

Chapter 3.1.3

GROWING ACADEMICS: FACULTY DEVELOPMENT IN RURAL AND REMOTE CONTEXTS

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Introduction

Across the world, medical faculty¹ development is delivered by a range of providers and mechanisms each of which reflects the importance it is given by the home university or medical school. It may be also be a requirement of accreditation of the whole organisation.

In North America, medical schools are expected to have separate departments or units for faculty development and continuing professional development which cover all aspects of undergraduate, postgraduate and continuing health professional education. In Australia, faculty development is often addressed both in-house and provided by external organisations representing a dual investment in education, research and health workforce. These programmes often have a particular focus on rural and remote perspectives.

More often than not, faculty development is delivered as part of the rollout of programmes and is presented by staff with little or no experience of faculty development - although train-the-trainer courses are increasingly being made available.

This chapter addresses some common issues in faculty development for rural and remote sites and the local faculty, regardless of who is delivering the faculty development.

¹ Here 'faculty' refers to members of academic staff.

Planning and development

As for any other successful education programme, faculty development programmes need to be planned and developed, with consideration being given to learner pre-requisites, learning objectives, delivery methods, content and assessment/evaluation - preferably in that order. For larger events, project management is also a good idea, to ensure all matters are addressed in a timely way.

Considering the findings of evaluations from previously delivered local, distributed and off-site faculty development programmes utilised by rural and remote faculty can improve future planning. In this way, local heuristics which can impact on the effectiveness of rural and remote faculty development can be identified, including in relation to how and why the programme was delivered in that way at that time. These insights may influence the planning of new programmes.

Rural and remote (satellite) faculty development needs to follow the same principles as faculty development delivered anywhere else. It needs to cover

- medical updates and refreshers (to keep faculty up-to-date in their field of work as credible teachers);
- education programme updates (for faculty teaching in undergraduate, postgraduate and continuing education programmes);
- teacher training; and
- career promotion.

These might all be considered as part of a single comprehensive programme, or may be delivered individually. For example when delivering medical updates, there are opportunities to include tips on how to teach the particular topic. It is also worth considering offering a progressive programme over time that can be accessed as individual units.

In rural and remote faculty development for undergraduate and postgraduate rural medical education, context matters and the impact on how it is delivered - either on-site, by distance, or off-site - needs to be considered. Factors to address include

- affordability (e.g. scale and costs of delivery, costs for attendees);
- access (e.g. timing, available facilities, access to technology and skill sets for distributed education);
- appropriateness (e.g. content and the target audience);
- timeliness;
- history of previous faculty development or other education sessions, such as recent delivery of similar content by another institution;

- patterns of attendance;
- practice habits for times when busy or on holiday; and
- previous evaluations of faculty development programmes.

Ideally it is a multi-pronged approach with a number of different ways for rural and remote faculty to access faculty development and reflect their individual needs as a mature or novice faculty member.

The programmes may also attract others - such as prospective faculty, or those involved in teaching but who are not designated as faculty, or those just looking to obtain continuing medical education. As establishing a critical mass of trainees can be a challenge in rural and remote settings for live delivery of programmes, making all feel welcome is important and careful analysis of the likely audience will help build a successful programme.

Content

As for any medical education, the best results will be produced through input on content from the learners (e.g. developed through a needs analysis) together with alignment between the learning objectives, delivery and evaluation. If the programme is to be accredited, this may require that criteria be addressed that impact on the development and delivery of the programme - such as learners or a representative of the accrediting body being involved from the beginning of the planning of the programme.

It will help keep the programme focused by specifically considering what is in it for the target audience and why they should want to give up valuable time to do this activity - as well as what is in it for you (institution) and what you really want to get out of it. This may be both formal and hidden curricula, tacit learning as well as addressing the overarching goals of the university/medical school/funding agency. It is important to build mastery into the programme - so that participants learn a skill while undertaking the faculty development programme - as well as all the other principles of adult education.

Using a programme logic model to present all of these factors on a single page mitigates anything being overlooked and will readily identify the likely short- and long-term impacts, making it easier to approve. This can be given to authorities and funding agencies as a comprehensive picture of what you are trying to do.

Incentivising uptake

Faculty development is incredibly important to the establishment, ongoing sustainability and growth of a new programme. It helps to align faculty to the direction of the programme, clarifies language used, and nurtures collegiality and their engagement with the programme. Despite this, faculty development tends not to be well attended and may require enticements to participate.

Accredited training

Continuing medical education (CME) credit is a 'no brainer' - even when faculty seem to have no need for any additional points - as it signifies that someone has looked at and approved the programme as being valid. This can have drawbacks, however, as it can require considerable effort by the educators to comply with the requirements of CME and needs long-term planning to meet the various imposed deadlines for consideration by various committees of the different professional accreditation bodies (in particular when more than one discipline is included in the target audience). It may be worthwhile considering becoming accreditors of CME programmes in your own right to facilitate the process and timing.

The other drawback is that certification of a programme may be done by someone with content expertise but no rural and remote understanding. They may accredit a programme of no relevance to a rural and remote site or may insist on some aspect in the delivery of the programme that is impractical in the rural and remote context. These issues are often not necessarily obvious to the participants and can create a problem of competition for the time they have devoted to faculty development - as they are free to choose their own faculty development programme and what they will attend. Some medical schools require their faculty to undertake a certain amount of 'home grown' faculty development to remain as faculty members or for consideration of promotion.

A progressive programme can be developed into being a higher degree, which will attract a particular type - but it is worth developing financial incentives such as waiving of fees or scholarships to build up a local academe. This encourages ownership of the programme as graduates become master teachers and/or teacher trainers themselves. Establishing a buddy system of teachers is particularly useful to new teachers to be fast tracked into a community with the local heuristics being passed on, such as referral patterns as well as local teaching tips and strategies.

