

Faculty Development Program: Boost for Medical Education

Saurabh RamBihariLal Shrivastava*, Prateek Saurabh Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Kancheepuram, India

Article Type:
Letter to Editor

Article History: Received: 28 May 2013

Accepted: 30 May 2013

ePublished: 31 May 2013

Medical education across the globe has expanded phenomenally during the last few decades in response to the health needs of the people. Subsequently, deficiencies in the medical education system have been identified pertaining to factors within as well as beyond the curriculum (viz. overemphasis on the acquisition of knowledge as against development of skills and attitudes, especially, communication and managerial skills, lack of integrated approach to the teaching learning).¹ Thus, faculty members should be prepared enough to deal with the rapid changes and shifting paradigms that are occurring in health care delivery measures, clinical practice, and medical education.¹

In the global mission of revamping medical education apart from adopting newer strategies in teaching-learning methods, faculty development is a key element.² On a broad context, faculty development refers to the range of activities that institutions use to renew or assist faculty in their roles as teachers, educators, administrators, leaders and/or researchers.³ Faculty development is perhaps one of the foremost issues among the factors influencing the quality of medical education as it is increasingly recognized that capacity building of teachers is not only a cost effective intervention, but also a long-term strategy to link medical education with the national health needs.⁴

Different nations have adopted different strategies with variable extent of success viz. faculty development workshop in narrative-based reflective writing in Canada;⁵ collaborative development of teaching scripts in a busy clinical teaching unit of New York;⁶ implementation of an evidence-informed faculty development program in the Department of Academic Family Medicine at the University of Saskatchewan in Canada in their set-up.⁷ Nevertheless multiple barriers (viz. lack of time among the faculties; lack of motivation amongst teachers as well amongst educational administrators; and poor recognition / lack of reward for the initiatives implemented, etc.) have been recognized in the process of faculty development.⁸

For accomplishing maximum benefit from the faculty development programs, designed courses should sensitize

medical teachers on systematic educational planning; motivate faculties in establishment of medical education units in their institutions; assist faculties in the formulation of educational objectives, use of appropriate teaching methods; and aid them in reviewing the strengths and weaknesses of the present system of examination and suggesting the corrective measures for the same. This can be achieved by promotion of political will for development of a health profession education policy of which medical education policy is a constituent; establishment of the faculty development framework in the institute; broadening the objectives of faculty development to address the various roles that clinicians play; and giving recognition and encouragement to those who have contributed in improvement of medical education.^{1,2,4}

To conclude, in medical education faculties have to be conversant with multiple pedagogical approaches that in-turn require continuous evaluation for innovations and change. The focus of the planned faculty development program should extend beyond health professions discipline, education specialization, and individual needs to embrace social skills necessary for collaboration, professional growth and management, and leadership abilities.

References

1. Steinert Y. Commentary: faculty development: the road less traveled. *Acad Med* 2011;86:409-11.
2. LaMantia J, Hamstra SJ, Martin DR, Searle N, Love J, Castaneda J, Aziz-Bose R, Smith M, Griswold-Therodorson S, Leuck J. Faculty development in medical education research. *Acad Emerg Med* 2012;19:1462-7.
3. Bland C, Schmitz C, Stritter F, Henry R, Aluise J. Successful faculty in academic medicine: essential skills and how to acquire them. New York: Springer; 1990.
4. Steinert Y. Developing medical educators: a journey not a destination. In: Swanwick T, editor. *Understanding*

*Corresponding authors: Saurabh RamBihariLal Shrivastava, E-mail: drshrishri2008@gmail.com

- medical education: evidence, theory and practice. Edinburgh: Association for the study of medical education; 2010.
5. Boudreau JD, Liben S, Fuks A. A faculty development workshop in narrative-based reflective writing. *Perspect Med Educ* 2012;1:143-54.
 6. Lang VJ, O'Connor AB, Blatt A, Gracey C. Collaborative development of teaching scripts: an efficient faculty development approach for a busy clinical teaching unit. *J Hosp Med* 2012;7:644-8.
 7. Danilkewich AD, Kuzmicz J, Greenberg G, Gruszczynski A, Hosain J, McKague M, Bonnycastle D, McKay S, Ramsden VR. Implementing an evidence-informed faculty development program. *Can Fam Physician* 2012;58:e337-43.
 8. Montero L, Triviño X, Sirhan M, Moore P, Leiva L. [Barriers for faculty development in medical education: a qualitative study]. *Rev Med Chil* 2012;140:695-702.