Faculty Development related to Teaching (FDT): A Benchmark Survey

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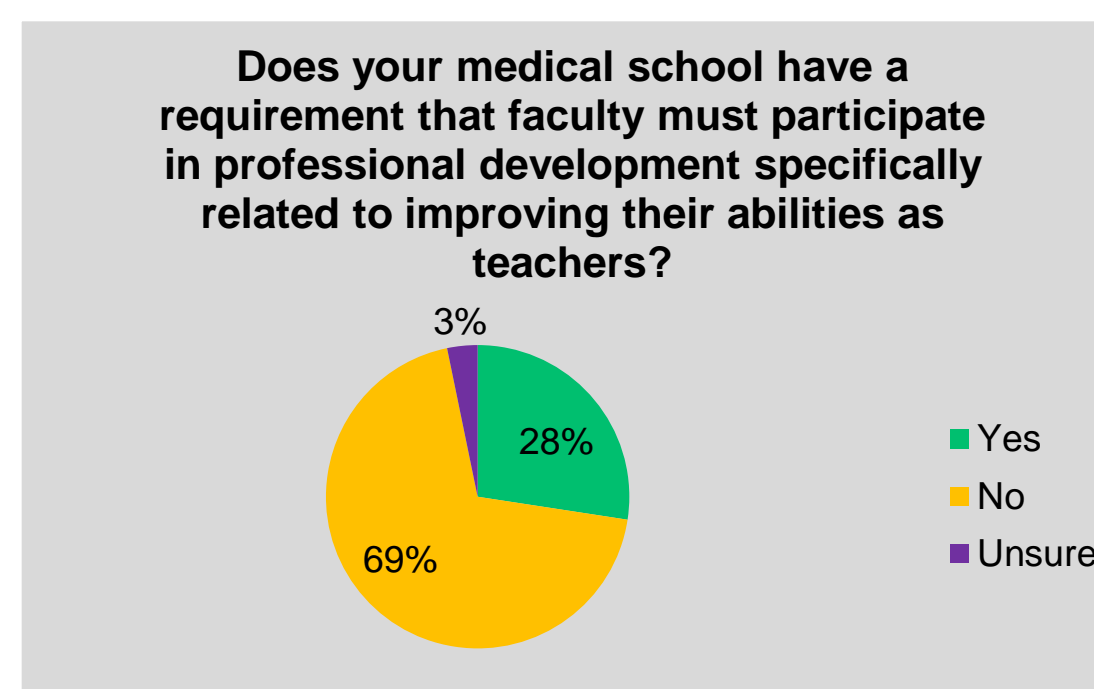
Background

- "Excellence in clinical teaching requires knowledge and skills beyond that of one's clinical specialty"(1)
- A study performed in 2008 found student ratings for five different dimensions of clinical instruction increased significantly across the population of faculty who participated in a workshop on basic instructional skills (2)
- Benchmarks are necessary to conduct further analytics on the effects that FDT initiatives may have on student outcomes
- The relationship between professional development activities specific to improving teaching and their outcomes will reveal information on how to engage learners at varying stages of their medical education career
- Purpose is to examine the national landscape associated with FDT in medical education.

Methods

- A brief, electronic survey targeting responses from faculty affairs and faculty development leadership at US medical schools (DO and MD)
- Survey questions focused on existence of requirements for faculty participation in professional development related to teaching, and if yes, what that requirement looks like
- Sent to identified contacts for AAMC member institution faculty affairs and FD office contacts (one email and one reminder)
- Descriptive statistics used to analyze the findings
- Qualitative themes examined to identify commonalities among FDT requirements at the national level
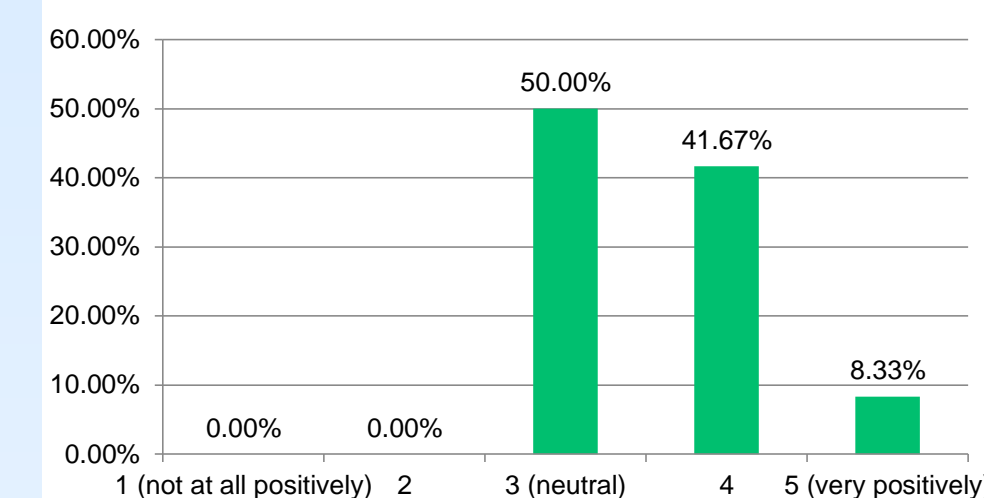
Results

- 65 responses (6 osteopathic, 57 allopathic) - representing approximately 1/3 of US medical schools (168 AAMC medical schools)
- 85% indicated that their medical school directly employed faculty
- Respondents were predominantly FD Directors or Deans (assistant or associate) of Faculty Affairs offices

Does your medical school have a requirement that faculty must participate in professional development specifically related to improving their abilities as teachers?

- Yes 28%
- No 69%
- Unsure 3%

- Less than 1/3 indicate a formal requirement for faculty to participate in FDT
- For those with formal requirement:
  - Faculty were overall neutral or positive about the requirement
  - Required 2-16 hours/yr. to satisfy the requirement
  - All who had the requirement had a mechanism used for tracking
  - There was a wide range of activities listed as being used to meet the requirement
  - Few had formal consequences for not completing requirement but those who did focused around promotion and revocation of faculty appointment
- For those that didn't have requirement:
  - 41% saw value in it and would consider adding one in the future
  - Barriers included:
    - time
    - resources
    - challenges of creating a new mandate
    - leadership buy-in/support

Activities available to faculty to obtain FDT hours?
- Online Modules
- Live sessions/workshops
- Education Journal Club
- Teaching Observations
- Pre-recorded Videos
- Webinar Sessions

On a scale of 1-5, how positively do your faculty view this requirement?

Rating	Percent
1 (not at all positively)	0.00%
2	0.00%
3 (neutral)	50.00%
4	41.67%
5 (very positively)	8.33%

Conclusions

- Survey served as a national benchmark for the status of FDT initiatives in medical education
- Identified a gap in the literature associated with the topic of faculty development related to teaching requirements
- For those who **did** indicate a requirement, they share common requirements, consequences, and available options for meeting the requirement
- While majority of US medical schools don't have a requirement, they think it is a good idea but foresee challenges/barriers
- VTCSOM is ahead of the curve in our requirements and expectations surrounding faculty development directly related to improving skills in teaching
- Authors plan to next investigate VTCSOM internal perceptions of the requirement and how it may be improved
- Limitation: manual identification of faculty affairs deans for distribution of the survey resulted in less than ideal reach

References

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