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Faculty Development in Canada: A National Survey of Family Medicine Departments

SUMMARY

The authors surveyed 16 Canadian Family Medicine Departments to ascertain the availability and content of faculty development activities. The majority of Departments sponsored some faculty development; they were limited, however, by financial constraints, a lack of available manpower, and time restrictions. Few departments had a specified plan for faculty development. No comprehensive orientation activities were available for new faculty, and little attention was paid to established part-time faculty. Although teaching workshops were the most popular faculty-development activity, most programs were planned on an *ad hoc* basis. A number of effective local programs were not shared nationally. The authors discuss the implications of these results and the need for greater national and regional co-ordination. (*Can Fam Physician* 1988; 34:2163–2166.)

Key words: faculty development, family medicine

RÉSUMÉ

Les auteurs ont effectué une enquête auprès des 16 départements canadiens de médecine familiale afin de connaître la disponibilité et le contenu des activités de développement professoral. La majorité des départements offrent certaines facilités de développement professoral; celles-ci sont cependant limitées par les contraintes budgétaires et le manque de disponibilité au niveau des ressources humaines et du temps. Peu de départements ont un plan spécifique de développement professoral. Aucune orientation globale des activités n'est disponible pour les nouveaux professeurs et on accorde peu d'attention aux professeurs à temps partiel déjà en place. Bien que les ateliers de développement professoral constituent la forme la plus populaire d'activités de formation professorale, la planification de ces programmes est, dans la plupart des cas, plutôt aléatoire. Par contre, il existe des programmes locaux efficaces qui ne sont pas partagés sur une base nationale. Les auteurs discutent des implications de ces résultats et de la nécessité d'une meilleure coordination régionale et nationale.

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FORMAL FACULTY development is a recent addition to the teaching of family medicine. Indeed, the need for comprehensive and creative programs has been widely identified for both newly recruited and established faculty.[1,2]

Family medicine programs need faculty well trained in the roles of educator, administrator, researcher, and clinician. While the need for faculty development is recognized in all colleges and departments, it is a particular problem in family medicine due to the shortage of faculty, diverse backgrounds of existing faculty, and current pressures to develop

the research base for the discipline of family medicine.[3]

Faculty Development programs, both in Canada and the United States, have been described in the literature since 1977.[4-11] These programs vary from two-year faculty development fellowships,[8,9] to weekend workshops,[12,13] individual preceptorships,[14] group seminars, and visits to learning sites.[10] Although no independent survey of Canadian family-medicine programs has been undertaken, Bland and her colleagues recently surveyed the design and implementation of 30 established faculty-development programs in the United States.[15] Their results yielded useful suggestions for designing and conducting faculty-development activities that included a focus on research skills, clinical teaching, academic vitality, and curriculum development. Fleming and Bogdewic[16] also surveyed 50 family-medicine programs to ascertain whether orientation programs are offered to new faculty.

Although the principles of family medicine may be defined as universal, teachers in Canada function under a comprehensive health-care system that obviously differs from that in place in the United States. Moreover, whereas most teachers of family medicine are convinced of the importance of faculty development, the implementation of programs dealing with this topic remains difficult. Conflicting interests, scheduling problems, and lack of manpower are but a few of the difficulties encountered.

In the course of our study, we surveyed all 16 Canadian Family Medicine Departments to determine the extent to which they have implemented faculty development. This survey covered the types of programs that exist, their structure and format, the financial and faculty resources available for their implementation, and the extent to which American programs are used. It was hoped that the results of this survey would provide us with a more detailed profile of Canadian faculty-development activities and that it would stimulate Canadian universities to share their resources more effectively.

Method

In 1985, we sent a letter to the Chairmen of all Canadian Departments of Family Medicine, asking each one to specify whether his or her Department had designated a particular faculty member to be responsible for faculty development. We also requested permission to send a more detailed questionnaire about specific faculty-development activities that were in place. All 16 Chairmen responded, and a detailed, four-page questionnaire, promising anonymity and confidentiality, was subsequently sent to nine individuals responsible for faculty development and seven Departmental Chairmen, in Departments where there was no designated person in charge of this activity.

