Snippets: An Innovative Method for Efficient, Effective Faculty Development

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Faculty development is believed to change participants' teaching behaviors and effectiveness, thus influencing learners—students and residents—in their learning and their delivery of patient care.[1–3] Traditionally, faculty development sessions are delivered in the form of workshops (46%); seminar series (19%); short courses (11%); longitudinal programs, such as fellowships (10%); or in some other format such as e-learning (9%).[1,2,4–6] Participation in these types of training requires time. This has been identified as the primary barrier for faculty attendance at faculty development sessions.[5–11] Other barriers to participating in faculty development include resources; competing priorities, such as patient care, research, and administrative tasks; and the lack of financial rewards or social recognition for the teaching role.[5–11] Perhaps, the most significant psychologic barrier to participation in faculty development is the real or perceived lack of institutional support for teaching, with institutions frequently appearing to place a higher value on clinical and research-related activities than they do on teaching.[2,5,6,10,11]

When surveyed, faculty have acknowledged several skill sets that are important as they pursue their role in academic medicine and the education of residents.[2,12–14] Those skills include assessing learners and their learning needs, giving feedback, establishing a good learning environment, and keeping up to date as a teacher.[15,16] Further, faculty members at various levels need different types of training. Junior faculty may need development in more introductory topics, such as teaching at the bedside and giving feedback, whereas faculty with more seniority may need development that focuses on keeping their teaching up to date or training in educational leadership.[5,16]

An increased awareness of faculty development has been stimulated by the Accreditation Council for Graduate Medical Education (ACGME) accreditation requirements. In the most recent iteration of the Common Program Requirements,[17] faculty development has been identified as a core component.

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To overcome the barriers identified for attending formal faculty development sessions, and to meet accreditation requirements, as well as to address faculty needs, we are introducing a new methodology for faculty development. This innovative method, the "snippet," provides a brief faculty development session in the context of a required faculty activity, such as a departmental meeting, thereby engaging those who might otherwise be unable or unwilling to participate in such sessions. Snippets are highly structured to teach skills, but they do not replace traditional faculty development. The snippet can also be useful as a "trailer," or preview, for longer stand-alone faculty development sessions. This article describes the snippet and how it has been incorporated nationwide into faculty-development processes in a variety of institutions with graduate medical education programs.

The Snippet

According to Merriam-Webster's dictionary, a *snippet* is "a small part, piece, or thing."[18] This is exactly how the term is applied to faculty development. Snippets are short, generally limited to 20 minutes. In rare instances, they may extend to 30 minutes. The focus of a snippet is a single overriding communication objective (SOCO).[19] The designer of the snippet must carefully select a SOCO—a topic or skill—that can be taught in the allotted time, and is relevant to the role and work of the individuals who will attend the session.

Snippets are highly structured. They include a maximum of 10 slides because most individuals giving faculty development sessions employ slides and other media. Of the 10 slides, 3 include the title slide, learning objectives, and take-home points. In addition, slides must be allocated to the key learning points of the topic and to a possible interactive exercise to allow application of the new knowledge or skill (BOX 1). Citations from the education literature should be included to demonstrate that the approach taught is based on evidence.

Snippet Development

To develop a snippet, there are 4 basic steps (BOX 2). The first step entails selecting an educational topic or skill to present and a review of the literature to create the evidence base. Once that is completed, the second step is to determine the key points that will be presented. As part of this step, the developer must determine whether to present

BOX 1   SNIPPET ANATOMY

10 slides maximum

- Title
- Learning objectives
- Mini-didactic for key learning points of the topic/skill (evidence)
- Activity with instructions
- Activity discussion and/or debrief
- Take-home points

the whole topic or skill as 1 snippet or as several snippets in a series. Step 3 is to select an activity to demonstrate the educational topic or skill. Such activities may include, among others, case study, role play, chart review, a demonstration of teaching a procedure with critique, watching a video or movie clip, or playing a game. In selecting the activity, it is important to consider the type of instructions to provide participants to maximize the learning and to plan the type of debrief and/or discussion to have following the activity. The final step—step 4—entails formulating take-home points and ensuring participants have the opportunity to hear them.

It is especially important to work out the timing for snippet presentations because snippets are allocated a specific amount of time on an agenda. A snippet that goes too long may make it less likely that time is allocated for this activity in the future and may also make the presenter look less credible. If the presentation is cut short, key learning points may be missed. Snippet presenters must rehearse their talks to fine-tune timing, and they must keep a close eye on time during interactive activities.

There are many topics (BOX 3) that can be—and have been—developed into a snippet format. Topics that are more complex than a 20-minute module can be broken down into smaller bites or can serve as an "appetizer" for a more extensive faculty development session. Snippets generally cross disciplines because teaching skills are applicable to all medical educators. Some topics may ultimately be adapted to be discipline-specific, but the basic content is relevant across clinical specialties. Because the topics are applicable to numerous training programs, an institutional or professional group, such as a program directors' society, can build a snippet library of modules created using the 10-slide format and share the work of many. A sample snippet is provided as online supplemental material.

