Medical school faculty members are charged with preparing the health professionals of the future for a rapidly changing healthcare environment and shifting societal and global issues. Attention to faculty development has become essential in order to assist faculty in developing and maintaining the necessary capabilities to meet our students’ learning and development needs. AMEE Guide No. 33 is intended to assist those who are charged with supporting and developing faculty in meeting the education mission of an academic health science centre (McLean et al., 2008). This viewpoint article will complement the Guide by exploring some critical issues in the field, specifically:

1. That context is key; and
2. The need for engaged and outcomes driven curriculum design.

Context is key

The context for faculty development can be conceptualized from an internal and external perspective. Externally, the history of the field of faculty development, major trends and driving forces as well as future issues on the horizon all need to be considered in selecting an appropriate design and process for creating faculty development programs.

The field of faculty development is in its infancy with little in the way of empirical research that can inform recommendations regarding effective faculty development beyond satisfaction. It is, however, ripe with scholarly opportunity as increasingly program designs are informed by theories and attending to outcomes (Steinert et al., 2006). New programs and initiatives should attend to how they can position their scholarship in development and evaluation in order to further advance the field. Another evolution has been the recognition that faculty development can focus in a variety of areas beyond the instructional agenda and the need to develop based on what makes sense locally in terms of individual and institutional needs. As new initiatives always build on the story that precedes them, the history of the educational mission and faculty development in a faculty of medicine must be understood. Searching out these stories can help to inform regarding local beliefs, values and culture as well as existing strategies and who potential supporters might be. Appreciating the stories that live in the culture can enable faculty developers to appreciate where the energy for development lies as well as the feelings and issues that accompany any resistance. The utility of the Guide’s recommendations to grow local expertise, bring in experts or collaborate with other medical education units, can then be appropriately situated.

Societal needs and healthcare practices, increased public accountability for the outcomes of medical education and trends in medical and higher education, such as globalization or commercialization, will continue to evolve and change. Faculty developers need to continuously scan their local and global environment and ask themselves: “What does
this mean for future healthcare practice? How can we best prepare our students? What are the roles and abilities that faculty need to have in order to be able to respond?” And finally, “how can we prepare the faculty to do so?” The authors’ emphasize that faculty development programs need to be tailored to contextual needs. Equally important is the recognition that these needs will evolve and change, necessitating a capacity to continuously scan in order to know when to adapt existing programs as well as develop new ones as new trends or needs emerge. A curriculum should be seen as a living process that continues to grow and evolve in response to feedback and its environment (Lieff, 2009). Program leadership needs to be flexible and build in blank spaces in curricula to respond to emergent issues.

An institutional approach to faculty development in education must attend to organizational issues beyond the development of curricula such as recruitment of supportive leadership and organizational development strategies. Bolman and Deal (2003) suggest, and our work supports, that in order to be effective, medical education leaders need to conceive of their organizational work through multiple lenses (Bolman & Deal, 2003; Lieff & Albert, in press). The political lens is about recognizing that our faculties are constrained by limited resources and, therefore, conflict, negotiation and the development of networks of support are critical for the work to get done. In order to address recruitment, resource and value issues, faculty developers need to determine who the formal and informal leaders are that can support initiatives in faculty development and how to align with their interests. These individuals can enable the development and maintenance of initiatives by leveraging their resources, networks, influence, persuasion or power.

The structural lens requires that we look at roles and responsibilities with attention to how work is assigned, described and coordinated in alignment with the goals of the faculty. Structures, processes, communication and accountabilities have an important influence on organizational effectiveness. Creating a structure that provides faculty with evaluative feedback, as described by the authors, in order to inform their self-assessment and interpretation of their performance, is a good starting point. Ritualizing a process that would require a discussion of these results might begin a process of reflection to deal with the inclination to reject negative feedback (Sargeant et al., 2007). Having educator job descriptions, roles or competencies as well as promotion and career pathways for educational practice, scholarship and leadership are useful strategies for aligning educators work with the academic mission. Such processes and descriptions can serve to legitimize the professional practice and accountability of medical educators and teachers which can support as well as create a need for faculty development. One must be cautious, however, about the potential for professionalization to symbolically exclude. The author’s description of educators, in contrast to teachers, needs to be broadened to go beyond research to include those who create education scholarship such as curricular innovation.

