

## Faculty development: a need in time for educators in healthcare

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### Abstract

**Objective:** To appraise learning behaviour among participants of faculty development programme in a diverse group setting.

**Methods:** The qualitative study was conducted at the Capacity Building Centre of the National Institute of Health and Social Sciences, Islamabad, in March-April 2010. From all the participants who planned to be healthcare educators, 27 were selected for the study. Methodology used was focus group. Coding for focus group interview was done as E1, E2, E3 and E4 for educators from basic sciences, clinical/pre-clinical discipline, nursing and midwifery, and social sciences and information technology profession respectively. For gap analysis, need assessment of focus groups was done with a pre-tested questionnaire. Change in attitude and behaviour as educators was observed in the experience phase during the three modules of the programme. A post-test questionnaire was used to evaluate the effectiveness of the programme.

**Results:** The response rate of the participants was 100%. Gap analysis of focus groups came up with the same challenges that are faced by faculty: insufficient knowledge in the five domains of professional development. In institutional settings, no planned faculty development programmes were reported. By the end of the third module, the participants admitted their step-wise skill development and considered it to be a value addition in their professional career.

**Conclusion:** Talent is not sparse in today's educators of health profession. But professional development to improve their skills is the need of the hour. Capacity-building at workplace is the best solution as it can be managed within the available timeframe and resources.

**Keywords:** Professional development, Focus group, Attitudes. (JPMA 63: 428; 2013)

### Introduction

The academic vitality of any institution is linked with the professional development of its faculty members. A true faculty development programme (FDP) ensures capacity-building in all the five domains i.e. teaching, assessment, curriculum support, organisational leadership, and mentoring. It is the constellation of all these planned activities that enhances knowledge and skills of faculty members. Faculty development helps to ensure that the educational reforms and initiatives are worthy and are implemented properly. Professional organisations and experts advocate greater awareness and acquisition of knowledge in teaching and learning through comprehensive faculty development.<sup>1,2</sup>

Gap analysis is the first and the utmost important driving force to be addressed. It is essential for better planning and more efficient resource allocation in any organisation with multiple missions. The context and relevance of FDP should match the need assessment of all the stakeholders. During planning and implementation it is important to consider the environment where teaching and learning

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will take place and where the actual curriculum will be delivered.<sup>3,4</sup>

Provision of faculty development related to teaching and assessment strategies is widely perceived to be the essential ingredient in efforts to introduce new curricular approaches to modify the educational environment.<sup>5</sup> Evaluation of the effectiveness of any FDP is crucial for the assessment of existing programmes and to yield valid recommendations for designing future programmes. Focus-group interviews are becoming increasingly popular in health research for exploring what individuals believe or feel as well as why they behave in the way they do. They offer a useful vehicle for involving users in care management and strategy development needs assessment, participatory planning and evaluation of health promotion and intervention programmes.<sup>6,7</sup> A focus group has been defined as "a technique involving the use of in-depth group interviews in which participants are selected because they are a purposive, although not necessarily representative, sampling of a specific population; this group being 'focused' on a given topic."<sup>8</sup> This valuable research tool helps in obtaining perceptions on a defined area of interest in a permissive, non-threatening environment.<sup>9,10</sup>

Another authentic method for programme evaluation is the validated Kirkpatrick's model with four levels of programme outcomes.<sup>11</sup> It is helpful as it provides data in terms of four levels. The first and simplest outcome level is reaction (satisfaction data), which focuses on participants' satisfaction with the programme (level 1). The next outcome level is cognitive (learning data), which refers to programme influences on changes in knowledge and learning attitudes of the participants (level 2). The third outcome level measures behavioural changes (performance data), which point to measurable trainee activities outside the training environment that can be attributed to FDP influences (level 3). Finally, (level 4), the last outcome level focuses on the impact of FDP's influence on the learner's career.<sup>12</sup>

### Subjects and Method

This is a qualitative study based on focus group interviews conducted at the Capacity Building Centre of the National Institute of Health and Social Sciences (NIHS), Islamabad in March-April 2010, one week after the completion of a comprehensive FDP.

The sample was drawn participants of the 10-month long FDP course carried out from June 2009 to March 2010, launched by the Educational Foundation, Defence Housing Authority (DHA), in partnership with the Higher Education Commission (HEC), and in collaboration with Partners Harvard Medical International (PHMI), Boston, USA.

There were 27 new and aspiring faculty members who planned to be educators in the health profession. The study group included 7 participants from basic sciences, 7 from clinical/pre-clinical discipline, 7 from nursing and midwifery, and 6 from social sciences and information technology (IT) profession.

The course comprised three terms covering essential components of educational design, teaching and learning, assessment and evaluation, and leadership and management. Each course session was presented by experienced faculty from the educational community and PHMI to enhance participants' knowledge of higher education, versatility and skills as teachers and provide a forum for collegial exchange. For data collection regarding the process and programme outcomes, the methodology used was focus group interview built upon Kirkpatrick's model.

In the first phase of the study, focus groups with 6-7 members in each group were formed: E1 (basic science educators), E2 (pre-clinical/clinical educators), E3 (Nursing and midwifery educators) and E4 (educators from IT and social sciences).

In the second phase of the study, open-ended questions were developed in the light of validated Kirkpatrick's model keeping in view the stakeholder's perceptions. These questions were built around themes like perceptions about the programme, capacity building at institutional level, use of resources at personal level, satisfaction level from the FDP, any change in attitude while working as a team in a diverse group setting, behavioural change in an institutional setting, and impact of the FDP on the career of the participants.

