The Early Years of Faculty Development at UBC

Celebrating 10 Years of the Annual William Webber Lectures

Looking Forward Through Tales from the Past

Future Directions from our Regional Faculty Development Directors

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Welcome to our Special Edition of Education Matters

Gisele Bourgeois-Law

This year, we celebrate 20 years of Faculty Development at UBC. Education truly matters today, more than ever. Education matters for our learners; what has evolved over the years is the recognition that not everyone learns in the same way, and that our learners need to identify and develop personal habits of learning and continuous improvement that will serve them for a lifetime of practice.

Education also matters for our faculty. In the past, faculty members might have presumed that they would instinctively know how to teach by imitating their favorite teachers. Today, we receive an increasing number of requests for faculty development from preceptors across the province. We are exploring new ways of delivering education for those who teach our learners, cognisant of the fact that we should be modeling in our faculty development the educational principles and techniques we wish our faculty to adopt.

It seems strange to us to consider that at one point in the not too distant past, the Office of Faculty Development was not even situated within the Faculty of Medicine. This was not unique to UBC. Across the country, faculty development offices have too often struggled for recognition, and have had fluctuations in size and scope of function that mirrored economic and curriculum renewal cycles.

Is an eventual downswing inevitable? Is it different this time? There are signs that indeed it may be different. We’ve always known that basic scientists teach, whether in the classroom, the lab, or mentoring graduate students. We are starting to recognize that teaching is a core competency of clinicians, whether or not they practice in an academic medical centre, precept learners in their offices or teach patients and families.

At the moment, the Office of Faculty Development is on the upswing, thanks to both curriculum renewal and to the efforts of Sandra Jarvis-Selinger.

Every clinician teaches: they teach patients, and they teach the colleagues with whom they interact every day.
As a result, residents-as-teachers programs are proliferating across the country, and students-as-teachers programs are under discussion. Evaluating our teachers and enhancing their teaching skills when necessary has become an accreditation requirement. These are not factors that will disappear once curriculum renewal or distribution of the medical program is completed.

One particular sign that the future may indeed be different is the upcoming FMEC-CPD (Future of Medical Education in Canada-Continuing Professional Development) initiative that will include faculty development as a distinct entity in its own right.

While there will always be regional and faculty differences out of necessity, it is long past the time for a national conversation on faculty development principles that are recognized across the country. As an example, faculty development offices across the country, including our own, have struggled to be included in curriculum renewal initiatives from the beginning, so that newer pedagogical principles are applied and faculty preparation can begin as soon as possible. Among several principles that must be formally articulated as essential to faculty development, we need to enshrine the principle that it should be an integral component of any curriculum renewal initiative from its inception.

On this 20th anniversary of Education Matters, I invite you to reflect on where we’ve been and add your voice to the discussion on where we’re going. Happy reading!

Dr. Gisele Bourgeois-Law is the Associate Dean of Professional Development and a Clinical Associate Professor in the Department of Obstetrics and Gynaecology in UBC’s Faculty of Medicine.
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Front Image Credit: Rego Korosi/Flickr (Creative Commons); William Hogarth: Four stages of cruelty (Public Domain).

Back Image Credit: oil painting, 1632., the Koninklijk Kabinet van Schilderijen, Mauritshuis, The Hague; (Public Domain).
Faculty Development in the Faculty of Medicine began in the 1980’s with the Teaching Improvement Seminars (TIPS) program. This program provided a three-day workshop focused on Presentation Skills. Hundreds of UBC faculty attended and praised the program. Then, when planning for the new curriculum in 1993, problem-based learning (PBL) became a chief organizing principle of the MD Undergraduate Program (MDUP). That spawned a need for a combination of faculty education and change management. Numerous workshops were initiated and taught around educational theory, curriculum planning, and case development within a PBL context. Key Faculty Development principles related to faculty engagement were also established:

**Early Faculty Development Principles**

- Faculty development should be a central resource of expertise available to all
- Faculty members should engage with all aspects of curriculum development and implementation
- Emphasizing change management, cooperation and collaboration amongst regional sites is important
- Relationships between (and among) people are a fundamental pillar of UBC Faculty Development

Throughout my appointment as Assistant Dean from 1994 to 2007, the Office of Faculty Development made numerous achievements. A faculty development team was recruited and strategies focused on faculty socialization, principles of education, and curriculum change.

