

Exploring faculty development opportunities and strategies in departments of medicine of U.S. community-based teaching hospitals

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ABSTRACT

Background: Faculty development (FD) activities are offered as a tool to health-care professionals to improve their knowledge, skills, and role as teachers and educators, leaders, researchers, and scholars. Formal FD activities have been more readily available at university-based teaching hospitals than at community-based hospitals. Yet the majority of Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs are sponsored by community-based teaching hospitals.

Methods: An electronic survey along with the cover letter/consent form were sent via email to members of the Association of Program Directors of Internal Medicine (APDIM) of Community-Based Teaching Hospitals Assembly. Two researchers analyzed responses and reviewed all answers independently. Consensus was reached by comparison and discussion.

Results: A total of 75 program or associate program directors from 53 U.S. Community-Based Teaching Hospitals with internal medicine residency programs participated in the survey.

Eleven percent of the respondents reported that they had no faculty development activities in their departments, 44% reported occasional activities, and 45% reported ongoing activities. Forty-three percent reported making arrangements for faculty to attend FD offsite. However, 78% sent less than five people to those programs in the past 2 years.

Discussion: The results of this study suggest that for the academic year 2014–2015 still a minority of non-university-based teaching hospitals had ongoing faculty development activities associated with their institution. Increased program commitment and adequate resources for FD instructors and funding can produce the desired increase in the number as well as the quality of the FD programs.

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1. Introduction

For centuries, apprenticeship has been an accepted path for novice physicians. Even Hippocrates gained his initial skills and knowledge of medicine by observing his father Heraclides and another physician Herodicus and participating inpatient care as an apprentice [1]. However, it seems reasonable that having more medical experience than your pupil is not necessarily adequate to qualify one as a good educator and skills in teaching itself are needed. To earn a degree in elementary education from teacher education professional programs, one needs to complete appropriate coursework. Only then is an individual deemed prepared to educate others. Yet in our own hospitals, physicians rarely receive any kind of special training that would prepare them for their future role as effective educators.

As the science of medicine has expanded, so has the need for competent clinical educators with diverse skills on adult learning, teacher–learner relationship, methods of evaluation and providing feedback, and planning and implementing new curricula.

Hence, faculty development activities, which are offered as a tool to health-care professionals to improve their knowledge, skills, and role as teachers and educators, leaders, researchers, and scholars become an essential part of graduate medical education.

Historically, formal faculty development activities have been more readily available at university-based teaching hospitals than at community-based hospitals: Clark et al. (2004) revealed that in the academic year 1999–2000 only 31% of non-university-based teaching hospitals had ongoing faculty development activities [2]. Yet, according to the results and data from the National Resident Matching Program [3,4], the majority of Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs are sponsored by community-based teaching hospitals. That was true for the Match year 2015 and is still true for the Match year 2019 [3,4].

The objective of this study was to investigate the availability of ongoing faculty development activities,

and the resources available for such, factors associated with success, and barriers to the success of these activities in the community hospital milieu.

2. Methods

The Institutional Review Board of the Medstar Health Research Institute approved this study. With the permission of the authors, we adapted the original survey used by Clark et al. to focus specifically on the ongoing faculty development programs and opportunities available at community teaching hospitals in the academic year 2014–2015 (Appendix 1). The survey along with the cover letter/consent form (Appendix 2) were sent via email to members of the Association of Program Directors of Internal Medicine of Community-Based Teaching Hospitals Assembly. One time follow up reminder was sent via email to participants a month later.

In addition to collecting quantitative data, three open-ended questions were asked about the major facilitating factors, major barriers, and the most important needs related to faculty development activities. Two researchers analyzed responses to the three open-ended questions and reviewed all answers independently. Consensus was reached by comparison and discussion, and the third researcher would break a tie when the two authors could not reach a consensus.

3. Results

A total of 75 program or associate program directors from 53 U.S. Community-Based Teaching Hospitals with internal medicine residency programs participated in the survey.

Regarding the prevalence of teaching activities, 8 (11%) of the 75 respondents reported that they had no faculty development activities, 33 (44%) reported occasional, and 34 (45%) reported ongoing activities. Of 75 respondents, 32 (43%) reported making arrangements for faculty to attend faculty development offsite (not associated with their institution). However, 25 (78%) of them sent only 1 to 5 people to those programs in the past 2 years.

Regarding faculty development activities, giving feedback, general teaching/learning principles, and evaluation of learners were the most common topics, included in faculty development activities by 83%, 65%, and 60% of respondents, respectively. Interestingly, 98% of the respondents rated giving feedback and evaluation of learners as topics with moderate to extremely high importance. Ninety-two percent of respondents rated general teaching/learning principles to be a topic of moderate to high importance.

Small group teaching, inpatient precepting, outpatient precepting, teaching in presence of patient,

mentoring skills, curriculum/program development, working in teams, time management, teaching cross-cultural competence, teaching evidence-based medicine, and teaching cost-effectiveness, although recognized by participants as important topics, were offered in fewer than 50% of programs.

