



Medical School Hotline

Medical Education Fellowship in the Office of Medical Education at the John A. Burns School of Medicine

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Faculty development is vital to maintain quality education and curricular innovation at academic institutions. Evidence is building that faculty development in instructional skills with select participants improves knowledge of effective teaching, observed teaching behaviors, and teacher evaluations.¹ Despite this fact, clinician-educators are assigned to teach in an ever-evolving academic environment without the benefit of any formal instruction in teaching skills.

Faculty development plays an important role in promotion and retention. In recent years, much attention has been given to the challenge clinician-educators face when seeking advancement in academia. In a survey of medical school promotion committees, those aspects of a clinician-educator's performance deemed most important for promotion from assistant to associate professor levels included teaching skills, clinical skills, academic administration, developing educational programs, and various types of scholarship.² Faculty members without specific training in these areas face a steep learning curve before reaching peak efficiency.

In recent years, faculty development fellowships, which may be one or two years in length, have emerged as a model to improve the instructional, professional, and leadership skills of faculty.³ They offer several advantages over episodic workshops and individual consultations. Fellowships provide a longitudinal learning experience in which participants have the time to conceive, develop, and pilot new educational interventions. They can apply what they are being taught. Fellowships allow time for the continual reinforcement of important principles. Finally, the extended time period allows fellows to develop meaningful relationships with faculty mentors and work with a cohort of peers who become future colleagues and collaborators.

As a response to the need for additional faculty development opportunities, the Office of Medical Education (OME) at the University of Hawaii John A. Burns School of Medicine (JABSOM) developed and piloted a Fellowship in Medical Education in the 2000-2001 academic year. This fellowship was designed to meet the needs of faculty at JABSOM and therefore its curriculum was aligned with the skills needed to serve effectively in the school's unique academic environment.

The content of the fellowship fell into three distinct units:

- 1)Curriculum Design
- 2)Teaching
- 3)Personal Effectiveness and Educational Leadership

1)Curriculum Design: Fellows learned how to develop new educational experiences in a scholarly way by:

- A. Beginning to learn how to complete a literature review and curricular need assessment.
- B. Learning the principles involved in writing goals that reflect real world performance, defining measurable objectives, and selecting realistic and feasible yet innovative instructional methods.
- C. Learning ways to evaluate student performance and overall program effectiveness.

As a fellowship requirement, fellows must apply these principles to create and to pilot a new curriculum benefiting their home department, program, or unit.

2)Teaching: Fellows reviewed educational principles and adult learning theory by:

- A. Practicing the application of instructional technology, like the use of presentation software and incorporating video in teaching.
- B. Becoming familiar with the use of standardized patients in instruction and evaluation.
- C. Learning techniques for teaching in the clinics and hospital wards.
- D. Applying these principles in active teaching exercises conducted under the supervision of fellowship faculty who provide feedback and guidance.

In addition, fellows reviewed the theory behind problem-based learning (PBL) and PBL case-design. They served as a PBL tutor for a group of first or second-year students to learn firsthand how to tutor effectively and see how the theory behind PBL is practically applied.

3). Personal Effectiveness and Educational Leadership: Fellows learned practical skills in time management and organization, as well as principles of management, effectively facilitating change, and leadership as they apply to medical education.

Miscellaneous topics included, discussing the promotion process, developing teaching portfolios, improving performance through feedback, writing for publication, presenting scholarly projects, planning educational workshops, and learning elements of educational research.

The content was delivered over the course of the year in the form of weekly two-hour seminars. Assignments, including selected readings and the completion of task-specific workbooks and reflective essays, were completed between seminar sessions. Fellows devoted 25% of their time to fellowship activities that was negotiated in advance directly with the fellows' department chairman or unit director.

The response of the fellows in the pilot year of this program has been positive. They reported that the fellowship provided them with a better understanding of curriculum design, the principles underlying effective teaching, problem-based learning, and leadership. They suggested an improved mechanism for protecting their time to complete homework and additional sessions on teaching skills and educational research. The second class of this fellowship program is scheduled to begin this fall.

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Faculty development is a symbolic representation of the value an institution places on both the quality of education it provides and the faculty that deliver it. The OME Fellowship in Medical Education is an investment in the future of our medical school, and a way to serve the needs of our faculty and students.

References

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3. Wilkerson L, Irby DM. Strategies for Improving Teaching Practices: A Comprehensive Approach to Faculty Development. *Acad Med* 1998;73(4):387-396.

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