Faculty development program: A guide for medical schools in Arabian Gulf (GCC) countries

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Abstract

The effective faculty development (FD) program is the most essential component for creating successful educational innovation. The purpose of having any FD program is to enable faculty to accomplish their goals, and through accomplishing these goals, the missions of their departments, colleges, and universities would be accomplished. FD programs will need to provide an extensive set of developmental–educational skills and strategies in order to serve faculty members who come from various disciplines and at different stages of their careers, have different faculty responsibilities, backgrounds, appointments, and bring unique personal circumstances to their work. Although, there are quite a large number of medical schools in Arabian Gulf (GCC) countries, still the FD programs are extremely lacking. To analyze the situation in Gulf medical schools with regards to FD programs, we would emphasize the following needs: (1) FD committees or departments; (2) formal programs in FD for new or junior and for also senior and established faculty members; and (3) funding support has to be devoted to improve the skills of faculty members in academia. This aimed at presenting a proposed FD program to be considered as a tool for qualitative improvement in medical schools of GCC countries.

Introduction

Faculty development (FD) programs is defined as a planned program to prepare faculty members for their various roles like teachers, educational researchers and educational administrators in order to address their needs of professional development (Seintert 2005a, b). Over the last few decades, FD has been popularly used in higher education especially in the medical education. It has been noted that medical teachers are trained in their disciplines but the majority of them are not trained as educators, educational researchers, educational writers, and educational administrators (McLean et al. 2008). For instance, literature shows that teachers believe that FD program is unrelated to teaching excellence. Although it is true that many untrained teachers are superb but research has shown that medical teachers can be more effective with formal training (Bligh & Brice 2009), the fact which has not been denied to date is that, “there is no such gene in the human genome for the teacher.” Considering various roles of medical teachers, increasing demands are being placed upon them to be creative and effective teachers, successful researchers and also are being asked to develop more time-efficient ambulatory care clinic instruction, small group teaching, more problem-based tutorials, innovative types of case-based discussions, new computer-based instructional programs and valid and reliable assessment methods (Simpson et al. 2006).

In 1953, World Conference on Medical Education was held in London under the sponsorship of the World Health Organization (WHO), World Medical Association and the Council for International Organizations of the Medical Sciences. There were representatives from 62 countries but only one paper was on medical education amongst the 672 papers presented (First World conference on medical education 1953). WHO in 1965 assembled an Expert Committee in medical education from around the world and produced a report on, “The Training of Teachers of Medical Schools with Special Regard to the Needs of Developing Countries.” The proceedings and recommendation of that was published by WHO in a report entitled, “An International Program of Medical Teacher Training” that provided a framework for subsequent developments (WHO 1966). It has been realized that the medical education should also be able to respond the changes in medicine. This can only be done by changing the people who teach medicine at all levels in relation of what they teach, how they teach, and how they evaluate their curricula, students and their performance at workplace. Moreover, there are some minimally tapped areas in medical education like how to conduct research in medical education specifically to evaluate its effect on the quality of healthcare and production of “fit for purpose” graduates. The evidence of realization of these newer issues is the conference on FD, “A 2020 Vision of Faculty Education Development across the Medical Education Continuum,” earlier in 2010, at Baylor College of Medicine in Houston, Texas. The goal of the conference was to develop recommendations for training faculty who prepare physicians to meet the evolving healthcare needs and addressed a number of topics related to the future of FD, core teaching competencies, barriers to
effective teaching, competency-based assessment, relationship-centered care, the hidden curriculum that faculty members encounter, instructional technologies, continuing medical education, and research on FD. Another additional emphasis on medical educators was that they should try to situate FD in a more global context and collaborate with international colleagues in the transformation of medical education and health care delivery (Steinert 2011).

In many countries, today medical schools are not highly responsible for improvement of healthcare but they play an important role in improving the standard of medical education (Davis et al. 2005). Therefore, if a medical school is to succeed, it has to invest resources on FD which will have positive effects on things like creativity, productivity, morale, and self-resurrection. In most of the scientifically developed world especially North America and United Kingdom, millions of dollars per annum and countless professional hours are being spent on training and retaining the medical faculty members to be more effective in multiple roles (Abdelhak 1996).