Teaching methods were considered to be used if they were reported as ‘Sometimes’ (3 on a 5-point scale) or above. The most frequent methods of teaching used for the DOM faculty were lectures/presentations and small group discussions/learning, as selected by 83% and 84% of the respondents, respectively. Experiential methods such as role-plays (35%), observation and feedback on real teaching encounters (33%), and audio or video review of performance (17%) were selected less frequently. Fewer respondents selected projects by participants (26%), standardized patients (7%), or simulated learners (29%) as a teaching method.

Forty-seven out of 54 participants (87%) stated that faculty development activities were located at the participants’ hospital. Half-day workshops were selected by 39 out of 47 respondents (83%). 11 (23%) participants stated that hospitals utilized courses of >0.5 to 2 days, 4 (9%) selected courses of >2 to 7 days, and 8 (17%) were offered ≥ 1 -month programs. 37 out of 55 respondents (60%) attended one to five sessions of faculty development activities during the previous year.

Regarding factors that influence participation in faculty development, 54% of the respondents were offered CME credit, 17% were offered certificates of participation, and 35% were offered protected time or relief from other responsibilities.

Supervisor attitudes about participation and promotion criteria were reported as stimulating participation factors by 29 (60%) and 12 (24%) of the participants from the programs with ongoing faculty development activities. In contrast, productivity incentives/requirements and timing of the faculty development activities were reported as inhibiting factors by 24 (48%) and 22 (40%) of the participants.

Forty-one (80%) of respondents from programs with ongoing faculty development activities mentioned having 1 to 4 instructors within their DOM and 7 (14%) had 5 or more. Those who used resources from outside of their hospital DOM, reported other affiliated institutions as the most common source for instructors. Salary support was offered to at least some of the faculty development instructors as noted by 14 (30%) of respondents. A total of 19 (40%) were offered protected time or relief from other responsibilities to at least some instructors.

Eleven respondents (22%) reported moderate support, and 17 (35%) reported strong support from institutional leaders for their faculty development

programs. A total of 15 (31%) participants said that institutional funding covered most or all expenses of faculty development activities. External funding was reported by 6 (13%), but only 1(2%) reported that it covered most expenses. A total of 7(9%) respondent reported that tuition covered at least some expenses. Additionally, 26 out of 45 participants (65%) reported an insufficient number or no faculty development instructors with appropriate expertise and 36 (80%) reported insufficient or no dedicated support staff.

When answering to an open-ended question on the major barriers to faculty development activities, 26 responses pointed to time limitation and clinical responsibilities, 4 to the lack of faculty development instructors, 4 mentioned lack of financial support, 4 pointed to the lack of encouragement, and 3 mentioned the absence of leadership support.

When answering to an open-ended question on perceived the most important needs related to facilitating faculty development, seven respondents pointed to appropriate plan/curriculum development, with another seven participants identifying the need for allocating protected time. Six participants mentioned financial support, and four mentioned faculty development instructors.

Out of 27 participants, responding to an open-ended question about the major factors facilitating faculty development activities, nine reported faculty interest/willingness to improve, seven mentioned enthusiasm of leadership, and four mentioned requirements and expectations of the program.

In terms of naming major outside resources used for faculty development, 12 respondents mentioned Alliance for Academic Internal Medicine/Association of Program Directors in Internal Medicine, 11 mentioned affiliated universities, and 5 mentioned American College of Physicians.

4. Discussion

The results of this study suggest that still a minority of non-university-based teaching hospitals had ongoing faculty development activities in the academic year 2014–2015. As it was also shown by Clark et al., university-based hospitals are considerably more likely to have ongoing faculty development as compared to community-based teaching hospitals, with half of the university-based hospitals providing ongoing faculty development activities. According to the Clark study, in the academic year 1999–2000, 33% of non-university-based hospitals had no faculty development. Our data showed that 45% of our respondents mentioned having faculty development in their community-based hospitals in the academic year 2014–2015, which indicates that non-university-based teaching hospitals with ongoing

faculty development activities continue to remain a minority.

Ongoing faculty development for non-university-based hospitals has been shown to increase by 3-fold if Health Resources and Services Administration (HSRA) funding is available, however only a few non-university-based hospitals reported having received HRSA funding, as compared to 63% of university hospitals [5].

Our study has several limitations. Our results are likely affected by the relatively low number of participating programs. Further, the survey methodology inhibits a full understanding of exact culture and program details. In addition, since only program directors and associate program directors were surveyed, there could have been a gap in their knowledge on ongoing FD.

Our research showed that having competing clinical responsibilities is considered to be a barrier to participation in the faculty development, while protected time and leaderships' attitudes about participation are viewed as promoting factors. Given the significant role of community-based teaching hospitals in training future physicians, it is critically important to supply such hospitals with sufficient and necessary resources for structured faculty development activities, thus improving the quality of training required for the development of competent and skilled workforce.

Disclosure statement

No potential conflict of interest was reported by the authors.

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