Curriculum development began in earnest with week and case development. Multiple small group workshops were developed to support skill development in PBL tutor training. A medical education community was also identified and started meeting monthly. This led to the development of the Medical Education Research Group (MERG), the annual William Webber Lecture in Medical Education, and Medical Education Day hosted by the Office of Faculty Development.

As the curriculum matured, the focus shifted to clinical education and teaching. For example, a 9-hour “ABC Educational Primer for Clinicians” series was developed and a booklet entitled “Teaching Skills for Community-Based Preceptors” was widely distributed. The Office of Faculty Development then expanded into leadership and educator development. The Faculty Development Initiatives Grant Program awarded two $5000 grants each year to support projects for improving the teaching of undergraduate and postgraduate students by providing crucial faculty development (read Faculty Development Initiative Grants: A Mirror to our Soul by Carol-Ann Courneya on p.7).
As well, an “Advanced Clinical Teaching” certificate program began by supporting two cohorts of clinical teachers and a Career Development Committee encouraged and supported young clinical faculty to participate in a pilot of a Clinical Educator Fellowship.

As the curriculum became established, faculty development programming also expanded with distributed learning across the regional campuses.

In summary, faculty development was integrally and increasingly involved in curriculum development and implementation from the 1980’s and onwards.

This involvement continues to be enforced today, and numerous faculty participate in and continue to benefit from ever-growing resources, endeavours and activities.

There was close collaboration with the Vancouver-Fraser Medical Program (VFMP) and the first two distributed sites – the Island Medical Program (IMP) and Northern Medical Program (NMP). The Office of Faculty Development personnel and programs were also involved with the Longitudinal Integrated Clerkships which began in Chilliwack and have since been established elsewhere around the province.

Acknowledging Key Players in Early Faculty Development Achievements

- Tammy Attia
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- Bob Waterman

Dr. David Fairholm was the Assistant Dean of Faculty Development from 1994-2007. Currently, he is the Executive Dean at Pelita Harapan University in Indonesia.
In looking back over a decade of Faculty Development Initiative Grants (FDIGs), what stands out are the overarching educational principles that FDIGs have supported.

Centrally the goal of the funded FDIG projects has been to improve the teaching of our Health Sciences undergraduate and postgraduate students by providing crucial faculty development.

FDIGs have supported research studies using quantitative, qualitative and mixed methods strategies. The results from these studies have then in turn informed the creation of faculty development programs, innovative teaching methodologies, simulations, assessment strategies and novel online and face-to-face courses.

A chronology of funded FDIG projects is a mirror of the UBC Faculty of Medicine’s curriculum evolution: an early curriculum transformation from traditional to hybrid PBL pedagogy; a profound expansion; a distribution of medical education; and most recently, a curriculum renewal embracing innovative pedagogic and technologic strategies.

It is fair to say that many of the pillars of Health Sciences education at UBC have been built on the pilot studies undertaken by faculty, students and residents and funded by FDIGs.

Reflecting on FDIG successes, one important pilot study provided foundational science faculty opportunities for meaningful clinical shadowing, with an aim to enhance the clinical relevance of their teaching in the undergraduate program (Courneya, DeWitt & Armstrong). The results from that pilot study prompted clinical shadowing to be adopted more broadly by the Office of Faculty Development to enhance clinical and foundational science integration in support of curriculum renewal.

It is the support of FDIGs that promote the development of ideas from inception to testing through to evaluation that allows faculty, students and residents to fully engage with our education mandate.

