The Power of Peers: Faculty Development for Medical Educators of the Future

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The roles and expectations of educators are growing in response to the evolution of medicine and the sciences of improvement, learning, and teaching (BOX 1).[1] These changes require that graduate medical education (GME) faculty accept new roles and perform in existing roles with more expertise, while maintaining the long-held purpose of educating the next generation of physicians (BOX 2).[2] Being a content expert who disseminates knowledge will no longer be sufficient. Technology is changing how we care for patients, promote and assess learning, communicate, and use data to support clinical *and* educational improvements.[1] Responding to these rapid developments, the Accreditation Council for Graduate Medical Education Common Program Requirements include a new requirement that faculty "pursue faculty development designed to enhance their skills at least annually" as educators, effective July 2019.[3] Faculty recognize that they must gain new skills and enhance existing competencies as educators for these evolving education roles, but the question is how—given all their other clinical and educational expectations?

The faculty development literature is replete with guidance on strategies to enhance faculty skills ranging from competency-based medical education[4] and entrustable professional activities[5] to interprofessional education facilitation[6] and mentorship of women.[7] Good clinician role models have always existed. Faculty have always guided trainees to resources and opportunities. Yet in 2025, the evolved role of navigator and coach will require faculty to navigate complex learner assessment data, identify gaps, and co-construct a plan with benchmarks to achieve desired performance targets using shared mobile technology. However, there is limited guidance on how to develop and transition faculty into these new, expanded roles that challenge many faculty members' core identities as content experts.

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Faculty Development for 2025 Educators

Any transition in roles, including that of teacher/educator, confronts one's purpose, sense of identity, and support network. Steinert and colleagues[8] emphasized the importance of the teaching role as an integral part of teachers' identities, particularly for clinicians. Steinert and Macdonald[9] found that physicians find purpose in teaching as it "allowed them to repay former teachers for their own training, gave them an opportunity to contribute to the development of the next generation of physicians, and afforded them ongoing learning…" as well as being personally energized and gratified.[8] Browne et al explored the use of psychosocial transition theory, which deconstructs events that impact our relationships, routines, and roles, as a tool for exploring role and identity change in medical educators.[10] They applied Schlossberg's 4S model—situation, self, support, and strategies—as an analysis framework to explore how individuals transitioned when developing a successful identity as a medical educator.[10,11]

What We Did: Identify Faculty Development Strategies for 2025 Educators

Through the lens of Schlossberg's transition model, we reframed our task as faculty developers and explored how to prepare faculty for these new medical educator roles. During a 90-minute interactive session entitled "The Job Roles of the 2025 Medical Educator: Implications for Faculty Development" at the Association of American Medical Colleges 2018 Learn, Serve, Lead meeting, we focused on how to engage faculty in shifting mindsets from current identities and roles as educators—aka the way it's always been done—to embracing new roles as physician educators.

Following an overview of the 2025 roles and Schlossberg's transition factors, 28 trained facilitators, each preassigned to focus on a specific 2025 role, charged workgroups to complete 3 tasks:

1. *Identify a target audience* such as residency program directors, residency faculty.

BOX 1 New Roles for Faculty Educators in 2025

To help frame the focus for faculty development, 6 roles for the 2025 medical educator have been articulated[2]:

1. **Diagnostic Assessor:** use data to identify performance gaps to individualize training
2. **Content Curator:** access, select, sequence, and deliver high-quality evidence-based content
3. **Technology Adopter:** be an early adopter, fluent in selecting and using technology tools
4. **Learner-Centered Navigator and Professional Coach:** guide learners to achieve identified performance targets
5. **Learning Environment Designer, Engineer, Architect, and Implementer:** design "space" to optimize learning
6. **Clinician Role Model:** act as an exemplar for the various 2025 physician job roles

BOX 2 Going Forward—Faculty Development in 2025

1. New faculty educator roles will continue to emerge, which will impact faculty members' sense of purpose, identity, and sources of support.
2. Develop faculty development programs as a transition strategy to address role-specific knowledge, skills, and identity.
3. Create brief, embedded, and practical strategies (eg, within existing required meetings), aligned with faculty's purpose and identity as educators, and incorporate social support (ie, hands on by respected colleagues).
4. Share faculty development strategies and resources, including respected peers, across programs.
5. Think future: Use technology, graduate medical education, and other infrastructures to support just-in-time, spot-on "learning alerts" (eg, linked to quality and safety).

2. *Conduct a needs assessment* by envisioning themselves "facing" their target audience after saying, "In 2025 we will have expanded and new roles including (assigned role)." The facilitator recorded what group members anticipated the target audience's perception regarding the first 3 attributes of the Schlossberg transition model: (1) situation (eg, excitement or dread of new role, confusion); (2) self (eg, impact on identity, perceived value); and (3) support (eg, emotional, organizational).
3. Identify the fourth S—strategies—to expedite that faculty role transition.

