

FACULTY DEVELOPMENT

A Collaboration Among Health Sciences Schools to Enhance Faculty Development in Teaching

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Those involved in providing faculty development may be among only a few individuals for whom faculty development is an interest and priority within their work setting. Furthermore, funding to support faculty development is limited. In 2010, an interprofessional, self-formed, faculty learning community on faculty development in teaching was established to promote collaboration on faculty development initiatives that have transference to faculty members across disciplines and to share expertise and resources for wider impact. The organic structure and processes of the faculty learning community created an environment that has not only resulted in an increased offering of faculty development opportunities and resources across the health science campus, but has created a rich environment that combines the knowledge, innovation, and experience to promote collaborative efforts that benefit all. The background, structure, processes, successes, and lessons learned of the interprofessional faculty learning community on faculty development in teaching are described.

Keywords: faculty development, faculty learning community, interprofessional

INTRODUCTION

Throughout health professions schools, there are individuals assigned to design, provide, and coordinate faculty development activities. Some schools and programs have faculty and staff members specifically assigned to this area; other schools have faculty members who demonstrate interest and expertise in providing faculty development opportunities. These professionals from different schools or programs may not have opportunities to interact, except occasionally or informally, and their ability to offer faculty development opportunities may be limited by resources. In 2010, an interdisciplinary, self-formed Faculty Learning Community (FLC) on Faculty Development in Teaching was established to improve faculty development in teaching at Virginia Commonwealth University.

Faculty learning communities provide opportunities for formal and informal professional development and growth

within university settings.¹ Faculty learning communities are rooted in the work of John Dewey and Alexander Meiklejohn, supporting the idea of shared, practical learning, and have become increasingly popular since the 1980s.^{2,3} These committees support a group of faculty members as they engage in an active, collaborative, and self-directed exploration of a teaching and learning issue.⁴ They can support general faculty academic development and learning,⁵ or can be focused on a specific topic or issue, such as use of technology in teaching.^{6,7} Peer consulting is a key component, providing opportunity for formal and informal feedback while engaging in professional development activities.⁵ While many FLCs are multidisciplinary, interprofessional FLCs are not well represented in the literature. As well as benefiting the individual participants, FLCs can contribute to building a campus-wide teaching and learning culture.⁵

Our FLC for faculty development is a cohort-based FLC, recognizing that faculty developers themselves are lifelong learners who can benefit from a professional community. This article discusses the background, structure, processes, and successes of our FLC on faculty development in teaching as well as lessons learned.

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DEVELOPMENT OF THE FACULTY LEARNING COMMUNITY

Since the spring of 2005, the Center for Teaching Excellence (CTE) at our university has supported several FLCs on a variety of teaching and learning issues. Annually, the CTE sends out calls for proposals to fund FLCs, generally involving 6-10 faculty members, for a 1-year cycle.⁸ Faculty learning community topics are focused on a specific teaching theme or skill and are generated from within the group submitting the proposal vs being assigned by external stakeholders in order to engender the intrinsic interest, motivation, and commitment that is necessary for deeper learning.⁴ All university faculty members (full-time and part-time) and professional staff members who have teaching responsibilities are eligible to apply. Proposals are evaluated based on their alignment with teaching, learning best practices, our university strategic plan, topic suitability, FLC member composition/recruitment strategy, facilitator qualifications, and additional funding sources.

The university has established several expectations of funded FLCs to help promote their success, including: (1) attend and participate in regular meetings; (2) develop and participate in FLC assessment activities; (3) identify and contribute to a group project; (4) consider options for individual teaching projects; (5) consider options for virtual meeting spaces (Blackboard, wikis, etc); (6) consider options for sharing what has been learned with a wider audience; and (7) develop a final report.

