

MEDICAL SCHOOL HOTLINE

Medical School Faculty Development Post-Pandemic – Opportunities in the Digital Shift

Kathleen Kihmm Connolly PhD; Holly L. Olson MD; Lee Ellen Buenconsejo-Lum MD

In 1993, the Medical School Hotline was founded by Satoru Izutsu PhD (former vice-dean UH JABSOM), it is a monthly column from the University of Hawai'i John A. Burns School of Medicine and is edited by Kathleen Kihmm Connolly PhD; HJH&SW Contributing Editor.

The coronavirus disease 2019 (COVID-19) pandemic had an overwhelming effect on universities, and in many aspects prompted an instantaneous digital shift in how education, research, and administration were conducted. Faculty members had to quickly adjust and learn new technologies while dealing with other pandemic challenges at work and in the home. Social distancing and shelter-in-place mandates forced the quick adoption and implementation of remote learning and meeting platforms that affected informational and workflow processes, including in the area of faculty development. For medical school faculty, professional development and growth is an important component to become successful teachers, scholars, and researchers and is a required component for accreditation. According to the Liaison Committee on Medical Education, the accrediting body for undergraduate medical education in the US and Canada, Element 4.5 states that “A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.”¹ Similarly, the Accreditation Council on Graduate Medical Education (ACGME), which accredits all residency and fellowship programs in the US, expects the sponsoring institution in partnership with each residency or fellowship program to ensure the availability of adequate resources to support core faculty members’ professional development as educational leaders.²

Faculty development during the pandemic shifted largely to online via remote access for many training programs; some programs had to be halted as resources were assessed. The University of Hawai'i (UH) John A. Burns School of Medicine (JABSOM) is a community-based medical school, which means the school does not have a university-owned hospital and relies on affiliated clinical organizations. In addition to managing its own faculty development programs, JABSOM leadership worked closely with affiliated clinical sites to assure curricular and faculty training requirements were still being met both on

campus and in the clinics. Moreover, as the only medical school in the state of Hawai'i, JABSOM's leadership worked closely with the Hawai'i State Department of Health's COVID-19 response team and community organizations in disseminating information and helping to strategize on pandemic-related issues. The multidisciplinary teams leveraged expertise in areas that included disease surveillance, health care networks, laboratory resources, and personal protection supply chains, emphasizing the need for interprofessional and cross organization collaborative training in the event of future public health emergencies.

Post-pandemic, medical schools can assess what has been learned throughout the pandemic to create new opportunities and further advance faculty development. Baker et al categorized 4 themes for advancing faculty development beyond the pandemic: (1) faculty development needs to better support work-life balance; (2) academia needs to reassess promotion processes, including tenure and promotion clocks, and recognition of other scholarly activities outside of peer-reviewed publications, particularly for women and underrepresented faculty members; (3) there is a need to better leverage community engagement and learning through broadening dialog and collaborations, as community organizations may be seeking similar goals; and (4) information sharing should be expanded to the global community where faculty development can create pathways to opportunities, collaborations, and open conversations beyond one's campus to affirm and validate both research and scholarly activities.³ Based on Baker's themes, the following is a discussion on how the pandemic affected faculty development at JABSOM and efforts moving forward by leveraging the digital shift.

JABSOM Faculty Development Post-Pandemic

Theme 1 – Supporting Work-life Practices

Pre-pandemic, faculty development at JABSOM offered various online training programs, such as recorded access to grand rounds (presentations of clinical issues for continued medical

education) and required employee training programs that included workplace violence and training on sex discrimination and gender-based violence (Title IX). However, the pandemic further pushed the school to quickly transition professional development to digital formats. JABSOM was able to develop web-based access to various recorded grand rounds and lectures (pre-recorded and recorded during the pandemic), as well as synchronous remote access to meetings using web platforms, such as ZOOM (Zoom Video Communications, Inc). Several web-based faculty training programs were quickly established that included training on professionalism and microaggressions. Remote access to training and development opportunities allows greater access and flexibility to complete training, helping to alleviate commute times, roadway stresses, and scheduling conflicts.

Acknowledging the importance of mental health, pre-pandemic JABSOM established a mindful practice group where faculty members met with trained facilitators with various discussion topics, perspectives, and experiences. The practice also included guided meditation to help employees manage life stresses and to improve overall well-being through deepening self-knowledge. Post-pandemic, the mindful practice group, as well as various standing meetings, grand rounds, and new learning opportunities, continue to utilize digital platforms to better accommodate faculty members and allow greater accessibility for busy schedules. The flexibility accommodated by the digitalization has shown to better accommodate home and family responsibilities and to facilitate a better work-life balance.⁴

Theme 2 – Reassessment of Promotion and Tenure

Promotion and tenure processes in many institutions were developed long before the digital age and often rely almost solely on peer-reviewed publication in prestigious journals. However, definitions of scholarship have evolved, especially in health care, as have methods of dissemination. During the pandemic, many JABSOM faculty members were integral in developing policy, guidelines, and pandemic related scientific informational talks, lectures, and documents. Additionally, digital scholarship can take many forms: blogs or podcasts, policy driven scholarship such as online health care advocacy or quality improvement programs, or patient safety initiatives that involve inter-professional teams collaborating in the virtual world. These examples of scholarly activities are being considered at JABSOM for clinical physician faculty, who are mostly located off campus and tend to have significant administrative responsibility related to patient care or graduate medical education (GME) programs. This group of faculty members typically do not conduct basic science or clinical research and publish results, but may be involved in various digital scholarly activities. Post-pandemic alternative digital formats for scholarly activity is an area to consider for promotion and tenure for all UH classifications.