Respondents were asked to answer 14 questions concerning the departmental committee structure and plan for faculty development, the content and process of ongoing activities, strategies for implementing faculty development, and available resources, both human and financial. Some questions required a simple yes or no answer; some allowed participants to check off as many responses as applied; and others asked for open-ended descriptions of individual program details.

Following one reminder, all 16 departments completed the questionnaire.

Results

Departmental structure and plan

Of the 16 departments surveyed, three had a faculty-development committee. Nine (56%) had a person designated to be responsible for faculty development, but only one of these persons was paid specifically for this responsibility.

Fifty per cent of the respondents indicated that they had a policy or plan for continuing faculty development. Six Departments required faculty to participate in in-service activities. Two required this of all faculty, three of full-time faculty only, and one of full-time faculty when they first joined the Department.

Two departments had conducted a systematic assessment of faculty needs within the previous five years. The key categories included in these needs-assessment surveys were teaching, research, and administration.

Faculty-development activities

An orientation program for new faculty members was available in six departments of Family Medicine. Two of these programs were designed for all faculty and four for full-time faculty only. The emphasis of these

Table 1
Most Frequently Reported Content of Faculty Development Activities

Teaching Skills:
Individual and small-group supervision
Teaching principles of family medicine
Giving feedback
Evaluation

Research Skills:
Development of research proposals
Research methodologies
Critical appraisal

Administrative Skills:
Organizational management and administration

Table 2
Most Frequently Reported Faculty Development Strategies[a]

Teaching Methods	No. of Departments
1/2-day workshops or seminars	9
2-day workshops or seminars	6
Noon hour or early morning conferences	6
Sabbaticals	6
Ongoing part-time courses (e.g., 1/2 day/week for several months)	5
Individual training using senior preceptors	3
1-day workshop	2
12-month to 24-month fellowships	2
Week-long courses	1
4-month or 6-month fellowships	1
Monthly meetings for full-time faculty	1

a. Departments chose as many as were applicable to them; the total, therefore, is greater than 16.

programs, which consisted mainly of informal meetings tailored to individual needs, appeared to be on departmental structure and expectations.

Twelve (75%) Departments provided in-house faculty-development activities. All 12 offered training in teaching skills, nine in research, and three in administration. However, the content and method of these activities varied widely (Table 1). With notable exceptions, only a few Departments had fairly well-developed structured programs, and the majority of activities seemed to be carried out on an *ad hoc* basis.

The most common strategies used for faculty development are summarized in Table 2. Half-day workshops and seminars were reported to be the most successful activity.

All but two of the Departments surveyed had access to faculty-development activities available elsewhere in the University (e.g., the Centre for Medical Education; the Department of Education). Most faculty also attended faculty-development programs in other institutions: namely, The Section of Teachers of the College of Family Physicians of Canada, McMaster University, Duke University, and the University of Western Ontario.

Resources and support

Fifteen departments provided support for faculty to travel to professional staff development. Release time to allow faculty to pursue their own interests was offered in 14 centres; study leaves were available in 12. One Department of Family Medicine facilitated a faculty-exchange program.

The following tactics were used most frequently to encourage participation in faculty development:

- combining social and scientific activities;
- assisting financially whenever possible;
- arranging appropriate time off for faculty to attend conferences; and
- circulating available brochures on faculty development.

The financial resources available for faculty-development activities showed a wide variation, ranging from no financial support at all in two Departments to $2500.00 yearly for all faculty in one department. Most departments had access to discretionary funding only.

Discussion

The results of this survey have demonstrated that there was considerable variation in faculty-development activities across Canada. Although 75% of all Canadian Family Medicine Departments offered faculty-development activities at the time of this study, just over half of the departments had a committee or person responsible for faculty development. Programs also varied from commonly known, structured programs to considerably less formal programs that varied from year to year and were organized strictly for in-house purposes.