The need for FD programs in medical schools of Arabian Gulf countries

FD program in medical colleges is more crucial than ever for several reasons. First, the number of medical colleges is growing rapidly in Arabian Gulf region. For instance, currently, in Saudi Arabia, there are 31 medical colleges (24 governmental and 7 private). The first was opened in 1969 and many others in the past 3–5 years. In 1995, the number of Saudi medical students was 3563, however, this number has witnessed tremendous increased in 2007–2008 (Bajammal et al. 2008). Second, although there is a quite large number of full-time Saudi faculty members, majority of them do not have special degree or training in medical education before joining their academic services. Third, a formal FD programs is lacking in all the Saudi medical schools. Some schools do have infrequent seminars on lecturing skills and some other activities. Fourth, the rising demands for national and international accreditations by the authorized organizations. Fifth, the shift from conventional role of medical teachers due to increasing knowledge of learning styles, innovation in curriculum models and advancement in assessment philosophy, methods, and tools (Simunovic et al. 2007). These are the facts which almost all the medical schools of Arabian Gulf countries are facing (Bin Abdulrahman 2008).

Needs assessment survey

Since, the faculties of medical schools in Arabian Gulf region comprised of local faculty members and expatriates from diverse background, a needs assessment survey would be the first logical step to FD committee or Medical Education Unit in designing the FD programs. When a FD needs assessment, survey was done at McGill medical school, Canada, a clear and consistent picture emerged from the 450 faculty members who responded (McLeod et al. 1997). Perceived needs reflected the faculty members’ principal commitments. For example, clinicians wanted workshops on clinical teaching, while researchers perceived a need of workshops on computer skills and information management. Descriptive statistics, complemented by factor analysis, indicated overall interest in five areas of development in the following order of preference:

1. Improving lecture skills, using computers for medical informatics and the preparation of audiovisual aids.
2. Clinic teaching (including ambulatory and office teaching).
3. Non-teaching activities (including research and administration).
4. Small-group teaching, evaluation of students and residents.
5. Giving effective feedback.

Another need assessment study was conducted by Haden et al. (2010) to determine professional development needs of faculty in the Association of American Veterinary Medical Colleges’ member institutions. The survey asked respondents to report their perceptions of professional development. Most of the respondents expressed interest in learning more about topics related to teaching (e.g., effective questioning, giving feedback, principles of learning and motivation), research (e.g., research design, writing grants), career planning (e.g., mentoring, time management), and administration (e.g., fostering innovation, enhancing productivity, improving the work environment).

We need such survey which will be extremely helpful in designing the FD programs by identifying the needs of medical colleges. A study has shown that it is feasible to successfully convince faculty members from different departments in the same FD program with little or no conflict. The key to success is integrating content and process dimensions into a framework of community building and collective engagement (Scarbecz et al. 2011).

A model for an effective FD program

An effective and comprehensive FD program should be built upon the following elements mentioned by Wilkerson and Irby (1998) and also in BEME guide (Steinert et al. 2006).

1. Professional development (new faculty members should be oriented to their medical schools and to their various faculty roles).
2. Instructional development (all faculty members should have access to teaching-improvement workshops, peer coaching, mentoring, and consultations).
3. Leadership development (academic programs depend upon effective leaders and well-structured curricula; these leaders should develop the skills of scholarship to effectively evaluate and advance medical education).
4. Organizational development (empowering faculty members to excel in their roles as educators require organizational policies and procedures that encourage and reward teaching and continual learning).
5. Program evaluation (FD activities appear highly valued by participants, who also report changes in learning and behavior. Certain elements of these activities appear to be consistently associated with effectiveness. Efforts are required to gather information from...
FD programs need to address the several levels of faculty involvement in the medical schools, i.e., from entry level, having more experience in teaching, who provide leadership role like directors of clerkship program and educational administrators who are committed to and capable of creating policies, procedures, and organizational structures (Bland and Simpson 1997; Rust et al. 2006). In order to develop and sustain the work of these various types of educators, FD programs should include a range of activities (Irby 1993), well-designed interventions consistent with the principles of teaching and learning, professional development to promote scholarship and academic success, instructional development to provide teaching improvement opportunities, leadership development to enhance skills for curricular planning and change, organizational development to influence policies, procedures and the culture for education in the institution (Harris et al. 2007). Each of these activities should include intensive courses and workshops, use of experiential learning, feedback, coupled with a teaching assessment system, and individual consultation to improve teaching and develop courses.