Each facilitator reported out 3 key findings from the 4S's. Collected worksheets were analyzed by the authors, with results sent to facilitators for clarification and affirmation.

What We Did Find: Schlossberg's 4S's

Surprisingly, despite the diversity (roles, geographic location, gender) among 171 participants, the 4S's results did not differ meaningfully by future role or target audience. Across the roles and target audiences, the cross-cutting findings for each of the 4S's were:

1. *Situation:* The need or urgency for change was not evident to many. Role changes threaten faculty's core identity and job security and reveal their limited competence in new areas. The perceived lack of control over the change and current job stresses (lack of time and support for education) makes the situation more challenging.
2. *Self:* Faculty equate being a good teacher with subject matter expertise, which forms a valued part of their identity. The risk for role change outweighs perceived benefits as teaching is already undervalued at many sites.
3. *Support:* Peers were the strongest source of emotional support for commiserating and serving as role champions. Information, hands-on experiences, and organizational supports were perceived as essential to success.
4. *Strategies:* Affirming, honoring, and building on their enduring current roles and emphasizing that new roles are extensions of existing skill sets were emphasized. A common thread was the active use of *peer champions*, as sources for emotional support (commiserate, feeling valued), information sources (answering role change questions, referral to resources), and hands-on support (respected guides at their sides to build skills, champions who share expertise with others).

Stepping back, all strategies emphasized the need to: (1) frame and support educator role change as an evolution from existing roles; (2) explicitly attend to educator transition challenges: purpose, sense of identity, and support network; (3) employ a growth mindset as optimal strategy to achieve one's core purpose and goals as an educator; and (4) establish visible organization and leadership support for faculty development.

Implications of Findings for Faculty Development in GME

Acknowledging, recognizing, and strengthening our GME faculty's identities and purpose as clinician educators must be integrated within faculty development efforts. Focusing exclusively on educational knowledge and skills often fails to recognize the

psychological effects on faculty members' sense of identity[8] and may explain why current strategies could fall short (lack of attention to situation, self, strategies). Schlossberg, along with other transition theorists, argue that attending to the psychological and affective domains (eg, each faculty member's 4S's) during transition can positively impact the ability to cope with a new role.[12] Indeed, Arvandi and colleagues found a significant inverse relationship between faculty members' readiness to change teaching approaches and their severity of occupational burnout.[13] Thus, activities that adversely affect one's purpose and sense of identity may accelerate burnout, and burnout (well-being[3]) may interfere with faculty members' ability/willingness to change.

Focusing on faculty development strategies and interventions that allow participants to understand how these new roles sustain and expand their purpose, instead of seeing changes as detrimental, will ease tensions and may promote participation. Assuring faculty that they do not have to be experts in all areas and developing cogent, accessible delivery methods (eg, social media, TED-like talks) that can be incorporated into already busy days will promote participation.

In this process, creating a supportive colleague network will be vital.[14] Using peers as champions for change is not new, neither is the use of peers as coaches or faculty developers in medical education.[15–18] Designing, implementing, and evaluating a peer champion or peer coaching approach to 2025 GME educator development could be a win-win strategy. Champions and coaches would align with the clinical learning environment and common program requirement expectations for faculty development and well-being[3] by providing emotional support through enhancing peer-to-peer connections. Identifying and supporting respected faculty with expertise in one or more of the roles is a first step. These peer champions could offer 10- to 15-minute "how tos" within existing faculty/program meetings or hallway consultations with colleagues in clinical settings. This emotional and hands-on support can increase the potential for adopting new educator roles and skills.

Using peers as faculty developers will require preparation for these champions. Adopting the role of faculty developer may also represent an identity transition,[19] ideally evolving from an existing strong educator identity.[8] By forming a community of practice or network,[14,20,21] more experienced faculty developers can facilitate peer champions' identity formation as educators and faculty developers, provide a forum to review expected competencies for their 2025 medical educator role focus, share resources, explore challenges, and collectively advocate for organizational change and institutional support for educators.[8]

Summary

Utilizing role transitions theory to understand GME faculty perceptions of current and future educator roles illuminates our approach to supporting the 2025 medical educator. Attending to educator identity formation as part of faculty development strategies can strengthen their underlying purpose as educators for future physicians. Creating support networks can enhance progress and sustainability.

Utilizing peers as coaches and faculty developers is one strategy that can contribute to the successful incorporation of these new roles into the identity of our 2025 GME educators.

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