Past and present FDIG projects can be found at the Office of Faculty Development website: www.facdev.med.ubc.ca

Dr. Carol-Ann Courneya is the Assistant Dean for MD Undergraduate Student Affairs in the Vancouver Fraser Medical Program and an Associate Professor in the Department of Cellular & Physiological Sciences in UBC’s Faculty of Medicine.
When asked what a significant turning point in my teaching career was, my answer came pretty easily. It was in 2002 and my second year back as a professor at UBC where I had done my Ph.D. in the 90’s and had been asked to come home in 2002 after a brief stint at the University of Manitoba. I was working in the office one day on some research. A knock at my door that afternoon introduced Dr. Peter Lawrence from Applied Sciences, a Professor I had never met before who was wandering the halls of the business school looking to meet people.

An odd thing to be doing I recall thinking, but he explained that he was seeking someone to teach a joint course that he hoped to start up during the upcoming fall semester.

I was intrigued and discovered he wanted to teach a course in new venture design that involved helping students (both business and engineering) in the pursuit of starting a new business venture.

I ended up being the person that he was looking for and we launched our new course the next year to immediate success. In fact, the course has been one of my proudest career moments.

Why was this a turning point?

First, this was the first time I realized I could teach a course that was a bit off the beaten track – developing something new that I was passionate about was an exciting pedagogical experience that I hadn’t realized was possible.

Second, Peter taught me the power of collaboration in the classroom. I had not team-taught previously and learned that this approach was an exciting and rewarding challenge.

Finally, the course has substantive value to students. A number of the students that have taken the course have gone on to start their own entrepreneurial ventures and realize success.

I owe a lot to Peter for prodding me in the hallway that day. This was a turning point that has enabled me to broaden the possibilities and opportunities I have since found and capitalized on in my teaching career.

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**Spotlight – From a 3M National Teaching Fellow: A Random Visitor**

*Darren Dahl*

Dr. Darren Dahl is the Senior Associate Dean of Faculty and Research, a BC Innovation Council Professor, and a Professor in the Marketing and Behavioural Science Division in UBC’s Sauder School of Business.
Celebrating 10 years of Annual William Webber Lectures

This year, we celebrate the 10th anniversary of the William Webber Lectures in Medical Education. Dr. William Alexander Webber was an exceptional medical educator. To celebrate his humanistic approach and outstanding contributions to medical education, the Office of Faculty Development inaugurated the Annual William Webber Lecture in Medical Education in the Spring of 2005. Look back and remember some key inspiring quotes from our first Webber lecturers. Our 10th anniversary lecture will be delivered by Karen Mann at the 2014 Medical Education Day.

“...Outstanding and excellent teachers stress an educational experience that enhances both the professional and personal development of their undergraduate students and trainees.”

Dr. Charles Slonecker (2005)

“Medical educators today would look back now with distress at the rigidity of lectures and labs. Students were rarely able to ask questions of their teachers. Women were a tiny minority in large classes of men. Classes today display a broad diversity of educational experience, ethnic background as well as balancing of genders. Major changes!”

Dr. Albert Cox (2008)

“Art can be used as a method of teaching messages, of doing things that we didn’t before…but I think that the students really respond to this and will incorporate those messages into their lives because of the artwork that they will retain and remember.”

Dr. Jock Murray (2009)

“In the 1950’s and 60’s…The teaching aids were 35 mm glass slides and then plastic Kodachrome slides emerged after that and the audience sizes were up to a couple of hundred people. [Now]...we have...real time, dispersed knowledge, audiences of 20,000 or more worldwide, you can put them on the web and the information is transmitted almost instantaneously around the world.”

Dr. David Hardwick (2007)

“The process of becoming a physician endangers the very trait that leads many young people to medicine...[empathy]. Not only should we try to teach empathy, we need to preserve it in our trainees.”

Dr. Lara Cooke (2010)

“Competency based Education really focuses on this fundamental issue: What are the abilities needed of a graduate?’ That’s where you’re supposed to begin. So the planning cycle for education gets turned on its head. It begins with a practice analysis at any stage and then you define competencies and work back through milestones of achievement.”

