

FACULTY LEARNING COMMUNITIES: A NEW MODEL FOR FACULTY DEVELOPMENT IN MEDICAL EDUCATION



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ABSTRACT

A model of faculty development, known as **faculty learning communities**, has been implemented at the University of Arizona College of Medicine in Phoenix. Although this format has been used in a broad range of universities, disciplines, and curricula for over 20 years, it is relatively new in medical education. By definition, a faculty learning community (FLC) is a transdisciplinary group of 6 to 15 faculty and professional staff engaging in an active, collaborative, year-long program that focuses on enhancing teaching and learning with frequent seminars and an individual scholarly project.¹ Evidence shows that FLCs increase faculty interest in teaching and learning and provide safety and support for faculty to investigate, attempt, assess, and adopt methods that are new to them¹

The FLCs are of two types—cohort and topic based. **Cohort-based learning communities** address the teaching, learning, and developmental needs of an important cohort of faculty (e.g., junior faculty, department chairs). Each **topic-based learning community** has a curriculum designed to address a special campus or divisional teaching and learning need, issue, or opportunity. These FLCs offer membership to and provide opportunities for learning across all faculty ranks and cohorts.

The first city-wide Medical Education FLC chose to focus on **Adult Learning**. The program began with 13 physician-educators and one professional educator. Seminars were led by the participants and focused on basic principles of adult learning and their application to medical education. Participants identified and completed an individual project to make a portion of their current teaching responsibilities more effective. Projects were presented at the University of Arizona's **First Annual Faculty Learning Community Scholarly Teaching Symposium** at the end of the year.

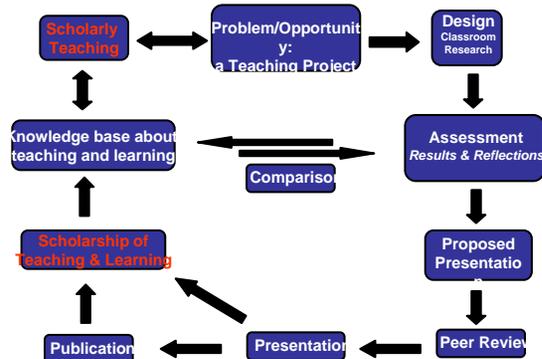
The **goals** of the FLC were to: 1) provide a new opportunity for faculty development and familiarity with a new format that is also part of some student curricula (student learning communities); 2) develop scholarly teaching skills; 3) foster the sense of community across institutions and departments; 4) encourage the production of works on the scholarship of teaching for publication or presentation; and 5) develop a growing group of medical educators dedicated to enhancing teaching.

Two **survey instruments** were used to assess participant outcomes. A traditional pre-post self-assessment survey demonstrated statistically significant improvement in teaching on ten of 35 items. Results from the Cleveland Clinic's Clinical Teaching Effectiveness Instrument revealed, due to sample size and ceiling effect, no statistically significant improvement.

Plans for 2006-2007 include offering another city-wide FLC and starting one FLC at each of two large teaching hospitals in Phoenix. Completers of the first city-wide FLC are serving as facilitators for these new communities.



The FLC as Context for the Cycle of Scholarly Teaching and the Scholarship of Teaching and Learning (SoTL)



Adapted from Richlin 1993

MONTHLY SEMINAR TOPICS

Taking the Journey to Scholarly Teaching: Don't Travel Alone
 The Scholarship of Teaching: How to Fulfill Your FLC Mandate and Become Fulfilled in the Process
 Adult Learning Theory
 Problem Based Learning: A Primer
 Assessment of Learners
 Giving Feedback in Medical Education
 Curriculum Development
 Setting Goals and Expectations
 Non-Successful Learners
 Teaching Across Generations
 Maintaining Passion in Teaching and Celebrating Teachers
5th Annual Innovations in Medical Education & Bright Ideas & Poster Session
 Faculty Learning Communities: Bringing It Home
 Motivational Interviewing
 Mentoring ... the Challenge and the Opportunity
 Developing On-Line Learning Tools
First Annual Faculty Learning Community Scholarly Teaching Symposium

OUTCOMES

1. Pre and Post Participation Surveys. A 35-question self-assessment survey was completed by participants around the start of the FLC and again near the conclusion. A scale from 1 to 10 was used to best detect change. Ten of the 35 questions demonstrated statistically significant improvement (see table below):

Questions with Significant Improvement	mean pre (out of 10)	mean post (out of 10)	difference	p value
I regularly self-assess teaching	6.4	6.78	0.38	0.014
Frequency of defining objectives for learners	5	6.67	1.67	0.01
Incorporate suggestions into my teaching	6.33	7.67	1.33	0.019
Facilitate feedback from learners	5.4	6.56	1.16	0.016
Aware of ways to promote my teaching for faculty promotion	4.3	6.89	2.58	0.004
Your understanding of and interest in the scholarship of teaching	6.56	9	2.44	0.004
Your awareness of ways to integrate the teaching and research experience	3.9	7.67	3.77	0.029
Frequency of reading about teaching techniques	5.6	7	1.4	0.008
Aware of resources to assist growth as teacher	5.5	8	2.5	<0.001
Your research and scholarly interest with respect to your discipline	6.1	7.89	1.79	0.016

2. Clinical Teaching Effectiveness Instrument: Copeland and Hewson developed and studied the Cleveland Clinic's Clinical Teaching Effectiveness Instrument (CTEI) as a generic, department-independent instrument that can be used in a variety of clinical teaching settings.³ We sent this 15-question tool to 10 residents or students of participants at the start of the program and then again 6 months later. There was no statistically significant improvement overall or in any of the individual areas in this small sample. We believe that this was due to a ceiling effect that has been noted in other studies using this instrument.³ At Cleveland Clinic, the average rating for all 15 items was 4.12 (out of a possible 5) and at the start of our program, it was already much higher at 4.46 and then 4.47 after participation. The FLC participants were self selected, motivated and enthusiastic. They committed to spending their personal time to be a part of the group and many had already received numerous teaching awards.

1 International FLC website: <http://www.units.muohio.edu/flc/>
 2 The New FLC Developers / Facilitators website: <http://www.units.muohio.edu/flc/summer06/index.shtml>. More information on creating and facilitating FLCs is available in Cox, M.D. & Richlin, L. (2004). *Building Faculty Learning Communities: New Directions for Teaching and Learning*, No. 97. San Francisco: Jossey-Bass.
 3 Copeland ML, Hewson MG. Developing and Testing an Instrument to Measure the Effectiveness of Clinical Teaching in an Academic Medical Center. *Academic Medicine* 72:2 February 2000, 161-167.

SCHOLARLY PROJECTS

- Pediatric Inpatient Web-Based Manual for Resident Education
- Igniting Interest: Using Learner-Centered Teaching in a Child Psychiatry Residency
- The Use of Resident Peer Review and a Prize for Performance as a New Way to Improve Compliance with 'Do Not Use Abbreviations'
- The Use of a Faculty Learning Community as a New Approach to Faculty Development in Academic Medicine
- Where Generations X and Y and the ACGME Meet: Making All Parties Happy on the Pediatric Unit Rotation
- The Use of AskMe3 in Assessing Residents' Effectiveness in Promoting Health Literacy in the Outpatient Setting
- Using Bedside Portable Ultrasound to Perform Rapid Diagnostic Paracentesis
- Advisor Role and Documentation
- Developing a Curriculum in Evidence-Based Learning
- Psychiatry Board Review Course

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