

EDITORIALS

Embedding Faculty Development in Teaching Hospitals

Moving Beyond the Status Quo

In this issue of the *Journal of General Internal Medicine*, Clark et al. present valuable data on the spread of faculty development (FD) programs in U.S. teaching hospitals.¹ Their findings indicate moderate diffusion, with 39% of hospitals having “ongoing” programs. The results also show significant institutional barriers to FD. Current FD efforts can be largely attributed to the internal motivation and dedication of faculty to the FD mission. However admirable, individual motivation will not be sufficient in the current academic environment to spur greater efforts to improve teaching excellence.² For FD on teaching to become integral to departments of medicine, we must both increase awareness of the potential for FD to benefit faculty and their institutions, and establish a research agenda to guide FD policy and practice.

Teaching improvement appears inconsistently valued by schools and departments. From interviews with the facilitators we have trained at the Stanford Faculty Development Center, we know that the participants and content of FD activities can remain under-recognized, if not invisible, to key administrators. It is incumbent upon faculty developers to more effectively publicize their programs’ potential benefits and outcomes.

From an historical point of view, the time may be right for institutions to implement FD on teaching—gaining benefits directly relevant to their patient care and research missions. With national attention focused on physician professionalism, patient safety, and even new approaches to training medical scientists, the success of prior medical education methods must be brought into question.³⁻⁵ The need for more effective teaching is clear. In our own experience, we have seen FD participants show greater commitment to specific areas of clinical care (e.g., geriatrics and palliative care), stronger dedication to institutional improvement, and increased involvement in scholarly activities (e.g., research, publication, and self-directed learning). We also have seen FD participants acquire more positive attitudes toward their role as clinician-educators. Further demonstration of such benefits in today’s climate can lead to increased recognition of the utility of FD, and thereby, greater institutional support.

This survey also provides a stimulus for continued research on faculty development. A broad-based FD research agenda for contemporary academic medicine is needed to understand the effects of context, process, topics, and types of participating faculty on FD outcomes. New research

is needed because the current depth and rate of institutional change may yield results that differ from prior research.

RESEARCH ON CONTEXT

What difference does the presence of offices of medical education or “faculty development directors” or a “critical mass” of previously trained faculty make to continued implementation of faculty development at institutions? How do hospital re-organizations affect support for FD? Who sets the vision for FD at an institution? Does the inclusion of methods targeting institutional change help participants overcome institutional barriers?

RESEARCH ON PROCESS

What are the effects of differences in training method, extent of training, and type of facilitators on the acquisition of knowledge or skills critical to teaching? Although it might seem ideal for faculty to be involved in long-term, comprehensive FD, the potential for increased attendance associated with briefer courses may ultimately make them more effective for institutions as a whole.

Can we develop new methods of delivery to expand on those in common use? Can regional and national training extend the reach of faculty development to greater numbers of teachers? What is the effectiveness of various diffusion models (e.g., opinion leader, change agent, train-the-trainer, and champion models) in addition to those factors examined in this survey. What types of longitudinal (or booster) training are useful for individual teachers as they evolve in their careers? Can computer-based technologies make FD accessible to populations of teachers who find it difficult to attend more traditional methods?

RESEARCH ON TOPICS

As medicine changes, faculty are responsible for teaching new skills and knowledge to medical trainees, such as the new goals for trainees by the Accreditation Council on Graduate Medical Education⁶ including practice-based learning and system-based care. These goals provide the stimulus for new programs in faculty development. For example, the Stanford Faculty Development Center has recently developed a program in “Contemporary Practice” to help faculty teach trainees to take a more active role in

the success and improvement of their medical care system. Further research to identify topics most relevant to faculty and institutional needs can guide the allocation of FD resources.

RESEARCH ON FD PARTICIPANTS

As shown in the article by Clark et al., participation in FD varies across faculty with different backgrounds (generalists vs subspecialists) and those teaching in different settings (e.g., university vs community). Learning how FD programs can assist a greater variety of faculty will extend the impact of FD. Generalist faculty have benefited from the grants on faculty development in primary care. Yet, subspecialist teachers also face serious educational challenges and could use assistance. Additional comparison groups might include junior vs senior faculty and basic science vs clinical faculty. Needs assessment across faculty groups can guide the development of more effective methods.

The paper by Clark et al. shows us that, although not optimal, FD on teaching skills has a presence in departments of medicine nationally. The results highlight

opportunities for further program development and research to ensure that faculty development becomes integral to the culture of medical education.—**Georgette A. Stratos, PhD, Merlynn R. Bergen, PhD, Kelley M. Skeff, MD, PhD**, *Stanford University School of Medicine, Stanford, Calif.*

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