

An Assessment of International Family Medicine Faculty Development Priorities

Perspectives From the American Academy of Family Physicians Global Health Workshop

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Abstract

Introduction: The proliferation of new family medicine training programs across the globe has increased the demand for faculty development (FD) opportunities in international settings. US-based faculty may partner with international colleagues to support FD. In 2016, the Society of Teachers of Family Medicine Global Health Educators Collaborative (STFM-GHEC) began to develop a toolkit of low-cost FD resources for this purpose. To ensure that the resources appropriately target current FD needs, STFM-GHEC organized a session at the 2016 American Academy of Family Physicians (AAFP) Global Health Workshop (GHW) to collect feedback from internationally-based and US-based faculty.

Methods: The authors presented a list of faculty development topics to attendees of an AAFP GHW session entitled "Global Faculty Development Tool Kit" on September 8, 2016, in Atlanta, Georgia. Workshop participants voted up to five times each using sticky notes for the topics they felt were of greatest need.

Results: Forty-five participants cast 157 votes (34 from internationally-based faculty, 123 from US-based faculty). The combined group ranked curriculum development, program evaluation, and teaching methods as the most important FD needs. Both groups identified assessment strategy and time management among the least important FD needs. Other topics such as technology training and research design varied widely between the two groups in relative importance.

Conclusions: This pilot demonstrates that US-based and internationally-based family medicine faculty may differ in their perceived FD needs. This exercise may be utilized by future members in global health partnerships to understand and prioritize faculty development needs.

Introduction

Family medicine training programs (FMTPs) exist in over 100 countries. In the last 15 years alone, the countries of Ethiopia,¹ Kenya,² Lesotho,³ and Malawi⁴ started new FMTPs, and other countries have indicated that they may follow suit. New programs may face a dearth of locally-available resources for training and developing faculty. Faculty development (FD) workshops and short courses⁵ such as the European Academy of Teachers in General Practice/Family Medicine (EURACT)'s Bled Course^{6,7} and FAIMER⁸ may be cost prohibitive as they involve travel, lodging and release from clinical duties. Faculty in the United States and elsewhere are often able to offer FD support to their colleagues in emerging residency programs, but may do so without a full understanding of their

colleagues' FD needs.

The Society of Teachers of Family Medicine Global Health Educators Collaborative (STFM-GHEC) represents family medicine (FM) faculty involved in international FM education. This team postulated that a repository of low-cost FD resources might help colleagues in international FMTPs, but recognized that specific FD needs in these settings were unknown. To begin to identify these needs and prioritize what should be included in a toolkit, STFM-GHEC members organized a conference session at the 2016 American Academy of Family Physicians (AAFP) Global Health Workshop (GHW)⁹ to bring together US-based and internationally-based FM faculty.

Methods

A 1-hour session entitled "Global Faculty Development Tool Kit" was presented on September 8, 2016, in Atlanta, Georgia at the AAFP GHW. Workshop attendees consisted mostly of family medicine physicians. Participants were classified as "international-based providers" if they spent more than half of the last year at an international site and "US-based" if they did not. The authors created a list of 14 broad FD topics (see Table 1) based on their collective expertise and survey of currently available FD resources (print, online, in-person courses, mentored experiences).^{1,2} Each FD topic was written on a poster that was attached to the wall of the conference room. Upon arrival to the workshop, each attendee received five blank color-coded sticky notes (purple for internationally-based, red for US-based). Participants used their blank sticky notes to vote by attaching the adhesive notes to posters labeled with the FD topics they felt were most important.³ Attendees could vote for a topic more than once by placing more than one sticky note on the respective sign. The authors did not define or discuss topics prior to the vote. After voting, participants and facilitators summarized the results to the entire group. Participants were divided into smaller groups to discuss barriers to FD globally and present strategies that may have been trialled by participants. This work was considered to be exempt by IRB review by the University of Wisconsin-Madison.