In 2010, a group of professionals interested in faculty development representing 5 health sciences schools on the health sciences campus of Virginia Commonwealth University developed a proposal for a "Faculty Learning Community for Faculty Development in Teaching." While several of these individuals previously had occasional opportunities to interact, they did not have an established structure for sharing professional experiences and expertise, reviewing faculty development literature and evidence for best practices, and collaborating on faculty development program design and delivery. Members proposed that the FLC format would provide the structure to support and encourage such activities. Goals of the proposed FLC were to: (1) share information on expertise and resources available in faculty development programs represented by FLC members; (2) identify faculty development topics and techniques that the group would like to learn more about and discover resources in these areas to share with the group; (3) choose areas where faculty development professionals might collaborate to design and deliver new faculty development programs and/or new methods of delivery based on identified learner needs,

evaluate these initiatives and consider ways to improve; and (4) create models or modules available to other faculty development providers. The goals of the FLC aligned with the university's strategic initiatives. The proposal was accepted and funded for 1 year (July 2010 to June 2011).

STRUCTURE AND PROCESSES OF THE FACULTY LEARNING COMMUNITY

The Faculty Development in Teaching FLC meets approximately every 6 weeks in varied locations on the health sciences campus to accommodate the interprofessional group members. Since 2010, membership has grown from 8 to 17 faculty members, with 14 regular participants: medicine (8), pharmacy (2), dental hygiene (1), occupational therapy (2), and nursing (1). Of the 14 regular participants, 10 are faculty members, 9 have faculty development as an official part of their job description, and 2 have clinical responsibilities. For most of the FLC members, faculty development is only 1 of many job responsibilities.

The structure of the group has emerged organically. The same faculty member who originally initiated the effort to establish the group in 2010 serves as the meeting convener. She typically polls the group regarding potential meeting times and maintains a list of the group's projects. Someone in the group volunteers to secure a meeting space. Upon meeting, the convener reviews current projects and invites the group to share new ideas and interests. Projects emerge from interests that resonate with multiple group members. Because agenda setting is iterative and intrinsically generated based on topics and issues of interest to group members, this contributes to greater motivation and commitment on the part of participants. In addition, face-to-face meetings and group e-mail communication provide an opportunity for individuals to share information about upcoming faculty development events within specific schools or departments that might benefit others.

Leadership is shared, with different individuals acting as stewards for specific projects undertaken by the group. Individual members volunteer to take responsibility for coordinating the work of various projects and functions (eg, development, organization, advertisement, and execution of faculty development workshops, and preparation of scholarly outputs).

There has been a collaborative approach to the development and sponsorship of faculty development programs. Learning objectives for faculty development are developed by consensus, based on goals and issues of each of the health science schools. There also has been a collaborative approach to sponsorship of programs that

require funding. This was the case for the daylong and evening workshops sponsored by the group with a nationally recognized speaker on the topic of effective clinical teaching. The target audiences for these sessions included full-time faculty members, residents, clinical supervisors, and community preceptors. Initial funding for the daytime workshop was secured from a university-wide grant received by a faculty member in the VCU School of Pharmacy. Additional funds were secured from the Virginia Commonwealth University (VCU) School of Pharmacy Office of Experiential Education, VCU Department of Family Medicine and Population Health, VCU Health Sciences Graduate Medical Education, and the VCU Center for Interprofessional Education and Collaborative Care to allow for a second clinical teaching workshop to be offered in the evening. The topic had relevance to virtually all healthcare disciplines, which attracted a wide audience from the surrounding community.

