

Editorial:

Faculty Development in Medical Education: What, Why and How.

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Faculty Development in Medical Education: WHAT

What, Why, How.

Introduction

Higher education has a great role in the continued development of a community. Teachers form the bulk of the human resource by virtue of their training, education and other activities like acquisition of knowledge through participation in workshops, seminars, paper presentations at conferences, research and community services. In essence, the teaching profession can be considered to be the mother of all professions¹. Most universities have missions to accomplish and faculty members are essential resources^{2,3}. In medical school, faculty members facilitate the teaching and learning process, clinical and health services, research and scholarly activities to fulfill the mission and vision of the medical school or institution. The various roles of the faculty member have to be acknowledged in order to develop the faculty^{3,4}. Faculty development also includes proper selection, evaluation and management of the faculty². In higher education, faculty development is very important to enable the faculty to accomplish their roles and responsibilities².

Medical education has evolved from a teacher-centric approach to a student-centric approach, creating new demands and responsibilities on the part of faculty members⁵. The newer transformations involve integrated teaching, problem-based learning, community-based learning⁶, and simulation-based learning⁷. Also, the assessment methodology has transformed into multiple choice questions (MCQ), Modified essay questions (MEQ), Short answer questions (SAQ), Objective structured practical examination (OSPE), Objective structured Clinical examination (OSCE). Besides use of Log books, mini clinical evaluation exercises (miniCEX), mimicking real life scenarios, directly observed procedural skills (DOPS), portfolio assessment, and self-assessment have also been introduced as part of assessment process^{6,8}. In the current transformed medical education system, many roles and responsibilities are played by the medical faculty. Harden & Crosby (2000)⁶ has recommended twelve roles of medical teachers, grouped in six areas as showed in Table-1.

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Table-1. The twelve roles of the medical teacher grouped under six areas

No.	Role of Medical Teacher
1	Information provider in the lecture and clinical context
2	Role model on-the-job and in formal teaching setting
3	Facilitator as mentor and learning facilitator
4	Student assessment and curriculum evaluator
5	Curriculum and course planner
6	Resource material creator and study guide producer

Faculty development is defined as “a planned program, or set of programs, designed to prepare institutions and faculty members for their various roles, to improve individual instructors’ knowledge and skills in the areas of teaching, research, service and administration”⁹. It includes the actions taken to improve the knowledge and skills such as teaching skills, research skills, administrative skills etc., in medical education which are vital to carry out the performance of a faculty member in an academic institution^{10,11}. To meet the need of the student, faculty, and institution, faculty development programs are essential to modify the attitudes, skills, and behavior of faculty members and thereby to increase their competence³. A well-organized faculty development program should be able to enhance faculties’ skills in all the five desired domains, i.e., teaching, assessment, curriculum support, organizational leadership and mentoring¹².

WHY

Formerly, faculty development programs were designed to improve the teaching roles only. But in present times, due to expanding faculty roles, the range of faculty development activities also changed, aiming to assist faculty with their scholarship, leadership, and career development needs, in addition to their teaching skills¹². It plays an important role in organizational and curricular change, in promoting teaching as a scholarly activity and in constructing an educational environment that encourages and rewards educational leadership, innovation and excellence¹³. The faculty development strengthens their role in higher education and positively affects the institution¹⁴.

The many roles played by the faculty leads to stress unless they possess or are provided by the resources and strategies to relieve the stress¹⁵. This was highlighted in a study which showed that stress and conflicts arise from heavy workload, conflicting demands from colleagues and superiors, incompatible demands from different personal and organizational roles, insufficient resource materials to optimize performance, inadequate competency, inadequate autonomy for decision making, or a feeling of underutilization¹⁵. With regard to physicians, clinical competency was equated with professional competency¹⁶. However good communication skill was noted to be a measure of good clinical practice and hence was incorporated in the curriculum of medical schools globally¹⁷. As a result of the transformation leading to different roles and responsibilities to the faculty and the stress following it, many medical schools felt the need for faculty development programs^{3,12}. Lack of objectivity, overloaded content, improper organization of curricular content resulting in improper content delivery, inappropriate assessment procedures, insufficient orientation of new recruits, and teacher-centered mindset with autocratic faculty leaderships are major issues in medical education that affects the quality of a curriculum and consequently the quality of an institution.^{18,19,20}. There should be seamless integration between planned curriculum, taught curriculum, and learned curriculum. This is highly dependent on appropriate faculty development^{19,21}. A well developed program can improve the quality of faculty, resulting in improved quality of curriculum and the higher education institution²².