Suggested FD activities

Faculty orientation program. The faculty orientation program can be implemented using different strategies, depending on the number and stage of the new faculty (Boucher et al. 2006). One useful way is to develop a faculty orientation manual which should cover the areas mentioned in the Box 1. Another way is to arrange for half-day orientation workshop plus where the content of the orientation manual can be discussed during that workshop.

FD course or fellowship program. The FD committee may offer this program like the department of family and community medicine at University of Toronto, Canada offers a five-weekend FD course over one calendar year (Talbot et al. 1997). The program content addresses key areas of FD to acquire basic competence as educators: to learn the language of education, to gain skills in teaching strategies, to apply educational principles to critical appraisal and educational research.

FD workshops. Workshops are effective and convenient format for meeting the needs of many faculty members. They can facilitate enduring perceived change in participant’s teaching, research, and administrative abilities (Hatem et al. 2009). While the method is popular with participants, planning and conducting such a workshop present a formidable challenge to the person responsible for its success.

Education grand rounds. This activity can be helpful for all faculty members at any stage of their career (Orlander et al. 2000). Students, other health professionals, and administrative staff can participate. The objectives of these monthly grand rounds may be to exchange educational experiences among faculty members of different departments, to improve the quality of educational process, and to provide a direct feedback from faculty and students alike about specific educational strategies and processes.

Process:
- A pre-planned list of topics (should be selected based on needs assessments) have to be distributed to all departments (see Box 2 for suggested topics).
- Each department should be assigned to select an educational topic (based on the list) to be presented as short presentation (two or three presenters) followed by round discussion.
- The date and timing should be appropriate for most faculty members. It should not be more than one session on a monthly basis of an hour and a half each.

Research rounds. The objectives of these rounds may be to provide a forum for educational researchers to present completed research work or work in progress, to provide presentation opportunities for fellow or resident projects with respect to their program research requirements and to improve the quality of educational research in the faculty (Steinert et al. 2003).

Process:
- Monthly rounds – rotating among departments
- Should not be more than 1½ h
- Pre-planned schedule should be provided

Conferences and meetings. Faculty members should be encouraged to participate in medical education meetings or conferences. These are available at different national and international medical education centers which usually cover the faculty needs in different areas of medical education including teaching and learning, curriculum development, and students assessment.

E-Learning. Innovation in FD, e.g., e-learning should also be considered in respect of the use of technology which may serve to link successful teaching initiatives and the broad expertise available throughout the world. Such a network

<table>
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<tr>
<th>Box 1. Suggested areas to be included in faculty orientation manual</th>
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<tbody>
<tr>
<td>1. The faculty/department mission statement</td>
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<td>2. Department organizational structure</td>
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<td>3. Interest groups/networking</td>
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<td>4. FD opportunities, support services and financial support</td>
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<tr>
<td>5. Departmental academic expectations:</td>
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<td>5.1. Teaching responsibility (all levels)</td>
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<td>5.3. Administrative responsibility (if required)</td>
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<td>7.1. Organizational chart (faculty/department level)</td>
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<td>7.2. Faculty interest list</td>
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<td>7.3. Services of the resource center</td>
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<td>7.4. Teaching and learning in the bibliography</td>
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### Box 2. List of suggested topics for education grand rounds.

