AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

Common Cause and Common Purpose: Strategies to Increase Engagement in Faculty Development Activities

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INTRODUCTION

The Accreditation Council for Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), and the Commission on Osteopathic College Accreditation all broadly require that undergraduate, residency, and fellowship programs provide professional development opportunities for teaching faculty.[1] Most educational programs face challenges to engage faculty in a way that facilitates faculty development as intended. Many faculty members experience dissonance among meeting the needs of their educational environment, clinical responsibilities, and finding meaning in their work.[2] Additional challenges include increasing clinical and nonclinical work compression of faculty, which makes it more difficult for faculty to prioritize meaningful engagement in faculty development programs.[3,4] For faculty, it can lead to a lack of community, reduced meaning in work, misalignment with professional and institutional values, a feeling of cessation of expertise development, and, ultimately, burnout.[3,5,6]

There is limited current literature on evidence-based strategies to sustain and engage faculty successfully. Much of the literature describes various faculty development programs rather than engagement strategies for faculty development. Practical applications and programs to operationalize these themes into meaningful faculty development are not well developed.[2,7] There is no single paper that captures the breadth of options an institution can utilize to engage faculty in meaningful communities and faculty development. There are also major gaps in meeting the core competencies for education, such as practice-based learning and systems-based

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practice, which require faculty development to establish the culture, develop the curriculum, role model the behavior, and establish the evaluation metrics, which will impact trainee outcomes.

The Alliance for Academic Internal Medicine (AAIM) has prioritized addressing incentives that engage faculty participation in faculty development. To investigate this paradigm, the AAIM Education Committee Faculty Development Work Group sought to further the discussion about faculty engagement by 1) compiling the challenges that academic institutions face engaging faculty in faculty development; 2) identifying strategies to mitigate such challenges and incentivize faculty to participate in faculty development; 3) promoting a dialogue that lays the groundwork for development of best practices and assist academic institutions in creating a culture that effectively engages faculty in faculty development; and 4) creating a comprehensive list of faculty engagement strategies to share with the educator community.

> **PERSPECTIVE VIEWPOINTS**
>
> - Many institutions are challenged to find ways to engage faculty and encourage participation in faculty development.
> - Strategies to engage faculty fall into one of the following categories: Institutional Culture, Appreciation, Reimbursement, and Utilization and Accessibility.
> - The "best" strategies will be determined by individual institution and faculty needs.
> - Institutions interested in increasing faculty engagement are encouraged to employ a variety of strategies from the different categories.

METHODS

This study utilized a sequential mixed-methods approach to gather qualitative data, followed by quantitative data on the barriers and solutions to engage faculty in faculty development, and finally, through additional qualitative data to further refine the work. To collect qualitative data, the work group facilitated 2 90-minute workshops with internal medicine and medicine-pediatrics educators. These workshops took place at the 2017 AAIM Skills Development Conference and at Academic Internal Medicine Week 2018.

The work group facilitated small-group discussions with educational leaders about their experiences as faculty and as directors of faculty development activities. The specific foci were barriers and solutions for effectively engaging faculty in activities.

In late 2018, to acquire input from a broader faculty group, we distributed an anonymous 19-question survey for 3 weeks from November to December 2018 to academic clinical faculty through AAIM and Society 'of General Internal Medicine online communities. The survey collected information on development and engagement strategies employed by the institutions. In addition to the quantitative data, the survey allowed

us to collect additional narrative qualitative data from participants.

To finalize data collection, the work group conducted a focus group discussion with educational leaders at Academic Internal Medicine Week 2019 to share effective strategies to engage faculty in educator development. Thematic analysis from the survey's narrative questions, the workshop discussion, and the focus group session was conducted by 2 authors (JD, AR) to identify key themes to faculty engagement.

To inform AAIM's work, the work group conducted an extensive literature search for peer-reviewed articles on MEDLINE/PubMed, Google Scholar, and MedEdPORTAL using MeSH terms: clinical faculty, medicine faculty, ambulatory faculty, faculty engagement, faculty development, career development. All articles were reviewed critically for strategies related to faculty engagement or faculty development. Most selected and cited articles were within the past 15 years.

