

Chapter 14

Faculty Development for Clinical Educators: A Competency Model for Continuous Improvement

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ABSTRACT

Since the Flexner report in the 20th century, teaching and learning process has evolved through: science learning, problem based learning, competency based learning and perspective learning. This evolution provides a consensus that educators need to develop competencies in their students to prepare them for an uncertain future. Competency refers not only to core knowledge or instrumental skills, but to interpersonal and systemic abilities required for lifelong learning. This transformation requires changes in both the educational model and faculty development programs. Previous research and proposals have defined important qualities and attributes; for clinical educators. The Faculty Development program presented here has been assessed with a mixed multiphase approach for continuous improvement process: 1) assessment of proposal, 2) assessment of implementation, 3) assessment of faculty experiences and 4) institutionalization of program. Results from this experience are presented, as well as other further challenges on this initiative.

INTRODUCTION

Since the Flexner report (1910) at the beginning of the 21st century, four phases of evolution of the teaching and learning process have been identified that demanded new roles and skills requirements for medical educators (Olivares, 2016). Medical students have participated for centuries with expert doctors on consultation, hospital patient rounds, and surgeries to learn from observation of the medical practice

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in situ (Graue-Wiechers, 2011). Passive learning among medical students should be questioned with the introduction of a variety of educational and pedagogical tools, such as multimedia, augmented reality, and simulation, available to provide a hands-on approach to medical education.

On the other hand, active participation of medical students should be properly addressed when attending actual patients. Accreditation agencies, governmental, and institutional regulations increasingly demand a formalization of the medical educator's roles and competencies to guarantee desired performance results (MacLeod, 2012). The general Medical Council (GMC), the UK's medical regulatory body, stated in its 2006 version of the document Good Medical Practice that all doctors should adopt the skills, attitudes and practices of a good teacher (Yeates, Stewart, & Barton, 2008). The quality and outcome of training could be legally challenged by trainees if they perceive failures in education delivery which could potentially lead to adverse outcomes for patients or health services (Rashid & Siriwardena, 2005). In this sense, clinician educators and institutions may be found responsible for an inappropriate supervision process and inadequate instruction.

Millennial students expect rewarding and challenging tasks from good instructors. From the students' perspective, the qualities of a good teacher have been the subject of considerable debate (Kiani, Umar, & Iqbal, 2014). A lack of understanding between teachers and learners can lead to a mismatch in expectations, frustration and reduced educational outcomes (Ross, 2014). In clinical teaching, teachers should consider factors such as physiological needs, learning goals, learning environment, teaching methods, and their professional behavior to create a positive environment for patients and learners (Omid & Haghani Fariba, 2016).

For these reasons, teaching in the clinical environment is a multifaceted endeavor that requires innovative approaches (Finn, Chiappa, Puig, & Hunt, 2011). Clinical teaching must be recognized as a complex learning situation influenced by the learning content, the setting and the actions and interactions of the participants (Nilson, Pennbrant, Pilhammar, & Wenestarm, 2010). University hospitals frequently expect clinicians, untrained in educational practice, to deliver teaching as an adjunct to increasingly high levels of patient service delivery (Konerman, Alpert, & Shashank, 2016). In many medical schools, educators still lack a structured career development pathway, and much education is delivered by researchers whose primary interest lies on scores for boards. Most junior faculty begin their careers with little formal training in education. For these reason, is imperative to design and implement faculty development programs which not only fulfill these stakeholders' expectations, but also which led to a satisfactory and rewarding task for the clinician educator himself/herself (MacLeod, 2012).

BACKGROUND

Khan and Chishti (2012) suggest that educators are required to become an inspirational guide to their students and to enable them to understand the mysteries of the world. They describe the importance of faculty development in the improvement of teachers' instructional methods, concepts and knowledge to ultimately positively affect the students' work. Olivares (2016) describes the evolution of the medical teacher since the beginning of the 20th century. The author describes four incremental phases of medical education which have required new roles and skills through time (Table 1).

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