Theme 3 – Leveraging Community Engagement and Collaborations

As a community-based medical school, leveraging community engagement and collaborations are vital for JABSOM. This was especially pronounced during the pandemic. This includes areas of teaching, training, and providing health care. The medical school and GME curricula depend on strong partnerships with community hospitals, clinics, and health organizations, but broadening the dialog with other organizations with similar goals of improving health care and combining knowledge and resources has the potential to create broader professional opportunities in faculty development. Collaborative software platforms, such as online meetings, document sharing, secure file transfers, and social networking platforms can facilitate the exchange of information regardless of location and time zone. For example, in the spring of 2014, JABSOM partnered with Tripler Army Medical Center to create an annual conference for GME leaders to provide faculty development opportunities when travel to ACGME conferences on the continent was not feasible due to cost constraints. This conference expanded to include all Hawai'i sponsoring institutions in 2019 but was forced to cancel the 2020 event due to the initial response to the COVID-19 pandemic. The conference was reinstated in 2021 in a completely virtual format with both speakers and attendees participating via the Zoom conference application. In 2022 the conference was transitioned to a hybrid format with some attendees present in the conference room and multiple cameras and microphones set up to capture the content and engage with online attendees. The attendance was split evenly. The success of the hybrid conference was evidenced by 93% of participants being either very satisfied (59%) or satisfied (34%). Planning for 2023 is underway, and, given the popularity of the hybrid model, the planning committee is considering options to ensure maximum participation and benefit for all learners and speakers.

Theme 4 – Information Sharing in a Global Community

Digital formats can facilitate easy access to information globally. In academic medicine the sharing of information is vital in making strides to advance science and better the health and well-being of all humans. Interprofessional collaborations can increase cross discipline understanding and build interdisciplinary networks and connections, which are particularly important during public health emergencies. During the pandemic JABSOM's leadership was an integral participant in the fight against the spread of COVID-19, which included collaborating with the UH schools of nursing, social work, office of public health, state and local government and community organizations, to understand the impacts, needs, and threats of the virus and to provide recommendations for moving forward.⁵ Data collected on how particular racial groups (Native Hawaiians, Pacific Islanders, and Filipinos) were disproportionately affected by

COVID-19 adds to the larger conversation on how ethnicity or race affects health disparities and how aggregated data may hide pertinent information.⁶ This information shared in a global context contributes to an overall understanding of how race, ethnicity, and other social determinants of health contribute to health inequities. The COVID-19 pandemic demonstrated that open communication and collaborations need to further evolve to promote shared understanding and accelerate progress for the betterment of all persons of the world.

Discussion

As the COVID-19 pandemic wanes, many lessons have been learned in faculty development. The pandemic forced the use of remote and digital platforms and emphasized the need to collaborate across organizations both within the community and globally by sharing information, resources, and processes in efforts towards a common goal. Benefits to digitizing faculty development opportunities include greater accessibility to learning and training opportunities and ability to view online programs at one's own convenience. In a study that surveyed participants in an online clinical training program on clinical teaching methods, effective feedback, and practical tips at Seoul National University College of Medicine, researchers found that the participation rate for the online training was statistically higher and the number of no-shows decreased significantly.⁷ The training start and finish times were similar between the pre-pandemic face-to-face and online program. Advantages of this online program included reduced travel time and increased convenience and an atmosphere that had less pressure, in particular for junior participants who felt more confident to exchange opinions compared to in-person training.⁷ Additionally, remote platforms easily accommodate tracking of attendance and training completions for evaluation and reporting purposes and captured feedback for future improvements.

Drawbacks to online or virtual training may include technological difficulties and the need to prepare for unexpected technical problems, which may cause mental fatigue. Additionally, with virtual training programs, it is more difficult to role-play scenarios between participants and to detect social cues such as emotions and passion than it is face-to-face.⁷ Other potential disadvantages to online meeting or training sessions are the loss of the group thought process, as well as, side-bar conversations, which are beneficial in developing connections with colleagues and promoting shared understandings and reassurances for new challenges.⁴ To address these disadvantages, facilitators trained in active learning, use of breakout rooms, and follow-up communications can promote group discussions and connections.

Additionally, hybrid approaches that blend face-to-face with online learning may facilitate the benefits from both methods. Lessons learned from virtual learning for faculty development also include the need to set realistic expectations for program development, as time, technology, and resources may be limited.⁸

Conclusion

Pushed by the pandemic, digital scholarship not only has the potential to quickly disseminate information, but also can be used to train and provide greater professional development opportunities. The pandemic forced a shift in perspective on how learning and training opportunities are delivered. Digital platforms have the potential to increase accessibility and inclusivity in various areas: flexibility for those with busy schedules or family responsibilities (includes broader access to recorded activities that one cannot attend face-to-face); better access for those with physical disabilities through assistive computer technology; improved content with online learning strategies that include interactive content, focused learning objectives, and ability to pace online material; sharing of resources across communities and globally; and improved overall mental health by reducing work stress as a result of the digitalization.⁹ These potential benefits support LCME Element 4.5, which requires a medical school to ensure that faculty members are informed about and have accessibility to in-person or virtual faculty development programming.¹ Benefits of utilizing digital modalities in faculty development programs should not be lost post-pandemic but should continue to improve by utilizing what has been learned by the digital shift, as well as, continued community and global information sharing and collaborations.

Authors' Affiliation:
University of Hawai'i, John A. Burns School of Medicine, Honolulu, HI

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