chicken Dance Milestones/ Feedback example:
  - Did for mentor / resident noon conference
  - Objectives: Milestones and Feedback
  - Got in small groups - faculty had to perform chicken dance for residents
  - Residents then assessed Milestone level and provided face-to-face feedback on initial performance based on "Effective feedback" handout. Faculty allowed to review their Milestone level and offered specific feedback on how to get to next level
  - Faculty re-performed based on feedback

  Silly, but bonding and well-reviewed for both understanding of the Milestones and providing effective feedback

Chicken Dance Milestones

Learner is unaware of what the chicken dance is and requires direction or possibly a demonstration before attempting. Learner either refuses to attempt, or when attempt is made, the performance in no way resembles the chicken dance. Attempt evokes emotion(s) of mirth, pity, and/or embarrassment for the performer and/ or witnesses.	Performance is beginning to be recognizable as the chicken dance, but may still be mistaken for tonic clonic seizure or the Elaine Dance (Seinfeld). Learner is able to initiate the chicken dance by bending their arms at the elbow but hands may not form chicken beak appropriately and likely do not open and close. Learner may not be able to remember to include all maneuvers for the chicken dance and is not able to perform them in the appropriate order and cannot perform any of the maneuvers in time with the music.	Performance is improving, learner is able to appropriately initiate chicken dance with elbows bent and hands in beaked position. They may or may not open and close in the appropriate rhythm. The learner is able to perform all maneuvers in the chicken dance (next, bending arms at the elbow, tucking thumbs into axilla and flapping arms, shaking hips side to side while bending knees and sticking bottom out backwards followed by 4 hand claps) but may perform them out of order and still has not mastered the maneuvers in time to the music.	Performance is clearly recognizable as the chicken dance with learner confidently initiating the chicken dance with elbows bent and hands in beaked position. Hands clearly open and close in time with the music. Remaining maneuvers are all performed in the appropriate order (next, bending arms at the elbow, tucking thumbs into axilla and flapping arms, shaking hips side to side while bending knees and sticking bottom out backwards followed by 4 hand claps). Learner is able to string all maneuvers together in time to the music initially though struggles to keep time as the song progresses.	Chicken dance is confidently and masterfully performed as detailed in level 4. All maneuvers flow seamlessly one into the next and are performed in time to the music throughout the song. If no music is available, learner is able to sing or hum the tune and in undeterred. Learner is clearly leading the dance now and obviously enjoying him or herself. Learner's performance causes others to want to join the learner on the dance floor.

Novice →→→→→→ Master

Barriers

- All will cite "time and dime" - because it's true
- Free and on-demand FD would theoretically work best, but its hard to get them to do with without incentive
- Getting the faculty who need it the most to actually do it – often FD workshops are full of "the choir"

Getting buy-in for FD from leadership:

– Absence of Faculty Development programs is predictor of serious intent to leave academia

– Effective faculty development programs can lead to:

- Better faculty retention
- Improved reputation
- Enhanced clinical care
- Improvement in training program outcomes

Lowenstein, et.al. *BMC Medical Education,* 2007, 7:37.

Incentives

- EVUs
- Public Recognition at end of year banquet, grand rounds, etc.
- Increased likelihood of promotion
- Improved evaluations
- "FD Star" rating you report to section chief / department chair
- Encourage section chiefs / chairs to include participation in FD as part of faculty member's annual evaluation; I provide FD annual list when I provide the annual faculty evals to Section Chiefs and the Chair

Know and use your resources – Don't re-invent the wheel!

- Director of Faculty Development
  - If you don't have one, talk to your chair and see if an interested faculty member could serve in the role. Some may be willing to do it for title alone
- Vice-Chair of Education
- Office of Medical Education (UME / GME)
- National Societies
- Look outside your department for non-peds specific FD topics. You may have experts on campus and not even know it.

Find (or develop) your local experts!

- In process of developing faculty, develop them as trainers, too
- Give faculty potential list of FD topics – see what they are most interested in facilitating
- Mentor them through the process of presenting either at a noon conference or co-facilitating a workshop

As you develop FD programs, don't' forget (or ignore) evaluation. Report out to the rest of us!

- Level 1: reaction (satisfaction, participant perceived usefulness)
- Level 2a: attitudes / perceptions (motivation, enthusiasm, self-confidence)
- Level 2b: knowledge and skills (self-reported or observed by others)
- Level 3: behavior (delivery of workshops, educational practices, teaching skills)
- Level 4a: organizational practice (development of new programs or curricula, retention of faculty or new hires)
- Level 4b: student / trainee benefit
- Level 4c: Patient Benefit

K Leslie, et.al. Advancing Faculty Development in Medical Education: A Systematic Review. *Academic Medicine*, Vol. 88, No. 7 / July 2013

APPD LEAD

https://www.appd.org/ed_res/LEAD.cfm

APPD LEAD is a nationally recognized program that provides a unique opportunity for pediatric academic leaders in medical education to engage and learn from seasoned program directors, pediatric educators, and other national leaders in pediatrics. The LEAD curriculum focuses on organizational leadership, competency-based curriculum development, faculty development, residency and fellowship program administration, scholarship and career development. The curriculum is paced over three educational conferences, with additional group activities, readings and project work expected between conferences.

APA Educational Scholar's Program

http://www.academicpeds.org/education/education_scholars_program.cfm

This program is offered to members of the Academic Pediatric Association who wish to earn a Certificate of Excellence in Educational Scholarship. The curriculum includes didactic sessions, self-directed learning activities, development of an educator portfolio, and a mentored project. Scholars are expected to complete the full curriculum, including projects, over 3-4 years.

