



With Similar Goals, Medical Centers Offer Different Pathways For Faculty Development

BY AMY ROTHMAN SCHONFELD, PhD

Academic medical centers no longer take a laissez-faire attitude toward faculty development. To rise through the ranks, whether as a research scientist or clinician, a faculty member is typically expected to have the management skills to establish and oversee a laboratory or research program, the leadership skills to increase team productivity and exert influence, the communication skills to present and publish research and obtain grant funding, the interpersonal skills to collaborate with others, and the teaching skills to train students and colleagues.

Realizing that young faculty need help in polishing these professional competencies, medical centers are now providing designated centers for faculty development. While these centers may share similar goals, they offer different pathways to success.

University of Arizona's Faculty Learning Communities

The approach adopted by the University of Arizona College of Medicine in Phoenix is to create "faculty learning communities" (FLCs), a model developed by Milton Cox, PhD, that has been used in education for more than 20 years but is relatively new to medical education (www.units.muohio.edu/flc/). FLCs are collaborative peer groups, usually composed of six to 15 members, with participants taking active roles in educating, critiquing, and encouraging the efforts of other participants. FLCs can be either topic-based (designed to address a special campus or divisional teaching or learning need, issue or opportunity) or cohort-based (focused on the interests and needs of a particular group, such as junior faculty or department chairs).

"The whole notion of learning in community stands out as unique. We don't bring in the experts for 'show and tell,'" says Linda Larson Carr, PhD, Director of Academic and Faculty Development at St. Joseph's Hospital and Medical Center in Phoenix,



Top: In this small faculty learning community, with representatives from several departments at the University of Arizona, physician teachers receive feedback on their individual projects.

Right: The FLC meeting room was configured to allow participants to join one of three small groups, providing more opportunities for getting acquainted, learning from each other, and giving project feedback.



and one of the project's cofounders. "We have a cross-fertilization of individuals talking to their peers."

The program began three years ago, and three FLCs currently operate under the University of Arizona umbrella (www.phoenix.medicine.arizona.edu/programs/olt/flc/). So far, the FLCs have been topic-based, all focused at least in part on enhancing learning, teaching, and leadership skills. Two of the FLCs are limited to the staff (including physicians, pharmacists, and nurses) of a particular teaching hospital. The third FLC is composed of eight physician-educators from four specialties, one medical librarian, three biostatisticians, and one professional educator, who are affiliated

with four different hospitals across Phoenix, with one to 30 years of prior medical education experience.

"For the first city-wide group, the participants didn't necessarily have many connections going into it—they were not from the same specialty or the same hospital. It took a while for people to warm up to each other, but then they didn't want to break the group up. The social component was important, and I think that's what a lot of faculty crave," says Cheryl O'Malley, MD, Associate Program Director of Internal Medicine at Banner Good Samaritan Medical Center (an affiliate of the University of Arizona College of Medicine), who is also one of the FLC program's cofounders.

Each FLC has a limited life span of one

year. It is also unique in that participants must apply for admission and be selected—and then make a commitment to meet regularly with the group for about two hours every month. No financial incentives or schedule allowances are offered from participants' home institutions to attend.

Each meeting generally has a topic that has been chosen by the participants, and discussion is led by a member. The sidebar lists some sample seminar topics.

Participants are also expected to complete an individual scholarly project. These projects commonly focus on teaching (e.g., "Using Bedside Portable Ultrasound to Perform Rapid Diagnostic Paracentesis"), curriculum development ("Developing a Curriculum in Evidence-Based Learning"), or course redesign ("Using Learner-Centered Teaching in a Child Psychiatry Residency"). The projects tap into published literature, as well as other resources, including the individual's own experiences and input from fellow FLC members. Each session allows time for each member to update the group on his or her progress, and ask for the group's input on any particular problems. At the end of the year, projects are presented to the medical community at large at a FLC Scholarly Teaching Symposium.

Are FLCs helpful? On a 35-item pre- and post-participation survey, 10 measures showed significant improvements, including making regular teaching assessments, defining learning objectives, facilitating



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—Rosemary B. Duda, MD, MPH, Harvard Medical School

feedback, optimizing teaching for faculty promotion, using resources to assist professional growth, and promoting interest in the scholarship of teaching. Using an alternative tool that compared retrospective pre-/post-participation self-assessments, all 23 measures that were addressed by the FLC showed significant improvement.

One participant, Andrea Waxman, MD, a psychiatrist, commented, "I have learned a great deal about learning styles and assessment techniques that I look forward to integrating into my teaching. My FLC project was to develop a new review course for our senior psychiatry residents, which will be implemented this spring."

Another member, internist Priya Radhakrishnan, MD, added, "It was good to know that problems I face daily were not restricted to my program, but were universal. I have modified the way I teach. I think the most important thing I have learned is to become comfortable with receiving and giving feedback."

Dr. O'Malley believes that the FLC model is well suited to helping junior faculty, women, and other select groups in the promotion process. In addition to enhancing teaching skills, choosing a project important to their department or supervisor may bring favorable recognition and publication of the

project strengthens their portfolios.

The FLC also invigorates "old-timers." "Membership in the FLC can energize members to return to their teaching with new goals, new energy, and new inspiration," says Dr. Carr. "It takes you above and beyond stresses in your own institution, and connects you to another group—that's very sustaining and very helpful."