Lack of funding and limited budget resources is one of the major challenges²². Improper time management caused by heavy workload and other commitments also present a challenge^{22,23}. Other factors preventing faculty from participating in faculty development programs can be lack of motivation, lack of financial reward and recognition of teaching excellence and high volume of workload²³. Generation gap, resistance to newer concepts, work or institutional culture are also identifiable challenges²². Traditionally medical teachers are assumed to be teachers by virtue of content knowledge, or prior experience rather than having formal training²¹. These concerns have to be overcome by good institutional leadership, resource provision,

recognition for research and teaching excellence²⁴. Efficiency of faculty development program can also be improved by assessment of specific need, knowledge and priorities of teaching staff²⁵. Studies have shown that in spite of regular faculty development programs, some concerns remain as to standards of the programs. This needs to be addressed by the leaders of the respective educational organizations²⁶.

HOW

The faculty development model identifies programs that fulfill faculties' needs, and academic and institutional demands²². Wilkerson and Irby²⁷ suggest that the faculty development program is based on (i) faculty members' professional development, (ii) instructional development, (iii) leadership development and (iv) organizational development. A good leader must plan well-designed curricula and academic programs and advance medical education. Organizational development with appropriate policies and procedures supports and rewards the faculty, so that faculty members exhibit their roles as educators²⁷. Ambarsarie et al.²² have developed a faculty development model consisting of: content, process and system. The content component includes materials needed to be delivered, such as instructional development, professional development, leadership skills, soft skills, and spiritual development. The process component includes the aspects required for implementing the faculty development program, from needs analysis, preparation, and execution to the evaluation at the end of the program. The system component includes the aspect of the educational system that affects the faculty development program, which are leadership, institutional policy and the availability of experts²². Input, process and output are the system approach in education, where identification of objectives and selection of contents based on objectives considered -as input; choosing appropriate methods of content delivery -as process; and deciding relevant assessment -as to measure output, are very important which should interrelate or align with each other¹⁹. The value of a good teacher is to know how to do academic planning or scheduling and following it, what to include and what not to include in the syllabus, where to begin and leave out, and by what stages to lead a student to mastery of the subject²⁸.

A global shortage of qualified medical teacher has been reported^{29,30}. Moreover, ongoing challenges

has been observed on cultural diversity issue causing ethnical minority to feel discrimination having negative experience and negative impact on educational environment³¹. Teaching and evaluation by intimidation hinders to frame own professional identities and prevent future ethical leadership development. Emphasis has been given to culturally competent faculty to educate culturally competent physicians who can work with diverse group of patient population and communities³². A good knowledge of cultural background and a good role modelling in faculty members affect students' insight³³. Hence, understanding of educational environment is very important, and educators must strive to maintain a multicultural environment in instructional methodologies to lead and promote a sustainable organisational development³⁴.

Leadership role of the managers has a great role on the organization and its success through staff motivation, execution of the strategies to achieve the goal and objectives³⁵. Good leadership prioritizes the faculty development program through their understanding and commitment to faculty development. Institutional policies determine the programs' necessity and finally, the availability of experts make it feasible to implement a faculty development program²².

With the need of medical faculties to be socially accountable, there is growing pressure for teaching excellence and professionalization of teaching practices²⁴. To be talented teachers, mentors, educators, researchers and leaders, medical education requires faculty development, which is not an easy task. It needs supportive institutional leadership, appropriate resource allocation and recognition for teaching and research excellence²⁴. Workable faculty development requires a medical education department operated by respected faculty developers who are academic role models. Faculty development should be methodical involving planning, implementation and evaluation. It should be task oriented and tailored to suit the needs of individuals, disciplines and the institution and strive for collaboration across medical disciplines, and across professions²⁴.

The activities included in the faculty development program are designed to improve the efficiency of the faculty members' work and also to achieve both personal goals and institutional objectives³. The most common faculty development program includes instructional material to improve teaching in lectures, small group discussion, teaching

in the hospital and in community settings, and honest feedback and evaluation^{9,36}. Other areas include personal and professional development of teachers, educational leadership, or organizational development and change. Organizational and leadership skills are necessary to promote more productive educational environments. Effective leadership providing educational mentorship is critical for sustained development of the organization. Professional academic skills include understanding the underlying values, norms, and expectations of academia, good career development and good networking with skills in information technology^{9,22}.

Faculty development program varies from independent learning to formal program through seminar, workshop, continuing education program and organizational development strategies such as curriculum development, professional development programs etc²². The common form of faculty development program includes seminars, workshops, short courses, fellowships, observations of workplace teaching followed by feedback and integrated longitudinal programs, decentralized activities, peer coaching, mentoring, self-directed learning, and computer-aided instruction^{3,9,12}.

Conclusion

Higher education is important for the development of a community. This is dependent on a knowledgeable and highly trained workforce or faculty. Medical education has transformed over time from a teacher centric to a student centric approach. This led to challenges to the faculty by way of increased workload and greater number of roles in teaching with consequent work-related stress. These and other concerns have led to development of programs to improve the faculty. These faculty development programs are designed to overcome the many challenges facing medical education today. It is hoped that their successful implementation will see an improvement in the education and quality of the medical institutions.

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