- Problem-Based Learning: Where do we go from here?
- Getting Promoted: Does Education Count?
- Resourcing Health Professional Education: The facts and the future.
- Breaking the Mold: Redressing the Balance of Medical School Admissions.
- What is “expertise?” The impact of theories of expertise on practice and research in medical education.
- Teaching in the Ambulatory Care Setting: Death of the Teaching Hospital.
- Use of Information Resources in Health Professional Education.
- Have We Failed the Failing Students.
- Faculty Development: Past, present and future views.
- Early Career Choice: Abolition of the Internship. What have we done to our students? Can it be fixed?
- Problem-Based Learning: The Hoax of the 1990s?: A Debate.
- A Requiem for Continuing Medical Education?
- Computers and Education: Help or Hype?
- Evaluation of Teaching and Programs at the Undergraduate, Postgraduate and Continuing Education level.
- The “Good” Educator - Ethical Issues in Health Professional Education.
- The OSCE: A Passing Fad or Here to Stay.
- Information, Self Directed Learning and Change.
- Additional Topics:
  - Assessment of clinical competence.
  - Islamic Medical Ethics & Professionalism.
  - Tips on how to give a constructive feedback.
  - Community-based VS Hospital-based medical education.
  - PBL tutoring skills.
  - The Triangle of Academia (teaching, practice, and research): the balance dilemma.
  - Academician burnout: What, Why and How to solve it?
  - How to write a successful grant application: A practical tips.

### Implementation processes

FD program has to be adopted by the dean office or the faculty board. From there a special committee may be assigned to look after this program. Whether this committee is under the umbrella of the Department of Medical Education, if exist, or under the responsibility of Postgraduate Department, it does not matter. The members of the committee should be highly motivated and should realize the importance and deeply understand the mission of FD program. It would be much desirable if they had some background on medical education in general and on FD in particular.

### Barriers to FD program

For any newly established program, barriers should be anticipated and recognized. Obstacles must be determined in order to find out the appropriate way to solve it before any further step in implementing FD program. It would be easier to categorize barriers according to the source of its possible origin.

**Institutional level.** Resistance to change could be originated from the higher level in medical schools. Therefore, decision makers must be involved at early stages of planning. The Dean can help in the establishment of a special Committee or even Department of FD. He also could help in providing the required resources that are essential to plan and implement the program. Rubeck and Witzke (1998) pointed out that some of the lessons learned about FD in relation to curriculum reform such as promoting faculty interaction and providing free time from their hectic schedule. A successful, continuing program of FD requires the political and financial support of the dean’s office. It is also important to consider that most of the FD activities take 1–2 h and more comprehensive programs require half day, a day, or sometimes even more than a day. Therefore, the management should develop the mechanism so that the faculty members can be relieved from their duties in order to attend these programs.

**Faculty level.** The absence of highly motivated faculty from FD activities is because of the reason that they do not realize the impact of such programs on their current and future professional performance; this may delay or even stop implementation. At least three logical attitudes of teachers can diminish their participation: (1) a tendency to
underestimate the need for or potential benefits from participation; (2) a lack of belief of any relationship in teaching skills with the knowledge of the subject and/or clinical skills; and (3) a belief that teacher training is unrelated to teaching excellence (Skell et al. 1997). Therefore, factors that improve motivation must be identified. It is true we should not expect that all faculties are on same level of motivation and enthusiasm. But let us look for a group of highly motivated staff, just to start with. Financial and/or promotional incentives are more likely to play a major role that may influence faculty to be more active as a self-developer, in their academic career, and to be actively involved in FD activities too.

**Conclusion and recommendation**

Upon the complete writing of this article, which is based on literature review and consulting expertise in the field of FD and Medical Education, we can clearly say that FD program should be considered as one essential prerequisite for all newly appointed full-/part-time faculty member before taking any academic responsibility.

The level of exposure in terms of types of activities, contents, and time must be based on individualized needs assessment.

Moreover, we can argue that the time has come to establish Medical Education Department/center/office/unit and to setup a special committee for FD program. This program should have the priority support and continuing supervision.

Therefore, we would recommend starting with the following practical steps:

**Step 1:** Committee formulation which should comprise of four to six members including the leader and excluding the supportive staff.

**Step 2:** Faculty needs assessment survey to determine the learning objectives and to identify the preferred teaching and learning strategies.

**Step 3:** Try to balance between the predetermined learning objectives and needs with the available and affordable resources.

**Step 4:** Setup a plan of action meeting to discuss the appropriate program. External FD consultant may be of great help in providing other experiences.

**Step 5:** Try to invite only motivated and committed participant in the first activity.

**Step 6:** Design the appropriate evaluation tool(s) both summative and formative methods. Finally, we must say that we strongly recommend adopting such program not only at governmental medical schools but also at non-governmental schools, so the quality and standards can be maintained equally.

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