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Editorial

Focus on faculty development

Concentration sur le développement du corps professoral

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In today's editorial, we present three perspectives on faculty development. I give my view by looking back on decades of faculty development and thinking about a different history. Heather Buckley, Associate Dean for Faculty Development in the University of British Columbia's Faculty of Medicine, explains her take on effective faculty development and how she works in this field. Katherine Wisener, Associate Director for Faculty Development in the University of British Columbia's Faculty of Medicine, near the beginning of her career in this area, explains what she learned from her recent PhD and how she sees applying it to her work.

Marcel

I have been involved in faculty development since the first term of my PhD program in the fall of 1994. I was studying to become a K-12 teacher developer when I was asked to assist an award-winning faculty member in a different college who wanted to teach better. That experience changed my PhD focus and my entire career trajectory, pivoting from K-12 to post-secondary teachers. After graduating, I led a scholarship and faculty development unit at the University of Saskatchewan for 20 years and one at the Medical College of Georgia for three years. Now, semi-retired, I am still doing faculty development through my research, as an editor, and as a facilitator of a longitudinal coaching skills program. If I had known when I started what I know today, I would have organized faculty development differently.

First, I would have been much more patient and understanding with those who came to learn. Change is arduous work in many dimensions. I would have found more and better ways to build on their strengths to help them address where they wanted to improve. I would have taken a coaching approach.

Second, I would have put more emphasis on and resources toward longitudinal programs that included coaching and peer support. I would have spent less time on single workshops unless I was supporting others to facilitate. The learning and development from one-off workshops do not endure but longitudinal programs show much more promise so workshops would have been part of a larger and longer program. For essential facts and details that faculty need, I would use online, asynchronous programs created by instructional designers that could effectively inform and teach basic information about policy and new procedures.

Third, I would have spent more time and effort on creating and supporting a community of practice, a network of faculty interested in teaching. Teaching is a social practice, and teachers are encouraged by other good teachers.

Fourth and finally, I would have been clear about the roles of faculty development and senior leadership. As I did in my later years of academia, I would have worked towards a model where the medical school leaders—the Dean and Deanery—were the clients and we in faculty development were the service providers. They set the goals and direction; we in faculty development, provide services to help achieve those aims. Another implication of this client-provider relationship is that faculty development is not solely responsible for bringing faculty to programs. It requires emphasizing faculty development as a priority, modifying motivators in the workplace, and freeing up faculty time to engage, all actions that require a partnership with leadership. Faculty development,

collaborating with and for the Deanery, can then work with those who show up.

Heather

Similar to Dr. D'Eon, I have also spent a lot of time thinking about the role of workshops in faculty development. In fact, it is what led me to become a fellow at the Center for Health Education Scholarship at UBC, and focus my Masters on Health Professions Education on how groups of teachers can work together. I wanted to expand my thinking to beyond workshops, as at the time it seemed they were the most well-known and familiar vehicle for faculty development. So, I learned all I could about communities of practice, and its cousin, social networks.[1,2] The result of that deep dive is that I think a lot about the role that relationships and social connections offer for learning, and I still do consider workshops a part of a bigger picture of a multi-modal faculty development program. They can also afford the opportunity for relationships to develop among participants and can also be an entry-point for subsequent engagement in faculty development. But I do agree with Dr D'Eon that workshops should lose their dominant status where "workshop" is synonymous with faculty development.

Along those lines, people often say, "the same people come to faculty development." One implication of this statement is that workshops (and by extension, faculty development) are ineffective because the people who need it most don't come. When considering faculty development "effectiveness,' I think we need to move beyond simple metrics (numbers and who attends) and move towards more complex and system-based approaches that consider the organizational conditions that influence someone's engagement with formal faculty development (what are the facilitators and barriers to engagement). Another implication is the inference that there is limited valuing of those who do come. But drawing on a community of practice lens, strengthening the teaching identity and expertise of those at the core who are more "expert" and are champions is important and valuable to creating a community of practice that supports teaching. But this approach does not excuse us from asking who attends and perhaps more importantly, who does not attend and why?

At this stage of my career, both as a result of my research as well as my experience, I do think much more now about who we are welcoming and how do we create inclusive faculty development that is hospitable, relational and responsive to faculty needs. One strategy we have adopted is to use an end-user approach to resource development, where collaboration with faculty 'on the ground' involves listening, learning, and on good days a lot of laughing as well. It also includes attending to universal design, inclusive excellence and a focus on collective humanity. A recent demonstration of these principles is when we recently designed resources for faculty on how to teach in a clinical environment, we brought together faculty, learners and patients from diverse backgrounds and locations. Seeing all of them authentically sharing their perspectives and experiences to generate ideas has been one of my most meaningful faculty development experiences so far.

Katherine

Like Drs. D'Eon and Buckley, I was struck by my work in faculty development to the point I dedicated my graduate training to it. As someone who had worked in faculty development in a staff capacity as the Associate Director, I noticed repeatedly at curricular tables that it was challenging recruiting and retaining faculty to teach, particularly clinical faculty whose main careers are to provide care for patients. How then, were we ever supposed to get faculty to dedicate additional time on top of their teaching to learn how to teach well? This is what inspired my PhD in Health Professions Education with a focus on faculty development.

