Family Medicine Educators’ Perceptions of the Future of Faculty Development

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Background and Objectives: Faculty development has been an important part of academic family medicine for 3 decades. However, few studies examine the effectiveness of various faculty development delivery methods. With little quantitative data from the literature with which to recommend future directions, this study examined key stakeholders' perceptions. Methods: A total of 127 family medicine faculty participated in 14 different focus groups. Department chairs, full-time and part-time faculty, and volunteer preceptors responded to seven questions about delivery methods. Results: Discussants emphasized that future faculty development methods must be proven effective, woven into the fabric of clinical practice, and deal with increasing time and financial pressures. Much discussion was related to the need for national and regional strategies allowing for emphasis on outcome evaluation, flexibility, and access. Web-based delivery methods and preceptor needs were emphasized. Conclusions: Study participants called for a more rigorous evidence-based approach to faculty development. A more systematic and stable approach could include the establishment of new federal criteria for funding projects that address different levels of development and implementation. For example, one set of review criteria would be applicable to systematic case-control studies of new interventions while another set would relate to dissemination studies of proven methodologies.

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Faculty development programs have been a characteristic of academic family medicine departments since the inception of the discipline. Supported in large part by funding from the Health Resources and Services Administration (HRSA), faculty development programs have used a variety of methods to train preceptors and full-time faculty.

While workshops and fellowships have dominated the methods of faculty development, few studies evaluate their effectiveness. Dunnington and DaRosa found significant improvement in teaching skills as a result of an extended workshop series. Quirk et al demonstrated that workshop activities can significantly improve preceptors’ performance in analyzing preceptor-student interactions. Other studies report improvements in teaching and scholarly activity as a result of participation in fellowships. Little evaluation of novel methods, such as Web-based faculty development or programs designed for medical students and residents, has been reported.

In the absence of studies to recommend future directions for faculty development, this study asked experienced family medicine educators to describe the characteristics of an effective delivery system for faculty development. Specifically, this study defined the elements of strategies and a structure to deliver faculty development at the local, regional, and national levels, including the resources necessary to overcome potential barriers.

Methods

Sample

Of 405 family medicine faculty members, 127 (31%) accepted invitations to participate in 1 of 14 different focus groups held at national conferences across the United States. Twelve of the focus groups were conducted in 1999–2000 at academic family medicine meetings: the STFM Annual Spring Conference in Seattle, the annual STFM Predoctoral Education Conference in Savannah, Ga; and the annual Workshop for

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Data was analyzed using QSR NUD*IST 4.0. Faculty and administrative roles of focus group participants are shown in Table 1.

Participants for the focus groups were drawn from four lists of key stakeholders: (1) HRSA faculty development grant project directors, (2) predoctoral training directors, (3) residency program directors, and (4) volunteer faculty who attended the STFM Annual Spring Conference. Potential subjects were initially contacted by mail and invited to attend a focus group at an upcoming conference. Those willing to participate responded by mail or by fax.

Focus Groups
Participants met in small groups (average of nine participants) for 1 hour to discuss a series of structured questions (Table 2) related to national needs for future faculty development. The questions were validated in a pilot focus group that included three community-based preceptors, three educators, a chair, and a clerkship director. Validation involved members of the pilot group participating in a “simulated focus group” and then discussing the questions.

The format and question types were consistent with recognized focus group guidelines.20,21 The introductory question was sufficiently open-ended to allow subjects to share their thoughts and feelings about a national plan for faculty development. The introductory question was followed by other questions (Table 2) to examine specific topics such as resources and barriers. The ending question allowed subjects to summarize their thoughts by considering the status quo in faculty development and how it should be changed. Four moderators conducted the groups and shared their impressions on implementation after each series.

Data Analyses
The focus groups were audiotaped and transcribed. Data was analyzed using QSR NUD*IST 4.0.

Coding and Indexing. Transcripts were read by one of the authors to generate preliminary categories for analyses. During a second reading, new categories and subcategories were added. A total of 3,883 text units were examined (each text unit representing a discrete verbal representation by a participant—generally one to five sentences). A total of 894 units emerged from the data to form salient categories and subcategories for analyses. Some text units were coded more than once depending on content and meaning.

