

Faculty development: a new model based on faculty needs for an academic department of ophthalmology



To create a formal faculty development (FD) program within the Department of Ophthalmology & Vision Sciences (DOVS) at the University of Toronto (UofT), we began by surveying the needs for FD from all active academic staff within the DOVS ($n = 115$). This needs assessment survey contained 7 sections, including teaching and evaluation, scholarship and research, CanMEDS (Canadian Medical Education Directives for Specialists) roles, career counselling and development, mentorship, wellness, and anticipated attendance at specific FD-related events. Each section contained a number of categories that respondents ranked on a Likert scale. The survey was completed by 74 faculty members (64.3%). Of the 7 sections, faculty members showed the greatest interest in programs centred around improving teaching and evaluation. More than 50% of respondents answered that they would participate in formal teaching sessions on any of the 7 sections. The results of our needs assessment survey will help guide us to create a formal program on FD based on solid faculty input. The program will be evaluated at every stage and future results of ongoing FD programs will be shared. It is our hope that this will present a framework for other departments of ophthalmology that wish to begin a formal FD program, which we believe is the necessary fourth element of academic medicine.

FD is a constantly evolving term originally defined as “the broad range of activities that institutions use to renew or assist faculty members in their multiple roles,”¹ including as teachers, educators, leaders, administrators, and researchers. Currently, there are no strict guidelines outlining how to best achieve the development of faculty, but rather it is the prerogative of each director of FD to analyze and reflect upon how to best serve its faculty. Swanwick, a pioneer in medical education, stated that FD should be an “institution-wide” pursuit with the intent of professionalizing the educational activities of teachers, enhancing educational infrastructure, and building educational capacity for the future.² FD interventions designed to improve teaching effectiveness in medicine have shown positive changes in teachers’ knowledge, attitudes, and skills after participation in an FD activity.³

FD has changed greatly and has become an increasingly critical component of the medical education system since the 1990s. FD originated to replace the old mantra of medicine “see one, do one, teach one” and to prepare and improve the teaching skills of academic faculty members.

As the role of these members grew to include scholarly research and administration, FD grew alongside it. The need for FD came about as a result of the evolving nature of medicine and the realization that the previous method of medical education, apprenticeship, relied solely upon the teaching skills of the master. As the role of a physician becomes increasingly convoluted, so does the need for formal programming and teaching for those roles.⁴

Currently, the main focus of FD includes improving practice through the development of new teaching skills and assessment techniques; improving institutional performance; reflecting upon the student–teacher relationship in different ways; focusing on research and education scholarship; and improving attitudes toward being a clinician-teacher.⁵ FD requires reflection and recognition of the needs and demands of the work of a clinician-teacher, identifying gaps and taking systematic action.⁶

There are several FD programs within the Faculty of Medicine at the UofT and other universities across the country, predominantly within larger departments. In 2013, the DOVS at UofT committed to creating the first formal program dedicated to FD in ophthalmology in Canada. As a first step in developing a program that is relevant and useful to our faculty members, we conducted a needs assessment survey with the goal of determining the components of a meaningful and relevant program for FD. Second, it is our hope to present a framework for other departments of ophthalmology that may be considering developing a similar program in their respective university.

Our needs assessment survey was adapted from the Needs Assessment Survey for Faculty Development found on the Centre for Faculty Development at the UofT web site (<https://cfd.utoronto.ca/facdev/resources>). It consists of 7 sections with a total of 63 questions. The topics of the 7 sections are as follows: (i) teaching and evaluation, (ii) scholarship and research, (iii) CanMEDS roles, (iv) career counselling and development, (v) mentorship, (vi) wellness, and (vii) anticipated attendance at specific events related to FD.

The survey was sent to all 115 active academic faculty members within the DOVS at UofT, 74 of whom replied (64.3%). The survey was handed out to all members who attended our UofT DOVS strategic planning meeting as well as e-mailed online to all active faculty members. Upon collecting the completed needs assessment both on paper and electronic format, a list of names was separately documented by the senior author to ensure that no duplicates were collected. The primary author then analyzed the anonymous surveys independently.

This survey provides insight into the perceived needs of our faculty. It is revealing that our faculty deemed programs centred on improving the teaching of Canadian residents most important. Improving teaching techniques was the main reason FD originated, and so it is no surprise that many physicians still deem this aspect of FD to be the most important. In fact, the only items on the survey

considered to be important or very important by greater than 70% of respondents were teaching ophthalmology residents, teaching clinical reasoning skills, teaching surgeries, and giving effective feedback. In the research skills section, programs helping with writing abstracts and journal articles were most important. This demonstrates the need to develop a program in scholarship in which we train our faculty not only on how to ask important research questions, but also on how to carry through with the relevant methodologies with the intent to produce abstracts and publish peer-reviewed journal articles. With respect to all the CanMEDS roles, teaching communication skills was seen as most important. It is our hope to develop workshops on teaching communication for our faculty using proven methods. Most importantly, it has been found that the teaching method should be experiential, as it has been shown conclusively that instructional methods do not give the desired results.⁷

Furthermore, with respect to career counselling and development, our faculty felt that programs focusing on conflict management and resolution, career planning, and academic promotions were most important. The latter 2 are programs that have not traditionally been addressed, with faculty often expressing uncertainty and anxiety around their career trajectory and the academic promotions process. Addressing these issues will, for example, encourage the promotions committee to put a formal process in place and, in turn, provide clear guidelines to our faculty on what is required to achieve academic promotion. Finally, with respect to wellness programs, stress reduction, time management, and work–life balance were all equally seen as very important.

The results of the needs assessment will help to guide the development of the first formal FD program in ophthalmology in Canada. The program will be constructively and conclusively evaluated during its various stages to allow for improvement and effectiveness assessment. Future results of our ongoing program development and evaluation experiences will be shared, which may benefit any program considering implementing an FD program.

It is our belief that FD is the necessary fourth element of academic medicine and a compulsory compliment to teaching, research, and service.

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