BOX 2   FOUR STEPS TO DEVELOPING A SNIPPET

1. Select an educational topic or skill and review the literature.
2. Determine key points to be presented.
3. Select an activity to demonstrate the educational topic or skill.
4. Formulate take-home points, and ensure that participants have opportunity to hear them.

BOX 3   TOPICS USED FOR SNIPPETS

Teaching and Learning

- Learning objective development
- Bedside teaching
- Giving short talks
- Adult learning theory
- Mistakes made teaching

Assessment

- Feedback
- Chart simulated recall
- Direct observation
- Evaluating learners
- Assessing learners' needs
- Workplace-based assessment

Educational Administration

- Developing remediation plans
- Writing letters of recommendation
- Designing curricula

NAS/CLER

- Milestones
- Clarifying CLER
- Transitions of care or handoffs
- Entrustable professional activities

Note: Some of these topics have required more than 1 snippet session to address subject matter.
Abbreviations: NAS, Next Accreditation System; CLER, Clinical Learning Environment Review.

Discussion

Snippets were initially developed at the University of Nevada School of Medicine in 2007 to meet departmental faculty development needs and accreditation requirements. At that time, multiple departments needed to demonstrate faculty participation in faculty development activities. The only way to incorporate faculty development was to have sessions that could be included in activities all members of the faculty were required to attend. After a basic set of snippets were developed, they were incorporated into monthly faculty meetings across all departments that sponsored residency programs. Many program directors have now adapted the snippet process in their programs, and the associate dean continues to provide snippet presentations for other departments. In addition, in collaboration with the associate dean for faculty development, an online snippet repository is under development and will be posted on the Graduate Medical Education website with password-protected access for program directors. An evaluation of the effectiveness (assessing improvement of faculty teaching or trainee learning or performance) has not yet been implemented.

Based on the success of this initiative, the snippet concept was translated into a workshop. To date, the workshop has been presented at 6 national meetings: the Association of American Medical Colleges, the ACGME Annual Educational Conference (twice), the Council on

Medical Student Education in Pediatrics, the Association of Pediatric Program Directors (APPD), and the Group on Resident Affairs. The concept has also been submitted to several additional meetings for competitive review.

Feedback from attendees at these workshops was strongly positive and indicated that many participants planned to implement the snippets concept in their home institutions.

Faculty members who participated in the workshops have incorporated the snippet model into their institutions. Here are a few examples of institutions that have adapted the snippet model of faculty development:

- At the University of South Alabama, Department of Pediatrics, the student clerkship director attended a workshop at the Council of Medical Student Educators in Pediatrics (COMSEP) and has integrated snippet faculty development sessions into his departmental faculty meetings in collaboration with the pediatrics program director. Two lead medical educators in the Department of Pediatrics performed a combined needs assessment of the faculty to help focus and build the topics for their snippet series. Using that information, they developed monthly sessions lasting approximately 15 minutes to provide teaching tips and basic skills for members of the department. In addition, by working with the Office of Continuing Medical Education (CME), they have been able to give 0.25 hours of CME category 1 credit to attendees. In 2012, the snippets program was extended to their faculty advisor committee, and 0.5 hours of CME category 1 credit was provided. Beginning with the 2013–2014 academic year, members of the University of South Alabama, Department of Pediatrics, required the Clinical Competency Committee to participate in snippets, and the members receive CME credit for their participation. Further, both that individual and the program director participated in delivering the workshop at a combined COMSEP/APPD meeting in April 2013.

- Use of snippets at the Icahn School of Medicine at Mount Sinai followed a less formal model. An attendee from the ACGME Annual Educational Conference stated, "I have used it several times—I don't always follow the format exactly, but I have ended a handful of meetings with a 10-minute teaching component and try to keep it interactive and focused on what behaviors/skills they will incorporate."

- At the George Washington University School of Medicine and Health Sciences, Department of Pediatrics, a workshop was presented by 2 individuals who attended the snippets workshop at the combined COMSEP/APPD meeting. This group also planned an education grand rounds in September 2013, which was delivered in the snippet format.

Snippets workshops have been presented in multiple venues at national meetings. Ultimately, the goal is to develop a snippet library, where individuals who create a snippet can post it on a platform and then gain access to snippets developed at other institutions. Developing a snippet repository has faced a variety of challenges, ranging from dealing with institutions' secure servers, to finding a platform that will ensure access to contributors, but not to the "world-at-large." The need for peer review to ensure that a snippet is based on evidence and demonstrates best educational practices is also an important concept.