Marcel and Heather have highlighted the conditions that lead to a robust and effective faculty development programming–longitudinal offerings, supporting communities of practice and social networks, working alongside leadership, applying an end-user perspective, bringing in learner and patient perspectives, and broadening the conceptualization of faculty development beyond workshops. I hope to offer complimentary perspectives to Drs. D'Eon and Buckley on how faculty development can meaningfully support teachers from my 'early career' perspective.

Faculty are consistently being asked to do more, with less–and dare I say more now than ever before. From what originally included topics such as active learning techniques and feedback approaches, faculty development has broadened to include topics on how to navigate learners who use artificial intelligence, how to support learners who are neurodiverse, how to teach inclusively, virtual teaching and care, anti-oppression, planetary health, competency-based teaching, and trauma-informed approaches. Yes, a lot—and I could go on. These are all very important areas to support our faculty in what many feel is a rapidly evolving teaching environment. Yet beyond simply offering

a list of new and important topics, we must also consider what we are offering our teachers in return when we ask them to do more. How are we helping to ensure faculty feel that their teaching is honoured by our programs?

There are other avenues for faculty to be appreciated and celebrated for what they do well, beyond the boundaries of attending faculty development offerings or receiving tokens of appreciation. For example, teachers are driven by feedback from their learners. They want to know, from their learner's perspective, what they do well and where they could improve. Unfortunately, power dynamics make it difficult for learners to give negative feedback. While that may not be surprising, my research has shown that it is even difficult for learners to give positive feedback as they don't want to be perceived as overly sentimental.[3] Thus, teachers end up relying primarily on anonymized student evaluations of teaching which are stripped of any contextual detail, usually delayed (to increase anonymity), and often vague. Teachers are also motivated to teach by appreciation and feedback from their supervisors and leaders, but can be left frustrated with ineffective delivery of this recognition through generic thank you letters or teaching awards that recognize a few teachers out of thousands (and may be awarded to the "usual suspects").

From my vantage, embedding channels and processes by which teachers can receive feedback and appreciation from learners and leaders in faculty development activities, supports an interconnected and holistic approach. This can enhance our faculty members' commitment to teaching and support retention of our critical resource of teachers.

Marcel, Heather, and Katherine

The varied perspectives in this editorial have been so helpful and energizing for each of us and we think they have the power to move our field forward. And while our experiences and contexts are different, we see two interconnected themes. One of them is that faculty are people, and that faculty development is a process steeped in inclusive relationships. The second is that faculty are part of a larger system that needs to value teaching and learning and thus faculty development. Collaborating with leadership in our valuing of faculty can meaningfully support our teachers and sustain a vibrant culture of teaching and learning.

In the many articles in this issue of the CMEJ you will find a direct or indirect connection to faculty development!

Original Research

Jahangeer and co-authors' exploratory case study, The conditional inclusion of Muslims in medicine: intersectional experiences of Muslim medical students at the University of Toronto's Faculty of Medicine from 1887-1964,[4] aimed to add to outline the discrimination and systemic barriers that continue to affect Muslims in Canadian medical education. They hope their research will contribute to equity, diversity, and inclusion efforts in medical school admissions and curriculum development.

Early career family physician perspectives on their residency experience and practice choices in Canada: a qualitative study by Catherine Moravac and co-authors,[5] explored how residency training affects the practice choices of early career family physicians, particularly regarding community care. While positive experiences in mentorship were influential, there is an ongoing need to address professional identity formation and business management skills in training.

Rachul et al.'s article, Reading between the lines: exploring the unwritten rules of letters of recommendation in the Canadian resident selection process,[6] looked at how letters of recommendation (LORs) are written and read. They found that writers and readers of LORs use strategies, such as omitting or emphasizing certain information, to establish credibility and persuade readers. Understanding these unwritten rules is important to ensure fair evaluation of the applicants.

Simulation in admissions interviews: applicant experiences and programmatic performance prediction by Wildermuth and co-authors[7] evaluated the use of simulation in admissions interviews. They found that simulation was an effective tool for assessing clinical skills and personal attributes.

Do physical activity intensity and sedentary behaviour relate to burnout among medical students? Insight from two Canadian medical schools by Tami Morgan and team[8] studied the relationships between physical activity intensity, sedentary behaviour, and burnout among medical students. Their findings suggested that promoting lighter forms of physical activity and appropriate sedentary behaviour could help mitigate burnout and address curriculum gaps in medical education.

Brief Reports

Tokuno and co-authors, in Perceptions and reported use of extended reality technology in Royal College-Accredited Canadian Simulation Centres: a national survey of simulation centre directors,[9] surveyed Canadian simulation center directors about their use of extended reality (XR) in medical education. While many centers use XR, directors reported only moderate satisfaction and identified challenges like costs, maintenance, and logistical issues.