Ethnographic sampling technique was used in this study and data was collected from a judgment sample of 27 informants. They were not a statistical sample. Sampling in the statistical sense was not used in this ethnographic research. Informants provided information through focus group discussions (FGDs).

The interviews of all the focus groups were taken at different timings once the course had been completed. For the sake of confidentiality no two groups were interviewed on the same day or time. As this study has an ethnographic approach, face-to-face interaction was arranged with respective focus groups on days other than the course activity days. Krueger and Casey method of data interpretation was used for interpreting results of focus group interviews.<sup>13</sup>

### Results

The same set of questions was put to all the four focus groups. The questions and the essence of the answers of each group were as follows:

#### Q1. What were your perceptions about FDP at NIHS when you joined it?

**E1:** "With no proper training programme previously for educators in the health profession, it was for the first time that there was hope for professional development."

**E2:** "We're teaching our students as we were taught. When compared internationally, missing links were noticed in our training as educators. With expectations we entered this programme to fill those gaps."

**E3:** "Healthcare professionals are not trained to be educators. It was for the first time two big names came together to offer this programme. So it meant a lot to become professionally competent as educators."

**E4:** "We were following the way our seniors used to teach us. This programme actually inspired us to join and find how it could make us skilful in all domains to be better educators."

#### Q2. What are the formats of faculty development

**activities at your current institutional settings?**

**E1:** "Occasional workshops and seminars that do not really focus on training faculty in all the important domains of professional development as educators."

**E2:** "Traditional FDPs for clinician educators, and periodic, seminar-based interventions to enhance clinical skills. But there are no proper faculty development activities for their training as educators."

**E3:** "Occasional workshops, but no comprehensive training programme that may actually help the faculty to develop skills in assessment and curriculum development."

**E4:** "Off and on workshops addressing different academic areas, but no proper professional training programme for the faculty."

**Q3. What resources you have been using for your professional development at personal level?**

**E1:** "Workshops, reading journals on medical education, and using the internet."

**E2:** "Clinico-pathological seminars, medical conferences, browsing the net and reading journals."

**E3:** "Workshops and conferences, reading books for curriculum planning, use of internet and online training workshops."

**E4:** "Attending workshops and conducting short training courses at the institutional level, other than browsing the internet."

**Q4. To what extent this FDP has satisfied you?**

**E1:** "For the first time a course was conducted that actually focussed on all domains of professional development, and gave proper direction to work effectively as faculty."

**E2:** "It started with learning styles and educational theories that for the first time gave a broad overview on how to facilitate our students. It not only helped in designing teaching strategies, but also assessment plans and gave insight into instructional leadership."

**E3:** "In such a short time of 10 months, it actually gave a very clear outlook and hands-on training opportunity in all important areas that needed to be improved upon."

**E4:** "The main focus areas of this programme was great for our professional development."

**Q5. Do you find any change in your attitude while****working as a team in a diverse group setting?**

**E1:** "Definitely a positive change in attitude. It was a pleasant experience with promising future perspectives."

**E2:** "A good change in attitude by working together for curriculum designing. It was the input factor that gave us a chance of value addition when we developed the curriculum."

**E3:** "Actually a positive change in attitude came due to the tolerance shown by team members."

**E4:** "The facilitating faculty actually helped us in developing a positive attitude while working on seemingly difficult areas. The diverse group setting was also a contributing factor that brought a change in attitude as educators."

**Q6. Have you noticed any behavioural change in yourself when got chance of value addition at your institutional setting?**

**E1:** "Experiential learning during the course actually gave confidence to suggest innovations in various curricular components."

**E2:** "Skill development was the main factor that gave us the courage to step forward to do value addition in various curricular areas."

**E3:** "While working in a diverse group setting value addition was done during the curriculum development module. This has given us the satisfaction that it can be done whenever a chance comes our way."

**E4:** "Only behavioural change is not enough if you are working in a non-cooperative environment. For this, the first step is to implant seeds of behavioural change at organisational level. Only then, value addition can be done."

**Q7. What are your thoughts regarding the impact of this FDP on your career as educators?**

**E1:** "Keeping in view the current changing trends in education, it was a great driving force in career progression."

**E2:** "A positive influence as it has spread knowledge in different domains."

**E3:** "No doubt, it has added a lot, especially hands-on training has internalised it. It will help in pursuing our career with confidence."

**E4:** "Previously, refresher courses related to the subject were the main focus of training at our workplace, but this

FDP helped in developing skills in all domains mandatory for professional development. It has opened new avenues of career as educators in the health profession."

### Discussion

In the present study, the need for faculty development was identified by all the focus groups for acquiring better knowledge in pedagogy to function properly as educators.

All the participants felt its need and considered it a mandatory part of training for those entering the teaching profession. At the personal level, several participants believed that such activities should be carried out at the institutional level as a comprehensive programme instead of patchy efforts at faculty training.

At present, faculty development is not part of educational reforms and is an essential need. Analysis of outcomes of efforts to revise health profession curriculum have identified the availability and effectiveness of faculty development as a predictor of the success or failure of reforms initiatives. Such programmes should be planned and implemented by the accreditation bodies like the Pakistan Medical and Dental Council (PMDC) for enhancing effectiveness of the educators for their potential new roles associated with curriculum change.

### Conclusion

Professional development at the workplace for the teaching faculty to have on-job training will not only help in time management but also resource management. At the institutional level, this is the best way to bring change in teaching attitudes and behaviours among today's educators of healthcare profession.

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