The symbolic lens proposes that everything that happens in organizations is interpreted to have meaning by those who work there. The article illuminates the importance of valuing education at par with the other missions of the faculty. What activities does the faculty or department engage in or support that explicitly and transparently legitimizes educational activity and scholarship? Rewards and incentives for educational practice and scholarship as well as the creation of orientations, fellowships, programs and medical education units are evidence of such strategies. In the USA, there is a movement to create academies with membership awarded to high performers (Irby et al., 2004). In constrained environments, however, one must be creative in making the value of education visible. Examples could include: Do esteemed leaders talk about or engage in education? Is education activity discussed at performance reviews? Are educators invited to participate in faculty planning? Or, do the organizational learning activities such as lectures, grand rounds or local conferences invite educational topics?
The human resource lens emphasizes the importance of valuing, supporting and developing individuals in alignment with the needs of the organization. Providing protected time and resources to engage in orientation, development, coaching and mentoring initiatives are such strategies. This lens recognizes that developing people and creating opportunities for individuals to learn and expand their scope of practice can be experienced as valuing and rewarding.

**Engaged and Outcome-Driven Curriculum Design**

The literature in faculty development has yet to provide sufficient evidence for what constitutes effective faculty development although the principles offered resonate with good curriculum design practice. A couple of curriculum design issues are worthy of emphasis.

McLean and colleagues (2008) note that it is essential that clear goals and outcomes are delineated from the beginning of a curriculum design process. The development of processes and approaches for measuring these outcomes is the future of the field as we are still trying to understand the impact of faculty development programs beyond teaching effectiveness scores. Qualitative measures have created potential to explore such areas as faculty productivity, identity, communities of practice, policies, structures and other (Steinert et al., 2006; Lown et al., 2009; Wilkerson et al., 2006). While there are many theories and principles that can inform curriculum design, the education methods and strategies selected must clearly align with the learning outcomes. This is important advice that can prevent faculty developers from being distracted by the novelty of a theory or practice that may not be relevant to their goals and outcomes.

An often overlooked aspect of effective curriculum design and implementation is the necessity of engagement of a diversity of stakeholders for a program planning group early on in the process. Faculty development initiatives are change initiatives. Engagement of key individuals from the perspective of expertise and support can create shared ownership of the program that enables investment, support, implementation and survival (Kotter, 1995; Gale & Grant, 1997; Loeser et al., 2007). Faculty developers should reflect on the desired perspectives and capabilities of potential participants (Zimmerman & Hayday, 2009). They should ask themselves: Who can I approach that may have ideas, interests, expertise, resources or influence to engage in this process?

Faculty development is becoming an essential support function of academic health science centres in order to meet and sustain an agenda of educational quality and innovation. For those who enjoy collaborating and contributing to the future directions future of medical education practice, this is the time to engage.

**References**


Notes on Contributor

Susan Lieff is an Associate Professor and Director of Academic Leadership Development and the Education Scholars Program at the Centre for Faculty Development of the University of Toronto Faculty of Medicine. Her scholarship focuses on the design and evaluation of development programs for educators and academic leaders.

Dr. Susan Lieff, Centre for Faculty Development, St. Michael’s Hospital, 2 Queen Street East, Suite 908, P.O. Box 15, Toronto, Ontario CANADA M5C 3G7. Tel: 416-864-6060 ext. 6977. Fax: 416-864-5929. Email: s.lieff@utoronto.ca


This AMEE Guide Supplement was published in Medical Teacher 2010. 32:429–431.