Dr. O'Malley concurs. "People teaching in medical education for many years may admit they are still unsure about different things. This gives them the opportunity to open up to what they are struggling with in their own teaching and helps them identify with one another better when they might have felt isolated."

Beth Israel Deaconess' Center for Faculty Development

The Center for Faculty Development (CFD) at Beth Israel Deaconess Medical Center in Boston, established in 2001, takes a multifaceted approach to helping faculty move up the Harvard Medical School faculty pipeline. The CFD offers seminars and courses, pairs mentors and mentees, provides academic career counseling and advice, and attends to pragmatic concerns, such as emergency child care.

Interest in the CFD has been energized by significant changes at Harvard, including the recommendations made in 2005 by Harvard's Task Forces on Women Faculty and on Women in Science and Engineering, which called for large-scale changes in the way the university recruits faculty and supports women and underrepresented minorities. In the aftermath of the Task Forces' recommendations, \$50 million was committed over the next decade to support the proposed initiatives, including the appointment of a Senior Vice Provost for Diversity and Faculty Development. With the recent appointment of the one of the Task Forces' leaders, Catharine Drew Gilpin Faust, PhD, as Harvard's new president, it can be anticipated that emphasis on these initiatives will continue.

"We have always recognized that women are slower to be promoted in this system for a variety of reasons. We put in place programs that would help women and men in terms of understanding the promotion process and helping them move ahead," says Rosemary B. Duda, MD, MPH, Associate

Faculty Learning Community Seminar Topics

- ❖ Taking the Journey to Scholarly Teaching: Don't Travel Alone
- ❖ Adult Learning Theory
- ❖ Problem-Based Learning: A Primer
- ❖ Giving Feedback in Medical Education
- ❖ Non-Successful Learners
- ❖ Teaching Across Generations
- ❖ Maintaining Passion in Teaching and Celebrating Teachers
- ❖ Motivational Interviewing
- ❖ Mentoring: the Challenge and the Opportunity
- ❖ Developing On-Line Learning Tools

Professor of Surgery at Harvard Medical School, who is also Director of the CFD (and a member of the APS editorial board).

Seminars and courses are offered by the CFD on grant writing and the review process, scientific writing, career and life balance, risk management, parenting, stress management, the changing face of medicine, and cultural competency. A seminar on the promotion process covers such basics as how to find teaching opportunities within the medical school, how to negotiate a contract, how to obtain funding, how to secure the necessities of a start-up package, finding out the expectations of a department chair, and identifying leadership opportunities within the medical center. Courses and seminars offered from the CFD, supporting materials, and important links to faculty resources can be found on their Web site, bidmc.harvard.edu/display.asp?leaf_id=2118.

Part of the CFD mission is to encourage those in hiring positions to consider women, junior faculty, and minority candidates. For instance, the CFD helped to formulate new search guidelines on faculty hiring, recruitment, and retention for division chiefs and chairs. "We want to encourage them to recruit and retain our own trainees," says Dr. Duda. A recent workshop was offered by two business school professors on "Pathways to Leadership: Developing and Retaining a Diverse Talent Pool of Health Care Professionals," which was aimed at sensitizing health care administrators, professionals, and senior executives about the importance

of developing a diverse workforce.

One of the linchpins of the CFD is a one-on-one mentoring program, which pairs junior and senior faculty members on the basis of stated preferences such as department, race, gender, degree, academic rank, clinical, teaching or research interests, marital status, children, and committee membership. Participants commit to one year of involvement, and must meet monthly for six months and then at least twice during the next six months.

Mentors help mentees define both short- and long-term professional and personal goals. Common short-term goals are achieving a promotion, obtaining funding, or publishing a manuscript, whereas long-term goals may also include establishing influence within a department, securing a leadership position, making productive professional contacts, and becoming an independent investigator. Often issues such as how to successfully balance work and home responsibilities are raised. A recent tally indicated that 61 mentors have been paired with 79 mentees.

Sharon B. Wright, MD, MPH, began as a mentee in the program in 2003 and found the experience so invaluable that the arrangement continues today. "My mentor focuses on making sure I stay on track," says Dr. Wright. Together they identified achievable goals, and within one year Dr. Wright was indeed promoted from instructor to assistant professor. Her mentor also counseled Dr. Wright on how to manage administrative as

well as clinical duties — which has proven helpful in her role as Director of Infection Control and Hospital Epidemiology — and advice on balancing work and family life.

When surveyed after one year, 93% of the mentees reported that the mentor experience was valuable to them, and 77% reported that their goals for the program were realized. When the mentors were questioned, 90% found the arrangement satisfactory for the mentees, and 60% reported it beneficial to the mentors as well. ❖

Resources

The programs listed here are by no means the only options available. For instance, with funding from the Burroughs Wellcome Fund and Howard Hughes Medical Institute, the University of Pittsburgh Schools of Health Sciences offers an intensive three-day workshop for Scientific Management and Leadership (www.oacd.health.pitt.edu) geared to postdoctoral fellows, clinical fellows and junior faculty. The program is based on the book *Making the Right Moves: A Practical Guide to Scientific Management for Postdocs and New Faculty* (BWF/HHMI). In today's competitive climate, professional success requires a long-term commitment to mastering didactic, communication, management, and leadership skills in tandem with clinical and scientific expertise.