Inter-rater Reliability. A random sample of 25 units from the total was scored by three independent judges using the categories and subcategories generated from the data. Agreement among the three judges averaged 92%.

Results
Text statements were aggregated into four major categories and 30 subcategories. The number of text units categorized within each major category and its subcategories are shown in Tables 3–6.

Characteristics of a National Plan
A strong desire for an evidence-based approach to faculty development emerged from the discussions (46 text units, 18% of all units related to characteristics of a national plan). One participant noted, “You very much want to measure what it is you do . . . What we have or have not been able to accomplish will help determine if this plan is going somewhere.”

A second characteristic was program flexibility (34 text units, 13%) to meet a broad variety of needs. Methods would range from seminars to expanded training in teaching and research for medical students and residents. One participant stated, “What matters to me is

Table 2

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<th>Focus Group Questions</th>
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<td>1. What are the key elements of a national plan to deliver faculty development to all teachers of family medicine?</td>
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<td>2. What resources are necessary to carry out such a plan? What are the barriers to implementation?</td>
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<td>3. There are several factors that influence the delivery of faculty development (funding, audience, content, etc.). With these in mind, how can faculty development best be delivered locally? Regionally? Nationally?</td>
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<td>4. What delivery methods do you currently use, or know of, that work?</td>
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<td>5. If you have a choice of participating in several faculty development programs with similar content, what aspects of delivery would cause you to register for one over the other?</td>
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<td>6. Who are the faculty who don’t participate and perhaps should? What can we do to reach them?</td>
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<td>7. If you could change or add one thing about the way you currently deliver faculty development, what would it be?</td>
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Table 1

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<th>Faculty Roles of Focus Group Participants</th>
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<tr>
<td>Predoctoral training directors</td>
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<td>Faculty development/education directors</td>
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<tr>
<td>Preceptors</td>
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<tr>
<td>Family practice residency directors</td>
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<td>Administrators (chairs, deans, associate deans)</td>
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<td>Full- or part-time faculty</td>
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that faculty development fits into my life.” Participants also felt that combining teaching and medical content (33 text units, 13%) would increase participation and facilitate recruitment.

Face-to-face social interaction (25 text units, 10%) was viewed as a means of addressing learning style (“I learn better when I’m interacting with others.”) or as important for skill development (“When I pay for a tennis lesson, somebody’s going to observe me . . . and give me critical feedback that helps.”). Others saw social interaction as important for developing a sense of identity: “There’s something more that happens here at this meeting than just leaving with more facts and information. It’s a sharing of values, and it’s a bonding into a community that has common goals.”

Participants cited the importance of program integration with health care delivery systems (23 text units, 9%): “We need to be partnering with the clinical systems, whether it’s the preceptor in the office or the salaried guys out in the HMOs . . . Provider retention, patient satisfaction—those are things that the HMO is interested in that may also be outcomes related to faculty development.”

Future Delivery Methods

The most often-discussed delivery method was the World Wide Web (78 text units, 23% of all related to delivery methods). Participants noted its value for asynchronous learning “… that they can access in their off hours or when they are in the hospital waiting for something to happen.” However, using “free time” may imply to some that no “work time” need be designated. In addition, many faculty have inadequate preparation or equipment: “I just did a survey with my preceptors; 30% to 40% have computers but don’t use them.” Finally, it may exclude many preceptors: “Young ones, they love the computer. [However] there’s still a subset that is afraid. I doubt we’ll ever get them hooked in.”

Faculty development at local sites was seen as effective (65 text units, 19%): “We teach [students] by
having them go be doctors in the settings in which they’re going to practice... We may do a better job of teaching teachers by going to where they teach and working with them there.” Local programs, it was noted, provide opportunities to work in teaching environments to which students are exposed. Several focus group participants recounted successful experiences with the Preceptor Education Project (PEP) developed by STFM.

Workshops and retreats (39 text units, 11.5%) were seen as opportunities to develop faculty identities and to practice teaching and research skills. Discussion formats were seen as unique opportunities for faculty to address attitudinal and affective needs that otherwise may remain unmet (eg, cultural awareness). Extended workshops were viewed as particularly helpful for preceptors to develop their identities as teachers and establish relationships with others.