SUCCESSSES OF THE FACULTY LEARNING COMMUNITY

This interdisciplinary FLC has had far-reaching impact and has resulted in anticipated as well as unanticipated benefits to the university, academic units, as well as FLC members. As expected, a major success of the FLC has been the increased offering of faculty development opportunities in teaching for faculty members on the university's health sciences campus. To our knowledge, prior to the development of the FLC, no faculty development programs were developed interprofessionally, nor was there an efficient mechanism to share faculty development programs offered by one academic unit with other units. There are inherent efficiencies in collaborating on projects that have transference to learners across disciplines and benefits in sharing the opportunities for wider impact. This allows members to provide opportunities to target audiences that they might not otherwise be able to offer within their individual schools. Since its inception, the FLC has sponsored 2 campus-wide "Teaching Grand Rounds for the Health Professional" sessions, one on "Milestones in Training" and the other on "Professionalism and Social Media Use." For the professionalism workshop, the FLC developed 5 professionalism case studies and a facilitator guide. During the workshop, attendees were divided into groups, each group discussing a different professionalism case, with FLC members serving as the facilitators. This format provided a rich environment for participants to share issues, processes and policies, and management strategies within each of their own schools. The FLC also sponsored a nationally known speaker to offer a workshop on effective clinical teaching

for all faculty members and community preceptors of the health sciences schools. The FLC provided feedback to the presenter on the desired objectives for the workshop, as well as marketing and financial support to expand the offering to an evening workshop for preceptors who were unable to attend the daytime workshop. These 2 workshop offerings, were carefully shaped to meet the needs of multiple disciplines, attracted over 200 attendees from medicine (96), allied health (56), pharmacy (47), dentistry (6) and nursing (1), and were well received. Each of these faculty development programs sponsored by the FLC directly led to the subsequent offering of several other "spin off" programs within individual academic units. The Milestones program led to the offering of 2 follow-up sessions adapted to the interests/needs of family medicine residency faculty members. Also, cases from the FLC Professionalism Workshop were used for a faculty development workshop for over 25 VCU School of Pharmacy faculty members. Over 88% of these Professionalism Workshop participants were either satisfied or strongly satisfied with the relevance of the information to their needs and the overall quality of the workshop. Lastly, the Clinical Teaching Workshop led to several attendees inquiring about hosting the speaker within their own academic units. The relationships built among FLC community members have also resulted in programs that originated from one of the represented schools or academic units being offered to other schools or academic units. This provides a cost-effective mechanism to offer faculty development to all faculty members on the health sciences campus. Committee members routinely share lessons learned from their work with the FLC membership. Thus, members are able to acquire considerable knowledge from the faculty development programs and initiatives of other schools when considering similar programs within their own schools and departments. This collaboration allows FLC members to share responsibility and benefit from collective knowledge, innovation, and experience.

Beyond increasing the offerings of faculty development programs in teaching, the FLC has indirectly influenced the curricula of various academic units at our institution. Offering the Milestones workshop outside of medicine provided some anticipatory guidance to other disciplines as to what might be coming down the pike for training learners within their own disciplines. The professionalism workshop made us aware of issues that other colleges and schools are facing and how each is addressing them. The FLC also has increased connectivity within each health professions school, which has been helpful as the university moves forward with developing interprofessional education curriculum that spans multiple schools. Lastly, the FLC has provided additional opportunities for

faculty members to strengthen the quality of their teaching through its faculty development workshops, as well as creation and offering of resources such as the Bloom’s Taxonomy online tool. This resource helps faculty members structure and write learning objectives as well as design corresponding learning experiences and assessment plans, all of which can help elevate learning.

Importantly, the FLC has been a tremendous source of support for its members. After the initial funded year (July 2010 to June 2011), FLC members recognized a number of personal and professional reasons for continued interprofessional collaboration focused on faculty development. A brief, anonymous survey was conducted with FLC members in October 2013 to gather individual reflections on the impact the FLC has had on members. Two people independently conducted a line-by-line review of the survey responses and assigned initial codes, and then collapsed and condensed codes that reflected common attitudes, experiences, or beliefs. Individual analysis was followed by shared analysis by the 2 reviewers, resulting in further collapse and expansion of the codes into categories and emergence of themes (Table 1). When viewed together, the 4 themes resulted in the development of the following assertion: regular gathering of health science professionals from multiple disciplines committed to

sharing their perspectives and expertise creates a collaborative environment for a level of productivity that is not possible alone or from a singular discipline perspective.