Other strategies

A variety of strategies can be used as part of increasing the uptake of faculty development in rural and remote sites. These may include a one-to-one approach for faculty development, such as 'guerrilla faculty development' when you turn up unannounced with a packed lunch at the office to take time to discuss how they are going generally. A less surprising way is to book ahead and undertake a more specific academic detailing session, which will identify ongoing faculty development needs. It has the added benefit of being sure the faculty member is there!

For a larger group, incentives include providing a meal with the faculty development programme, linking faculty development to other events, or making it part of a whole family activity. While these need to be reviewed through the eyes of the accreditor (as they may impact on the approved CME/CPD accredited time), they are a particular attraction for rural and remote faculty who might otherwise rarely get to meet each other. In particular it can be a big draw to include quality family time with a faculty development programme, rather than have it as an isolated activity which is seen to have a negative effect on family time and a balanced life style. Gimmicks such as faculty hats and T-shirts have their own place in identifying faculty and often are considered more valuable than you might think by the participants. The visual recall of educational outcomes by seeing the date and place on a conference bag is an untested theory - but anecdotally seems to help the learner make connections!

Awards and celebrations are important to keep faculty engaged. Recognition of service and reward for effort, generating a feeling of respect and being valued as rural and remote faculty, are all key to successful faculty development for rural and remote sites. Teaching awards from students are highly prized and students may need the faculty development team to help organise them.

A menu of delivery options

Part of the multi-pronged approach is to develop a comprehensive programme that can be accessed in a variety of ways. These might include local on-site delivery, asynchronous distributed education, a visit of rural and remote faculty to the home institution; or offering a week-long programme at an overseas location or incorporating it into a cruise.²

It is worth having any conferences (on any topics) which are delivered at one's own school include faculty development tracks in the programme, with events flagged as containing elements of teacher training, professional development etc.

Other recommendations for faculty development from a recent conversation at the CLIC conference in Big Sky Montana, hosted by WWAMI³ include:

- bring students back to talk about their experience, share the excitement of teaching;
- bring in expertise - but also fully utilise the skills of local faculty to teach;
- with the aim of making the supervisor's job easier: identify specific strategies for students requiring remediation including SWOT teams; strategies for teaching when clinical practice is quiet or busy; strategies for locally defined 'worst case scenarios in teaching';
- 'start as you mean to go on' and create four faculty development days a year and facilitate faculty input into the curriculum;
- other strategies include flashcards, flash banners on websites with faculty development/teaching tips; podcasts;
- define roles and responsibilities;
- provide more career progression information and support;
- provide a stipend for attending Faculty Development;
- provide more faculty development on leadership, teamwork, health systems and educational theory.

² I have seen a recent advert for CME, which could conceivably be adapted to address faculty development in a programme that is made available at a variety of 'sun and ski' holiday destinations every week for a number of months in the holiday season. Participants choose the week they want to go and pay to attend a couple of hours each day at an accredited programme delivered remotely, with the rest of the day free to do what they like. A particular advantage of this programme is that it is made available to all registrants to repeat free of charge later in the year by distance education to refresh their memory or make up for any gaps. It certainly caught my attention!

³ WWAMI is a collaborative medical school among universities in five northwestern states, Washington, Wyoming, Alaska, Montana, and Idaho.

All of these styles of delivery have their own benefits/disadvantages in whether or not they support making connections, are convenient and/or address more objectives than just faculty development - such as getting a better understanding of the medical school and university. Budget and scale are factors as decisions are made about what the whole programme over a year might look like.

The funding

Financial planning is another important part of making faculty development viable. Whether or not you charge fees; whether you provide reimbursements for travel and accommodation for participants from rural and remote sites; whether honoraria are paid to presenters; and estimates of quantities and costs of food and drink – need to be considered, made transparent and used on a consistent basis. Conflict of interest from financial incentives and sponsorship can impact on accreditation, so it is important to know what is allowed or not. This varies from country to country and between the different professional accrediting bodies.

Developing a whole of project budget spreadsheet helps ensure that it is all kept within means. This assists in helping to decide on the venue size and costs in relation to how many participants are needed and at what price to make it financially viable, and whether it is important for delivery of faculty development on other occasions whether it makes a profit or not.

Linking to the medical school

Being visited by other faculty, senior administrators of the medical school or experts in the field is particularly important for rural and remote faculty – as is visiting other sites. While this is for more than just faculty development, every visit can have a faculty development moment and is perceived as part of the recognition and acknowledgement of rural and remote faculty members' contribution to the institution. The art to this is letting everyone know what is happening beforehand so that they can plan and get the most out of these visits, and also to spread the word as to the benefits received from such visits. This can be done with a formal report but also short paragraphs in local news updates from the faculty development department.

Communication from Faculty Development units about upcoming events, sharing teaching tips and providing information about faculty and staff and the other education programmes is a very important part of keeping everyone engaged and up-to-date. Surprisingly this is often an incredibly difficult thing to do and it is worth having someone dedicated to the task.

Knowing how faculty prefer to be notified is important to ensure that they will receive and most likely read any such newsletters. The weekly 'Friday fax', although almost a forgotten technology in mainstream clinical practice, is still a surprisingly popular way to receive short updates in remote sites, and has the benefit that it may well be read by other staff beyond the single faculty member. (This also helps to keep them on track as it can often become a part of the practice's conversation around the tea table.)

Different faculty will have different planning styles. I have mainly come across two types: those who plan at least six months in advance and those who are open to last minute opportunities that become suddenly available. It is well worth remembering this and whether through cancellations or just insufficient registrations, last minute messages about availabilities of programmes is worth sending, even the night before. It is often surprising who will just turn up on the day!

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