There was great interest in the development of national and regional centers (76 text units, 22% combined) for faculty development. National centers were seen as training grounds for family medicine academic leaders. Some raised the possibility of multiple centers with different foci: “Teaching and educational evaluation could be emphasized in one national center and clinical research in another.”

Regional centers were envisioned as opportunities to maximize local resources that are unevenly distributed: “Regionally, we need to be able to share resources. It just doesn’t make sense to have parallel resources existing side by side.” Such regional centers would serve as bridges between the national level, where evaluation research is transformed into guidelines, and local levels, where preceptors develop skills.

Fellowship opportunities (35 text units, 10%) were viewed as occurring in multiple settings, with a variety of goals. Part-time fellowships were emphasized as critical, due to low reimbursement levels: “Nobody after residency can take the time or the cost to be a full-time fellow.”

It was felt that fellowships must provide incentives for faculty to participate: “The fellowship has to prepare you for a job that you couldn’t get without doing a fellowship. If you want to be a cardiologist, and you don’t do a cardiology fellowship, you’re not going to [practice as a cardiologist], whereas, we don’t have that [in family medicine]. It has to be value added in some way.” Research training must be coupled with future positions: “Fellows spend 2 years, they get great research skills, and there isn’t a job. No department wants them if they want a ton of research time because the department wants them to do a ton of clinical time and teaching.” One noted that an incentive was a guaranteed position after graduation.

It was noted that national and state organizations (27 text units, 8%) such as STFM and the American Academy of Family Physicians (AAFP) can reach most faculty and are perceived as “neutral ground.” “When you have faculty going to [another] school’s program, there’s still that institutional ownership. By coming under an STFM umbrella, it would get rid of a lot of the ‘we-they’ kind of thing.” However, STFM would need to recruit more preceptors: “At a national meeting . . . a leader in the front of the room will say, ‘Why don’t all of our community doctors stand up?’ and three very red-faced, embarrassed people stand up, and there’s 600 in the audience, but only three of them are community doctors.”

Some participants felt that faculty development should begin during residency (11 text units, 3%) or even medical school (9 text units, 3%): “Part of becoming a physician [should be] to walk out of there capable of being a teacher.” “If I had control of all this money I would put it into teaching residents to be good teachers. That would have the biggest long-term pay-off.”

Medical students can play a reciprocal role as faculty developers: “Our students [can] teach preceptors how to use e-mail or the Internet or do literature searches, [so that preceptors] get something back . . .”

**Barriers**

Money was seen as a substantial barrier (23 text units, 56%). Participants noted that faculty development should become a financial priority in family medicine departments: “In my institution, faculty affairs and faculty development were the first areas to be cut, which illustrates the importance that is given to faculty development and faculty careers.” A financial commitment was viewed as especially important for preceptors: “We’re dealing with people who can’t get away from their practices . . . They just don’t have a lot of money to [participate].”

Funding concerns were tied to shifting funding sources: “The support for faculty that used to come from academic institutions is now coming through contracts with hospitals. If you’ve got a hospital that is run by people who are looking for bottom lines, they don’t want to hear about giving up 2 half days a week . . . for research and teaching, to say nothing of a third half-day . . . for faculty development. They want to know how many patients this person can see in an hour and how much revenue is generated.”

Federal funding was considered essential to the survival of faculty development: “We need to continue federal funding for faculty development because that is sometimes the only resource that we have.” However, not all programs believe they have equal access to grant awards: “I’m trying to set up a program, but I can’t . . . until I get a grant, [and] I can’t get a grant until I have something to show for it!”
Stability of funding was a particular concern for the development and maintenance of regional centers. "If we’re going to have regional centers, we ought to not have to worry about federal money coming every year and having to compete for funds. What we need is stable funding for identified regional centers that can focus on more advanced issues."

Time was identified as another critical barrier (11 text units, 27%). Even if financial support were available, an institutional commitment would have to be strong enough to recognize the value of faculty development by protecting faculty time: "Increasingly, even people in institutional and university-affiliated settings, who theoretically should have time, don’t. Trying to get them freed up from the clinic is impossible."

Discussion

Our findings raise several critical concerns. They start with a call to improve the integrity of faculty development by focusing efforts on outcomes and their measurement. Time and financial pressures are causing faculty development to become marginalized; there is a need to broaden the perspective of faculty development by establishing partnerships that will facilitate delivery and involvement. The training of preceptors remains vital. In addition, there are serious concerns about the paucity of full-time faculty roles that await full-time fellowship graduates. The Web provides creative opportunities but is seen as having limitations.