LESSONS LEARNED

One of the challenges to a health sciences campus-wide effort is to break down the barriers that exist traditionally between schools and departments.^{9,10} There needs to be a concerted effort and a dedicated commitment to find common ground. For our FLC, that process involved creating an environment for an open dialogue, communicating regularly, discovering shared professional issues, identifying similarities among our professions, and actively learning about each other’s perspectives. Further, it meant valuing the contributions of faculty members trained in disciplines different from our own. The mutual respect that is afforded all members is readily apparent within the FLC. Through dialogue and encouragement of a mixed membership, varied perspectives, ideas, and opportunities emerged.

One of the biggest challenges when gathering a group that hails from different schools, programs, and departments is finding mutual times to meet. In order for this to succeed, one key person emerged as the convener of meetings. As mentioned earlier, this person’s role is to initiate

Table 1. Identified Themes (n=7)

Themes	Categories	Supportive Comments/Feedback
Multiple disciplines and perspectives	Brainstorming from multiple disciplines’ perspectives Increasing understanding of other health science disciplines Active engagement, sharing, and collaboration	“Due to the collaborative nature of the group, my professional practice has been informed by multiple perspectives. . .”
Collaborative environment	Sharing and exchanging information with others Development of a social and collegial environment with diverse perspectives, backgrounds, and experiences Mutual respect Gaining comfort working outside usual discipline specific networks	“The exchange of ideas and the opportunity to “float” ideas and have them discussed in a supportive community of faculty developers who share common interests and goals is impressive!”
Resource development and sharing FLC output Scholarly work	Sharing and development of resources Participation and work products as part of scholarship responsibilities	“The community has engaged in scholarly projects, including writing and the development of resources that can be shared. . .”
Commitment	Time commitment to FLC is worthwhile investment	“As difficult as it may be to do so, protect time on your calendars to actively participate in a faculty learning community. . .It is very easy to let other work take priority over the FLC, but ultimately, you will cheat yourself and those you serve and support.”

meetings and monitor the group's agenda. However, this role differs from a traditional facilitator role as the group operates through shared leadership.¹¹ The convener's role is to initiate and explore meeting dates and times using an online poll and then schedule meeting times that work for the greatest number of participants. Some groups may find it easier to select a set meeting time (ie, the third Friday of the month). Because our group operates on different department and school schedules, a conscious decision was made to be more flexible in the scheduling to maximize participation by all. Changing meeting days and times allowed interested participants to engage in the FLC, even if not for every meeting. A set time would have precluded some participants completely because of other faculty commitments such as teaching schedules and standing meeting times.

When planning the daylong and evening programs that focused on clinical teaching, we learned that there would be occasions when we would need to negotiate. Committee members had different priorities for program content based on their constituent needs. Working together, the group determined the objectives that would best suit the combined audiences.

Administrator support to participate in the group helps FLC participants maintain their involvement and engagement. Individual members whose direct responsibilities may not relate to faculty development may need to brief their administrators on how a faculty learning community relates to their individual work plan. Members of the FLC have described how their involvement in the group has contributed to the expectations for scholarship, teaching, and service on their annual evaluations. With an increased focus on interprofessionalism, faculty members taking the lead with other departments will be in an excellent position to facilitate interprofessional collaboration and learning.

The FLC is a true gestalt. The whole is greater than the sum of the parts. In a culture that has traditionally accepted division among schools and disciplines, the opportunity for regular collaboration among professionals with a common interest in helping members of their faculty improve their teaching effectiveness has increased communication, innovation, and the resources available to all. Through our FLC, we have developed relationships across disciplines, increased our knowledge and perspectives, created

resources that contributed to scholarship in faculty development, and jointly collaborated on projects that benefit us all. The FLC has helped each of us to grow in ways that would not have been possible without the benefits of working together as a group. Opportunities for networking promote experiences and perspectives, increase understanding of other health science faculty development needs, resources, and programs, while leading to stronger and positive collaboration with others.

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