RESULTS AND DISCUSSION

The workshops in 2017 and 2018 allowed us to collect opinions from approximately 130 faculty members. Demographic data were not collected. Participants represented faculty from large, small, university, community, categorical internal medicine, and combined internal medicine specialty programs. Program leaders and faculty identified barriers to effectively engaging faculty in developmental activities, including difficulties engaging faculty who have additional nonteaching responsibilities, securing venues, and scheduling effective time for content delivery. The workshop participants imparted ideas to improve faculty engagement: creating a culture of faculty development, providing specific incentives, protected time devoted to educator development, and expressing appreciation to those who participated in faculty development sessions.

Because the survey was distributed through online community platforms, it was impossible to verify survey response rate. Of the 111 respondents to the survey, 66 identified as university programs and 41 identified as community programs. Program size ranged from fewer than 15 residents to greater than 100 residents. Survey results showed extremely varied approaches to faculty engagement, without any

technique standing out as superior or lacking. Although the survey data did not show any method as more effective than another, there were common themes that were evident from respondents. Systems that created incentives or recognized faculty were noted by some to be effective. Clear expectations from department chairs or supervisors also proved to be constructive. Last, engaging faculty in the topic selection, including faculty development time in pre-existing department or faculty meetings, was effective.

The work group collected opinions on faculty engagement from approximately 35 faculty members representing a variety of programs across the country during the 2019 focus group. The discussion yielded several distinct strategies within 4 themes: consider timing and other work obligations of faculty, identify talented facilitators and innovative teaching techniques, set expectations and prearrange curriculum, and support a culture of learning and growth through role modeling and incentives to motivate faculty.

Through thematic analysis of the data from the 2 workshops, focus group session, survey results, and a detailed literature review addressing several implemented strategies, 4 main areas of engagement emerged: institutional culture, reimbursement, appreciation, and utility/accessibility (Table).[4,6,8-31] The Table indicates techniques identified in the literature and those found in our work. In each of these categories, the work group noticed an overlap with some of the techniques identified in the literature and those that were identified in our work. In each category, there were also several techniques identified that have not been previously characterized in the literature. We will use the remainder of the discussion to highlight some of the exemplars identified.

Institutional Culture

Institutional culture is by far the most important aspect of fostering a faculty community that is engaged and participating in faculty development. Respondents described multiple ways through which institutional leadership can create a culture that promotes participation in faculty development, starting with including education in the mission statement of the organization. Institutional leaders set clear expectations for faculty in the areas of teaching and development as a teacher. They assign champions in divisions, practices, and other sites to create role models and advocates for this work. The creation of an academy of medical educators or similar group is a key component to establish a group that confers high value on the professional identity of educators[8] that can be accomplished with a formal academy of medical educators, but can also be established with other learning communities or faculty groups within the institution or professional societies.[9,10] Online chat groups and workshops can be developed to keep the faculty development community engaged over time.[10]

Once established, the community of faculty can serve as the core group for faculty development programming, encourage continued growth as educators, and provide inspiration for rising faculty members to join the group. In addition, it is valuable to assess participation in faculty development and its value when considering academic promotion or good citizenship within the department. External accreditation processes by ACGME and LCME can drive this emphasis. Internally, leadership may choose to include faculty development as a quality-improvement metric tied to departmental goals or revenue. This metric can be reinforced by a department chair or vice chair for faculty development in conjunction with faculty supervisors by setting clear expectations for participation in faculty development and including engagement as part of yearly faculty performance reviews.

Reimbursement

Faculty described several ways in which programs and institutions can value the time and effort required for faculty development. Considering teaching activities in the academic promotion process as well as providing both time and financial remuneration were mentioned as ways to support faculty development. There is significant literature published describing contracted bonuses or education relative value units to incentivize faculty to participate and be productive.[11-14,32,33] Education relative value units can be applied to all forms of faculty work, including direct teaching, lecturing, and scholarship productivity. Additionally, the work group research further identified that some institutions have adjusted clinical volume or set clearly defined "protected time" for participation in faculty development. Others have developed formal faculty development workshops in small groups, encouraging faculty to attend, with the department funding their time to attend.