Establishment of Centers of Excellence

Many comments from focus group participants mentioned establishment of national and regional centers of excellence to complement local programs. Centers would create a focus on research evaluation, allow for utilization of scarce resources across broader geographic areas, and foster stability and new partnerships. This would require revising federal funding criteria to support multiple levels of programs, based on research, implementation, and dissemination goals, much like the levels of research grants supported by the National Institutes of Health (NIH). All departments of family medicine would be able to compete for federal funding through the peer-review process and be judged on criteria that would address their individual needs and goals.

Level I programs could involve systematic studies of interventions and their outcomes. Funding would be directed to projects that demonstrate proficiency in research design and analysis, as well as creativity. Family medicine departments and collaborative programs that have educational research aspirations and resources would provide ideal settings for these programs.

Level II programs could involve collaborations among local sites and institutions, pooling and sharing scarce resources. These activities could include trials of interventions involving multiple comparison or control groups. Regional centers could serve as settings for such programs.

Level III programs could focus on dissemination of proven and tested methodologies. These activities would be strengthened by the establishment of local partnerships and collaborations.

Level I and II peer-review panels would include evaluation research experts. Like those adopted by the NIH, HRSA review criteria would emphasize innovation, adequacy of design, subject selection, data analyses, dissemination, etc. The criteria for Level III proposals would focus on the applicant’s ability to adopt the proven and tested activities.

Partnerships and Collaborations

It is sometimes difficult to divide the world of family physician faculty into distinct categories, such as teacher, clinician, or investigator. It is a rapidly changing world, calling for the development of new skills related to caring for populations, evidence-based medicine, and the use of new technologies, continuous quality improvement, etc.

Faculty development should be woven into the fabric of the physician’s practice, the clinical system’s plan, and the medical school’s curricular priorities. Lasting partnerships should be established among these organizations, based on complementary interests and common goals. One such common goal would be the development of effective communication skills to enhance physician-patient, physician-nurse, and teacher-learner interactions. Another would be developing the physician’s knowledge and skills related to the use of, and teaching of, evidence-based medicine.

Organizations such as the AAFP and STFM need to be involved at all levels. Focus group participants often engage in faculty development preconferences, workshops, and seminars at these meetings, bringing home ideas and materials (such as PEP) to be used in their local sites.

Other potential partners might include medical societies, insurance companies, Medicaid agencies, federal agencies within HRSA (area health education centers, National Health Service Corps, community health centers, Indian Health Service, etc), accrediting bodies, etc.

Preparing Faculty for Roles as Investigators

Focus group discussions indicate the perception that many academic departments have not established roles for full-time family physician researchers. This presents a recruitment dilemma for academic fellowships, which require financial sacrifices from fellows as they train for positions that may be nonexistent. It will be incumbent on department chairs to declare their support for these new faculty.
Use of Technology

The Internet offers opportunities and challenges. The challenge will be in the development of programs and services that are valued to the extent that “asynchronous” does not mean “after all other work is done” and so long as there are still opportunities for the development of faculty identities and relationships.

Limitations

Several methodological limitations should be considered in interpreting the results. The most important of these is the possibility of bias in the selection of focus group participants. Group participants were all attending academic family medicine meetings, which indicates that most or all of them were already involved with teaching activities. The selection of focus group members, and hence the results of the study, might have been different if members were drawn from attendees of meetings where the audience was made up of practicing physicians or other health professionals outside academic family medicine.

Further, while most of the focus group participants were not experienced faculty developers, they were mostly leaders in academic family medicine. Indeed, 90 (70%) of the 127 subjects were in leadership positions. It is possible that the study’s results would have been different had most of the subjects been potential faculty development trainees, rather than leaders of the discipline.

Finally, only 31% of potential subjects agreed to participate in the focus groups—again raising the possibility of selection bias. Those agreeing to participate were likely more interested or involved with faculty development than nonparticipants, which could have influenced the results of the study. The study sample thus includes faculty developers who may be influenced by the status quo and invested in conducting business as usual. The readers must judge the findings in this light.

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