Results

Forty-five attendees participated in the workshop. They cast 157 votes (34 from internationally-based faculty, 123 from US-based faculty) for 14 faculty development topics. See Table 1 for topics and detailed results.

The combined internationally-based and US-based faculty ranked curriculum development, program evaluation, and teaching methods as the most important FD needs. Assessed separately, both internationally-based and US-based faculty groups identified curriculum development and program evaluation among their top priorities for FD, while both groups listed teaching theory, assessment strategy, and time management among the least important.

Other topics varied in relative importance, with the greatest differences in relative rank noted on the topics of technology training (ranked fifth by internationally-based faculty and tenth by US-based faculty) and research design (ranked eighth by internationally-based faculty and third by US-based faculty).

Discussion

The recent proliferation of internationally-based FMTPs has been accompanied by the simultaneous development of partnerships between emerging and previously established FMTPs around the globe. One benefit of these partnerships for newly developing programs may be FD support. However, internationally-based FMTPs may prioritize FD needs differently than US partners.

Workshop results demonstrate that US- and internationally-based faculty agree that curriculum development and program evaluation are top FD priorities. Additionally, teaching methods ranked in the top half in both groups. Focusing on developing resources in these particular areas would likely be of high utility.

US-based faculty saw a much greater need for FD in the area of research design, ranking it third, while internationally-based faculty ranked it eighth. In contrast, internationally-based faculty ranked technology training

fifth while US-based faculty ranked it tenth. This highlights a difference in priorities between faculty in each group. FD projects that do not consider this difference in priorities may face challenges in uptake.

Our results have several limitations. First, given the small number of participants, our results are not broadly generalizable and further investigation is needed to confirm differences among US-based and internationally-based faculty regarding FD. With a small sample size, robust statistical analysis to establish significant associations was not possible. Second, all programs and countries were not represented. Substantial regional variation is likely to be present among internationally-based faculty. Further, our voting system did not differentiate between representatives of different regions or countries. Third, individuals may have also interpreted faculty development topics differently, and we did not specifically define each topic prior to the workshop activity.

To our knowledge, this is the first study in the literature to assess FD topics that are of interest to international partners and underscores the potential for discordance between perceived and actual needs and priorities for FD education. This pilot demonstrates the need for a much larger mixed-methods study including a sufficient number of international participants that would allow for rigorous quantitative subgroup analysis as well as derivation of new faculty development topics from qualitative assessments. We also encourage academic partners to repeat this exercise locally and globally with the goal of identifying these differences and facilitating appropriate prioritization of FD activities.

Tables and Figures

Table 1: Faculty Development Topics

| Faculty Development Topics | International Rank (Total Votes) Total Votes = 34 | US-Based Rank (Total Votes) Total Votes = 123 | Combined Rank (Total Votes) Total Votes = 157 |
|-------------------------------|---|---|---|
| Teaching methods | 1 (6)* | 4 (13) | 3 (19)* |
| Curriculum development | 2 (5)* | 1 (19)* | 1 (24)* |
| Program evaluation | 2 (5)* | 2 (16)* | 2 (21)* |
| Mentoring/coaching | 2 (5)* | 5 (11) | 4 (16) |
| Understanding family medicine | 5 (3) | 6 (11) | 6 (14) |
| Leadership skill | 5 (3) | 6 (11) | 6 (14) |
| Technology training | 5 (3) | 10 (4) | 8 (7) |
| Research design | 8 (2) | 3 (14)* | 4 (16) |
| Evidence-based medicine | 8 (2) | 12 (3) | 11 (5) |
| Reflective learning | 10 (0) | 8 (7) | 8 (7) |
| Giving feedback | 10 (0) | 9 (6) | 10 (6) |
| Teaching theory | 10 (0) | 10 (4) | 12 (4) |
| Assessment strategy | 10 (0) | 12 (3) | 13 (3) |
| Time management | 10 (0) | 14 (1) | 14 (1) |

*Top 3 faculty development topics by participant category

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