Appreciation

There was stated value in recognizing faculty contribution to the educational mission. Many institutions confer teaching awards and certificates. In addition, providing faculty the opportunity to be acknowledged as medical educators through community building, assigning appropriate mentorship, establishing faculty appointments, and allowing excellent teachers to have a role in implementing faculty development programs were suggested.[15-17] Many institutions provide certification or continuing medical education credit for faculty development sessions. Providing meals during faculty development sessions allows physicians to more easily attend a conference between clinical or administrative duties and can foster community. All of these forms of recognition also help to reinforce faculty identity.

Table Strategies to Engage Faculty		
Common Themes	Employed Strategies (from Literature)	Potential Strategies (from Study)
Institutional culture	Support an Academy of Medical Educators to elevate the prominence of the educational mission.[8] Encourage faculty learning communities through institutional or professional society faculty development programs.[4,9,10,20,21] Create a core faculty model of master educators with resources and salary support for education.[6,14,22] Formally defined career expectations of teaching faculty.[18]	Make a clear emphasis on the educational mission within the institution. Create a faculty learning community through training programs, clinical practices, etc. Establish a core group of "Education Champions" for faculty development (FD) within each practice/division, including exemplary teachers to deliver FD sessions. Establish concrete expectations and goals for faculty development attendance of teaching faculty Measure Teaching metrics (eg, evaluation completion rates) for annual or quarterly bonuses and to review during faculty check-ins. Have the Chair or faculty supervisor mandate faculty participation as part of the criteria for career advancement and the amount of clinical teaching time a faculty member receives. Emphasize LCME/ACGME accreditation expectations for the active development of teaching faculty at the sponsoring institution.
Reimbursement	Establish educational RVUs for teaching, participation in faculty development and scholarship.[11-14,23] Create monetary incentives for faculty scholarship.[11,23,24] Tie scholarship funding for protected time to faculty development participation.[21]	Establish educational RVU value for participation in faculty development activities. Create monetary reimbursements such as stipends and bonuses for participation in faculty development activities. Protect time for faculty development activities by adjusting clinic volume or patient census for teaching attendings.
Appreciation	Establish academic faculty mentorship of junior faculty or community physicians.[15-17,19] Support clinical faculty appointments at the sponsoring or affiliated institution[15]	Pilot faculty development programs with faculty who are "early adopters" to reward and build enthusiasm in the program Support faculty with career development conferences and faculty meetings for faculty interested in medical education. Acknowledge faculty with teaching certificates or other nonmonetary incentives for completion of faculty development programs. Provide meals/snacks during faculty development sessions (eg, lunch sessions). Offer Continuing Medical Education or Maintenance of Certification credit for faculty development sessions. Establish yearly or monthly teaching awards and have past winners visible to faculty members (Hall of Fame for frequent awardees).
Utility & accessibility	Offer online learning for faculty development.[25,26] Create faculty development that is integrated into the clinical workplace.[27-30] Perform a detailed needs-analysis and involve faculty in faculty development program planning and delivery[19,25] Consider a multifaceted faculty development program with a variety of delivery mechanisms and content.[4,19,21,31]	Use technology to deliver faculty development content (eg, webinars, livestreamed or recorded content for remote or asynchronous learning). Use flipped classroom techniques with readings, podcasts. or social media. Deliver faculty development content when it is most relevant to the faculty members (eg, "Just-in-Time" sessions on bedside teaching occur right before faculty are on teaching service). Pair or imbed faculty development sessions with pre-existing division meetings.

Table (*Continued*)

Common Themes	Employed Strategies (from Literature)	Potential Strategies (from Study)
		Create a faculty development curriculum based on faculty evaluations and needs-assessment data.
		Involve diverse faculty (inpatient, outpatient, academic/community) in planning and implementation of the faculty development program.
		Partner with subspecialty colleagues to teach faculty development sessions based on In Training Exam scores and compare across divisions.

