## Faculty Development Curriculum Samples

### **Sample A**

Program leadership and core faculty members must participate in faculty or leadership development programs relevant to their roles in the program. They should participate at least annually.

All faculty members involved in the education of residents should participate in programs to enhance the effectiveness of their skills as educators, based on their roles in the program.

**Curriculum**

**Personal / Individual**

* Wellness
* Work-life balance
* Organizational skills
* Time management
* Promotion / Tenure
* Mentoring
* Professionalism
* Media training
* Cultural Sensitivity
* Delivering effective presentations

**Leadership / Administrative**

* Effecting change
* Leadership style
* Personality styles
* Conflict negotiation
* Staff / faculty evaluation - running meetings
* Hospital governance

**Education / Teaching**

* Delivering and receiving feedback
* Curriculum development and evaluation
* Family centered rounds / bedside teaching
* Learner Assessment
* Direct observation
* Simulation
* Team based learning
* Adult learning principles
* Generational differences
* Creating (and maintaining) a positive learning environment
* Teaching with technology
* Research / Scholarly Activity
* Grant and manuscript writing
* Grant and manuscript review
* Research methodology
* Literature search and review
* Qualitative / Quantitative Data analysis - patent process
* NIH review process
* Biomedical ethics / IRB

**Service / Clinical Care**

* Patient Safety
* Quality Improvement
* Cost-Effective healthcare
* Future of healthcare
* Develop your clinical niche
* Patient / community advocacy
* Legislative advocacy
* ICD-10
* Care of underserved / marginalized populations (local and international)
* Access to care
* Effective consultation (asking for and providing)

**Formats for the curriculum (offer multiple)**

* Web-based / online
* Distance learning
* In-person
	+ Grand Rounds (consider education specific)
	+ New faculty / PD orientation
	+ Professional Development lunch series
	+ Workshops / mini-courses
	+ Leadership programs (local or national)
	+ Evening/ morning (& ideally, dinner/breakfast) sessions

**Formats and Advertising of Offerings**

* Offer a veritable cornucopia of Faculty Development – multiple formats, topics, times, lengths of training
* Make the list of offerings accessible in real time (department server / intranet / weekly emails, etc.). Post around clinical and break areas
* Many faculty cite not enough advanced notice as barrier to participation

**Make FD fun...for example**

* Use creative ways to deliver “dry” topics
* Role play, case-based, pair-share – make as interactive and individualized as possible

**Sample B**

Faculty development is an ongoing process; for this institution, the four main components are:

* Clinical care of patients in the outpatient and inpatient settings
* Teaching residents, medical students, and peers
* Scholarly activities in writing for publication, quality improvement, and research
* Leadership development
* A fifth component is wellness and life balance, which is essential for long term career satisfaction.

Faculty enter the department with varying skill sets based on previous training and experience, so an individualized plan is needed for each person. The individual development plan will vary for a newly graduated resident, an established researcher, or a physician returning to academics from a patient care practice.

Mentoring is an important part of this process and you can connect with potential mentors through our Mentoring Program.

**Sample C**

**Clinical Teaching Program**

In acknowledgment of the complexity of teaching, the seminars embody a non-prescriptive behavioral approach for improving teaching. Faculty must be able to select effective teaching strategies while taking into account many variables simultaneously, including the content, the learners, and the context in which the teaching takes place. Thus, the seminars focus on principles, guidelines, and behavioral alternatives that teachers can use to improve their teaching effectiveness. The behavioral approach stems from the belief that intellectual understanding of general principles and processes is not necessarily sufficient to improve teaching. Knowledge and practice of teaching skills are essential. Although the content of teaching (eg, the subject matter being taught) may be discussed during the seminars, the primary focus is on the process of teaching.

The seminars also embrace the philosophy that teaching improvement programs do not have to be primarily remedial in function. Alternatively, these seminars reflect the belief that teachers at all levels of experience and expertise can benefit from an organized review of their teaching.

The facilitator-training program offers career development opportunities for individual faculty participants, and simultaneously provides a mechanism for institutional improvement.

The Clinical Teaching curriculum covers seven educational categories:

* Learning Climate
* Control of Session
* Communication of Goals
* Promotion of Understanding & Retention
* Evaluation
* Feedback
* Promotion of Self-Directed Learning

The seminars are designed to:

* Enhance participants’ versatility as teachers
* Enhance their ability to analyze clinical teaching using an educational framework
* Provide a forum for collegial exchange.

The seminars consist of didactic presentations, group discussions, role-play exercises, video vignette review, and personal and institutional goal setting. During a follow-up session, participants are encouraged to develop a set of recommendations for improving their institution's environment for clinical teaching.

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