Not surprisingly, Departments that had a formal structure of, or an individual responsible for, faculty development sponsored more faculty-development activities in-house. Those that had a person responsible for faculty development listed twice as many in-service activities as those without such a person. Most Departments of Family Medicine had no structured programs that were part of a comprehensive plan or that occurred on a regular basis. Our findings suggest that Family Medicine Departments would be able to sponsor more faculty-development activities if they had a formal committee structure, designated an individual to be responsible for faculty development, and had access to financial resources to support their activities. A commitment of time, money, and personnel appears to be essential for the successful implementation of faculty development.

Of the faculty-development activities in place, workshops on teaching skills were the most common. The major emphasis of these workshops was on clinical supervision, with little emphasis on evaluation. With an increasing demand for research productivity in family medicine, faculty development should also include critical appraisal, writing skills, and research methodology. Similarly, focus on administrative skills would be helpful in light of the increased number of residency positions and the need for more funding. Half-day workshops and seminars seemed to be the most successful faculty-development activity. We attribute this finding, which is consistent with the results of previous studies, [4,10] to the limited time and restricted funds generally available for such activities.

The results of this survey also suggest that although a number of local programs worked very effectively, they did not appear to be shared nationally. There definitely seems to be a need for closer co-ordination and broader dissemination of information among the Family Medicine Departments of our 16 Canadian universities.

One of the most pressing problems in family medicine is an acute shortage of faculty members who are fully qualified to fulfill the multiple expectations associated with being an academic family physician.[17] While no high school teacher would teach without some background in education, a high percentage of teachers of family medicine have no formal training in instruction.[18] Our survey showed that few Departments sponsored organized orientation programs for new faculty. In the orientation programs in place, the emphasis appeared to be on departmental structure, and not on teaching issues. Although there is no conclusive proof that a structured orientation program can improve the academic performance of new faculty, experience from industry suggests that orientation for new executives is well worth the effort.[16] Stephens[19] has identified a number of factors encountered in the transition from practice to teaching: fear of failure; fear of being exposed as an "imposter"; doubts about competency; and a significant decrease in enthusiasm and energy. It would be helpful to new faculty to address these issues early in their academic career.

The planned expansion of internships from one to two years provides an additional impetus for orientation programs. This development will place an increased number of trainees under the aegis of family medicine and will involve taking on many new faculty members from local and rural practices. Orienting these physicians will become a high priority, as they will need to have a sense of integration into the mainstream teaching faculty, and they will have different faculty-development requirements. Community physicians often limit their patient load, and therefore their financial reward, in order to teach medical students, interns, and residents. Our survey highlighted the

lack of attention paid to established part-time teachers in the area of faculty development. Focusing on their specific teaching environments, scheduling events at appropriate times, and providing financial and/or other incentives are but some of the ways to adapt faculty development to meet the needs of part-time instructors. In our own setting, this survey has prompted us to develop and implement a structured orientation program for new faculty, including both rural and community physicians.

Conclusions

In sum, our findings suggest that we should focus on the following tasks:

- the development and implementation of departmental policies for faculty development;
- regional or national needs assessments of faculty members of Canadian Departments of Family Medicine;
- the identification and sharing of local and national resources;
- the matching of available resources with perceived needs;
- the development of orientation programs for full-time and part-time faculty; and
- the initiation and implementation of cyclical faculty-development programs.

The results of this national survey indicated that the content and methods of Canadian faculty-development programs varied widely, that most programs were offered on an *ad hoc* basis, and that the few existing formal programs were not widely shared. In our opinion, faculty-development programs should be given a higher priority than they currently receive, and the implementation of such programs should be considered on both a regional and a national basis. As Jason[20] has stated:

> The one task that is distinctively related to being a faculty member is teaching; all other tasks can be pursued in other settings; and yet, paradoxically, the central responsibility of faculty members is typically the one for which they are least prepared.[20] ■

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