Another challenge is how to develop a snippet curriculum covering topics that address the needs of the department or the institution as well as needs of the faculty individually or as a group. This requires clarification into how each snippet fits into an institution's educational plans, and how it addresses the specific needs of its faculty. At New York–Presbyterian Hospital, a yearlong snippet curriculum is being developed to address faculty development needs of the Next Accreditation System and, particularly, those related to the ACGME's new Clinical Learning Environment Review.[20,21] Although those snippets will be initially piloted at meetings of the Graduate Medical Education Council, they are ultimately being designed for dissemination by program directors at departmental faculty meetings and via webinars. Both modalities will be tracked to evaluate the success of that aspect of the snippet curriculum.

Snippets are also useful in developing faculty members' self-efficacy in presenting on an educational topic. It is well recognized that the "train-the-trainer" model does not always lead to dissemination, and participants at snippet workshops have often commented that they feel more empowered to deliver a 15-minute session to their colleagues than a full workshop.

In summary, snippets are well-structured, short "bites" of faculty development for busy faculty educators. They do not replace traditional faculty development but supplement it with an efficient method to deliver information and skills in brief sessions that are sensitive to the identified key constraints in faculty development. Snippets meet accreditation requirements by engaging a department's teaching faculty when the faculty is attending another required session. Snippets can be submitted to CME offices for incremental credit, which provides value-added material to routine faculty meetings or other meetings with required attendance. Finally, the development of an online repository of snippets can serve not only as incentive to participate in snippet creation but also as a site for best practices in faculty development.

References

1 Steinert Y, Mann K, Centeno A, Dolmans D, Spencer J, Gelula M, et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME guide no. 8. *Med Teach*. 2006;28(6):497–526.

2 McLean M, Cilliers F, Van Wyk JM. Faculty development: yesterday, today and tomorrow. *Med Teach*. 2008;30(6):555–584.

3 Clay MA II, Sikon AL, Lypson ML, Gomez A, Kennedy-Malone L, Bussey-Jones J, et al. Teaching while learning while practicing: reframing faculty development for the patient-centered medical home. *Acad Med*. 2013;88(9):1215–1219.

4 Cook DA, Steinert Y. Online learning for faculty development: a review of the literature. *Med Teach*. 2013;35(11):930–937.

5 Meurer LN, Morzinski JA. Published literature on faculty development programs. *Fam Med*. 1997;29(4):248–250.

6 Khan N, Khan MS, Dasgupta P, Ahmed K. The surgeon as educator: fundamentals of faculty training in surgical specialties. *BJU Int*. 2013;111(1):171–178.

7 Steinert Y, McLeod PJ, Boillat M, Meterissian S, Elizov M, Macdonald ME. Faculty development a 'field of dreams'? *Med Educ*. 2009;43(1):42–49.

8 Steinert Y, Macdonald ME, Boillat M, Elizov M, Meterissian S, Razack S, et al. Faculty development: if you build it, they will come. *Med Educ*. 2010;44(9):900–907.

9 Lowry S. Teaching the teachers. *BMJ*. 1993;306(6870):127–130.

10 Lowenstein SR, Fernandez G, Crane LA. Medical school faculty discontent: prevalence and predictors of intent to leave academic careers. *BMC Med Educ*. 2007;7:37. doi:10.1186/1472-6920-7-37.

11 Hendry RG, Kawai GK, Moody WE, Sheppard JE, Smith LC, Richardson M, et al. Consultant attitudes to undertaking undergraduate teaching duties perspectives from hospitals serving a large medical school. *Med Educ*. 2005;39(11):1129–1139.

12 Hitchcock MA, Stritter FT, Bland, CJ. Faculty development in the health professions: conclusions and recommendations. *Med Teach*. 1992;14(4):295–309.

13 Irby DM. What clinical teachers in medicine need to know. *Acad Med*. 1994;69(5):333–342.

14 Wilkerson L, Irby DM. Strategies for improving teaching practices: a comprehensive approach to faculty development. *Acad Med*. 1998:73(4):387–396.

15 Gibson DR, Campbell RM. Promoting effective teaching and learning: hospital consultants identify their needs. *Med Educ*. 2000;34(2):126–130.

16 Wall D, McAleer S. Teaching the consultant teachers: identifying the core content. *Med Educ*. 2000;34(2):131–138.

17 Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements. http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs2013.pdf. Accessed August 30, 2013.

18 Merriam-Webster online: dictionary and thesaurus. http://www.merriam-webster.com/dictionary/snippet. Accessed March 27, 2014.

19 Centers for Disease Control and Prevention. Single overriding communication objective (SOCO) worksheet. March 2013. http://www.cdc.gov/healthywater/emergency/dwa-comm-toolbox/tools-templates-main.html. Accessed August 30, 2013.

20 Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system—rationale and benefits. *N Engl J Med*. 2012;366(11):1051–1056.

21 Accreditation Council for Graduate Medical Education. 2013. Clinical Learning Environment Review (CLER) program. http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx. Accessed January 3, 2014.