ACGME = Accreditation Council for Graduate Medical Education; LCME = Liaison Committee on Medical Education; RVU = relative value unit.

Utility and Accessibility

Faculty shared many concrete suggestions to make faculty development sessions worthwhile and make attendance more likely. Providing meals and conferences in accessible locations at convenient times lowers attendance barriers.[34] Sessions that occurred during pre-existing meeting times (eg, division meetings) when faculty were already expected to be available were considered more accessible. Locating sessions at

Figure 1   Impact—effort analysis template.
CME = continuing medical education; E-RVU = educational relative value unit; FD = faculty development; IT = information technology; LCME = Liaison Committee on Medical Education; MOC = maintenance of certification.

Figure 2 Example impact−effort analysis of faculty engagement strategies.
ACGME = Accreditation Council for Graduate Medical Education; CME = continuing medical education; E-RVU = educational relative value unit; FD = faculty development; IT = information technology; LCME = Liaison Committee on Medical Education; MOC = maintenance of certification.

various sites so that one group of more distantly located faculty are not always at a geographic disadvantage can be helpful.

Harnessing technology is increasingly important to deliver content in unique ways (eg, podcasts, webinars) and provide remote attendance for off-campus sites or recording sessions for asynchronous learning. The utility of the sessions can be related to faculty's "just in time" needs. For example, attendings about to go on ward service might be more inclined to attend a session on bedside teaching. Surveying faculty with a needs assessment can be helpful.

Additionally, creating and distributing a defined faculty development curriculum that is aligned with faculty needs assessment can add value to the faculty development series.[18,19] The delivery and implementation should include faculty from all sites and all levels of teaching.

CONCLUSION
ACGME mandates faculty development for educators in residency programs. Data suggest that although the need exists, many institutions struggle to engage faculty in a way that results in a sustained and high level of participation in faculty development. Through multimodal work group efforts, we have found there is no "right answer" on how to engage faculty and create a successful faculty development program. However, this study and the literature reveal that producing an engaged faculty and much-desired community of educators can be achieved by employing strategies that revolve around 4 major areas of engagement: institutional culture, reimbursement, appreciation, and utility and accessibility.

When considering the 4 major categories, AAIM suggests that departments planning faculty development employ a few techniques from each category to engage the faculty to participate. For example, facilitated institutional cultural growth in this area may be through the formation of a designated faculty group of educators. Other strategies would be to provide educators with clear nonclinical expectations and appropriate departmental mentors.

Aligning financial bonuses with faculty development goals, establishing a number of teaching awards, celebrating faculty scholarship and achievements broadly, and assessing the ongoing and changing needs

of faculty to develop a curriculum that can be delivered in a format that is easily accessible are all additional useful strategies. Through this multimodal approach, AAIM believes that institutions can develop successful and sustainable faculty development programs with an engaged and enthusiastic faculty.

Institutions will bring significantly different challenges and opportunities to this work, and in each case, different strategies from these 4 categories will be useful. No strategy is generalizable to all institutions. AAIM urges faculty development leaders to adapt these strategies for the resources at hand using the impact−effort template provided in Figure 1. Figure 2 is a sample impact−effort analysis that might be specific to the context of a large academic center, while a similar analysis could look substantially different for a small rural program or a large community-based program.

Limitations of our work include the lack of quantitative data to assess success or widespread use of the proposed techniques. The literature review also failed to identify scholarly work on the outcomes of any of these techniques. The work group did implement a survey, but ultimately found the unvalidated instrument to be primarily useful in identifying techniques through qualitative survey responses. The survey, in-person workshops, and focus groups did reach a variety of faculty members representing a breadth of training programs. Yet, with the small sample size and lack of demographic data from the participants, the work may not be generalizable to all programs.

The study was intended to identify available techniques used by institutions to implement successful faculty development programs. Future areas of research should include quantitative and qualitative outcomes data on the implementation of these variable techniques. This paper lays the foundation for the development of best practices and provides a blueprint for academic institutions to create a culture that effectively engages faculty in faculty development.

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