AAMC

http://www.amspdc.org/mentoring/pldp/assets/AAMCleadershipprograms.pdf

Lists multiple leadership programs offered through the AAMC – including women and minority programs

Continuing Educational topics on MedEdPORTAL

https://www.mededportal.org/continuingeducation/

Some of these have a cost, but many are free and directly related to faculty professional development

User friendly browse feature by topic. Suggest previewing to make sure content aligns with your mission / objectives. Could offer individually or view one and then have interactive discussion to tailor to your group's needs. Receive category 1 credit (always a bonus). Some examples: "Physician Leadership During Challenging Times"; "Health and Healthcare for the LGBT Community"

Faculty Development resources on Quality and Safety through AAMC

https://www.aamc.org/initiatives/cei/te4q/267686/general.html

Association of Medical School Pediatric Department Chairs

http://www.amspdc.org/mentoring/pldp/index.cfm

Yearlong fellowship, aiming to help develop the next generation of pediatric chairs in North America

External Faculty Development Programs

American Medical Association (AMA) was founded in 1847 to raise the standard of medical education in the United States, to advance the science of medicine, and to improve public health, and the organization continues to center on these founding principles today. The organization consists of various member groups and sections (e.g., Group Practice Physicians; Women Physicians Congress; Young Physicians Section). Members have access to various products, programs, and services, including a wide range of continuing medical education activities to foster lifelong learning. Its 12 journal publications include the Journal of the American Medical Association (JAMA) and the Archives of Internal Medicine. See http://www.ama-assn.org for more information.

Council on Medical Student Education in Pediatrics (COMSEP) promotes excellence in undergraduate medical education in pediatrics, fostering the creation, distribution, and assessment of curricular materials and educational resources and advocates for research in pediatric medial education. See http://www.comsep.org

Harvard Macy Institute:
The Institute offers three different continuing health care education programs for faculty educators in the health professions.
Program for Educators in Health Professions each year provides a select group of 60-plus physicians, basic scientists, and other healthcare professionals an opportunity to enhance their skills as educators over two sessions at Harvard - 11 days in winter and 6 days in spring. The program focuses on five major areas - learning and teaching; curriculum, evaluation, leadership, and information technology - using such learning formats as large-group presentations, problem-based learning, observation, interactive exercises, reflective journals, and large and small group discussion. Participants' enhanced skills in these educational domains will help them both conduct their own individually designed educational project, as well as to become educational leaders at their own institutions.

A Systems Approach to Assessment in Health Science Education program focuses on teaching participants various areas of academic assessment (e.g., evaluating the learning and acquisition of competencies; teaching; education scholarship, and program efficacy) so that they can develop and lead effective and comprehensive evaluation efforts at their home institutions. During the program, participants will be involved in such curricular venues as large-group case discussions, small-group literature analysis, collaborative work groups, and expert panel discussion, as well as the chance to have an individual consultation with an assessment expert.

Leading Innovations in Health Care and Education is designed to help leaders with major responsibilities for healthcare education and delivery across various disciplines develop their own strategies for leading and handling organizational change to help their home institutions fulfill its educational mission. Participants analyze management and case studies in order to learn, for example, how to evaluate an institution's structure, processes, culture, and readiness for change; identify leadership styles for fostering educational innovation; negotiate and build coalitions; obtain and distribute resources; and manage conflict and resistance to change. Other teaching formats include interactive presentations, panel discussions, and an informal exchange of insights and experiences among diverse participants and faculty.

For more information on any of these programs, visit http://www.harvardmacy.org/

External Faculty Development Programs

(source: http://weill.cornell.edu/education/curriculum/fac_ex_dev.html)

American Academy of Pediatrics (AAP):

Members have access to several of the organization's 53 pediatric specialty/special interest Sections and Councils - or 66 regionally-based Chapters. Professional development opportunities include PediaLink, an online tool designed to help members direct and manage their continuing professional development. Visit the organization's web site at http://www.aap.org

The Generalists in Medical Education are basic scientists, clinicians, and other educators interested in medical education who teach, conduct research, and provide support services in all areas of pre-doctoral, post-doctoral and continuing medical education. The annual 1-1/2-day conference is held in conjunction with the opening of the AAMC annual meeting and at a nearby location, as well. During the annual meeting, members exchange ideas and information to enhance their professional growth and have opportunities to learn about the latest initiatives and innovations in medical education and to explore solutions to educational problems. No membership dues are required. Registering for the annual conference automatically leads to membership in the organization, as well as a subscription to *Teaching and Learning in Medicine*.

For more information, visit http://www.thegeneralists.org

Stanford Faculty Development Center: Clinical Teaching Program

Using a train-the-trainer approach, Stanford University offers an intensive one-month facilitator-training course in clinical teaching for selected individual faculty. This course, held on the Stanford campus, includes didactic sessions, readings, group discussion, role playing exercises, videotape review of practice teaching, guest lectures, and home-site program implementation sessions. Participants are given numerous opportunities to practice their teaching.

- The Clinical Teaching curriculum covers seven educational categories:
- Learning Climate
- Control of Session
- Communication of Goals
- Promotion of Understanding & Retention
- Evaluation
- Feedback
- Promotion of Self-Directed Learning

When faculty return to their home institutions, they are expected to deliver a series of seven 2-hour seminars to their colleagues and to residents covering the curriculum noted above. For more information on the Stanford Program, visit http://www.stanford.edu/group/SFDP/

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