In Resident and supervisor perceptions of gaining obstetrical competency in Family Medicine: a qualitative descriptive study by Arora and team,[10] studied Canadian Family Medicine residents and their experiences in obstetrical training. The authors found that personal experiences, training opportunities, and role models influenced residents' decisions to pursue intrapartum care.

Considerations for continuing professional development in the post-pandemic era: national experiences from psychiatry by Hazelton et al.[11] examined how COVID-19 affected Canadian Psychiatry Continuing Professional Development (CPD). They found the shift to virtual delivery increased attendance and reduced costs. The study highlighted that virtual or hybrid formats are likely to remain dominant.

Review Papers

Madeline Shivgulam and team's article, Effectiveness of physical activity counselling and exercise prescription education among medical students: a systematic review,[12] reviewed educational interventions aimed at promoting better practices towards physical activity among medical students and residents. The authors hope that education within medical training will equip medical students with the skills needed to discuss physical activity with patients.

The review, Assessing the hidden curriculum in medical education: a scoping review and residency program's reflection by Li and co-authors,[13] examined the literature on methods for assessing the hidden curriculum in healthcare education. They found a lack of clarity on the best approach and highlighted the need for further research and reporting on the long-term impacts.

Wang et al.'s article, A scoping review of Fit in medical education: a guaranteed success, or a threat to inclusivity?[14] examined how "fit" is defined and measured in medical education. They found limited evidence of a positive correlation between fit and educational outcomes and maintained that educators should strive to define this term better.

Black Ice

Woods and team's Eight ways to support faculty with Entrustable Professional Activities highlighted the need for Competency Based Medical Education to assess trainees' real-world performance. They presented eight key concepts for faculty development—including balancing formative and summative assessments—to strengthen faculty skills in Entrustable Professional Activities assessment.

In Five ways to get a grip on applying a program evaluation model in health professions education academies, Blanchard and co-authors[16] outlined steps for getting a grip on evaluating health professions educator academies. The recommendations included using evaluation frameworks, identifying resources, and getting institutional approval.

Six ways to get a grip on developing reflexivity statements by Heather Braund and team[17] reviewed and analyzed the concept of reflexivity in qualitative research. They provided practical guidelines, including emphasizing the importance of observing one's assumptions throughout the research process

Canadiana

Do us no harm: medical schools, not students, should teach how to provide 2SLGBTQIA+ inclusive healthcare by Larche and Boukina[18] emphasized the need for comprehensive 2SLGBTQIA+ education in Canadian medical curricula. The authors argued that medical schools should take responsibility for this education rather than relying on student-led initiatives.

You Should Try This!

Using metaphor and art to talk about death with occupational therapy students by Guay and team[19] highlighted the importance of addressing death in healthcare education. The authors explored students' and educators' perceptions of using metaphor and artistic creation to discuss death-related experiences to help students reflect on and develop communication skills concerning death. This is a French article.

In Fostering Equity, Diversity, and Inclusion in medical school admissions through pre-medical mentorship initiatives,[20] Ahmad and co-authors described a student-led mentorship program that addresses inequity in medical education by providing free mentorship to underrepresented applicants. The program improved application outcomes and offered a replicable model for promoting diversity in medical education.

Commentary

Prescribing leadership: filling the gap in medical education[21] by Sadeghighazichaki noted the limited leadership education within medical school curricula. Sadeghighazichaki advocated for more formal leadership education in medical education to meet the leadership capabilities required by physicians.

Peters and co-authors' commentary, The productivity paradox in postgraduate medical education: improving asynchronous learning,[22] discussed the potential "productivity paradox" of asynchronous learning in postgraduate medical education, where an increase in the volume of asynchronous learning could reduce learning productivity if the volume and redundancy of material lead to the demands on learners becoming overwhelming.

Letters to the Editor

The letter, Advancing diversity, equity, and inclusion at academic medicine conferences: the need for safe spaces[23] by Fatima and team responded to Thoma et al.'s editorial, Emerging concepts in the CanMEDS physician competency framework[24] by emphasizing the importance of creating inclusive environments for the discussions on the CanMEDS 2025 revision, particularly when addressing issues of colonialism and systemic discrimination.

In Enhancing medical education with remote public health research: a student's perspective,[25] Shamailah Haque wrote in support of Mahayosnand's article, COVID-19 lessons learned: public health research should be integrated into medical school curricula,[26] and recommended that medical students continue to pursue public health research opportunities.

Images

From pages to practice by Antonio Yaghy[27] is an AI-generated image that illustrates how medical education animates anatomical and physiological concepts from textbooks and journals. This is the cover image for this issue.

Climate change and health: a focal point for medical education by Henna Hundal[28] is a digital art that depicts medical students studying against the backdrop of this season's Canadian wildfires, highlighting the urgent impact of climate change on health.

Conferences

Finally, we published the 2024 International Conference on Residency Education abstracts. This year's theme was Professionalism, ethics, and identity in residency education: evolving in a changing landscape.[29]

Enjoy!

Marcel D'Eon
CMEJ Editor-in-Chief

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