Dr. Jason Frank (2011)

[Cultural safety moves] from a set of competencies to an environment of safety, taking the cultural values and norms of others into consideration, be that in our teaching, in patient centered care, or more generally, in all aspects of our institutional environments.”

Dr. Blye Frank (2012)

“If you want your students to be more actively engaged, you have to be more actively passive, patiently passive, and make clear to them why you are being silent.”

Dr. Dan Pratt (2013)
The More Things Change the More They Stay the Same?

Leslie Sadownik

The winds of change are sweeping once again through the postgraduate medical education environment. The College of Family Physicians introduced the “Triple C Competency Based Education (2013)”, while the Royal College of Physicians and Surgeons has proposed an update to competency-based education through CanMEDS 2015. At a systems level, one can expect visible changes. The focus will be on what learners can objectively do, rather than the amount of time learners invest in training. Faculty development will have a key role in preparing teachers for these anticipated changes.

What then are the “new” attitudes, knowledge and or skills clinical teachers will need to adapt to this competency-based educational landscape?

In the clinical environment, medicine has always been and will continue to be an apprenticeship. Surprisingly, a review of the medical literature reveals that the characteristics and behaviors of effective clinical teachers have not changed for decades. Nor have recommended “key teaching behaviors”. Effective clinical teachers are role models as physicians. They are knowledgeable and competent in their fields, demonstrate strong interpersonal communication skills and work effectively in a team. These clinicians demonstrate a commitment and passion for teaching. They are genuinely interested in what the learner wants and needs. Learners look forward to working with these teachers because they are accessible, enthusiastic, supportive and positive. These teachers are effective because they involve the learners directly in the care of their patients and supervise the care the learner provides to the patient. They provide a learning environment which stimulates and motivates the learners. The effective teaching behaviors suggested to clinical teachers have also not changed substantially over time.

Key Effective Clinical Teaching Behaviours:

- Orient learners to environment
- Take an educational history from learners
- Clarify performance goals for learners
- Involve learners directly in patient care
- Observe learners’ performance skills
- Role model critical skills for learners
- Use questions to facilitate clinical reasoning skills

While all of these are important teaching behaviors, one stands upon the shoulders of the others: observe your learners. We now know that learners struggle with
assessing their own performance. Practicing, without feedback, does not always make perfect. Sometimes unsupervised practice makes mistakes permanent. Direct observation of learners by faculty is a cornerstone for meaningful feedback to learners — and a cornerstone to competency-based medical education. I could produce reams of depressing statistics documenting how we graduate medical students and residents reporting little if any observation from faculty during their training. Forget the stats; instead, ask your learners to recall the last time a faculty observed him/her interviewing or examining a patient. This is not a new problem. It is an old problem and our traditional faculty development workshops have not been successful in addressing it.

“Observe, record, tabulate, communicate. Use your five senses ... learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert. Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.” — Osler (1849-1919)

So, what are the “new” attitudes, knowledge and/or skills clinical teachers will need to adapt to this competency-based educational landscape? They are not new; they are the same “old” list of effective teaching behaviors that formal faculty development programs have been targeting for years. While skills such as observation and feedback can be effectively taught to faculty, a minority of faculty will engage in training of this nature. As well, these individual interventions do not seem to have an overall effect at the system level; we are still not actively observing.

Perhaps the future in faculty development is to take a step back and change the “starting” line. We need a new approach. Let us focus on future faculty. For example, we could begin by collaborating with undergraduate and postgraduate programs to teach medical learners how to observe their patients. We would then have a cohort of learners who can appreciate the role of observation in practicing medicine. Next, teach postgraduate residents how to observe learners. By the time residents’ graduate, direct observation would be ingrained and faculty development could refine and enhance their observation and feedback skills.

Let us change the way we approach “faculty” development in the future, and perhaps the winds of change at the system level will result in meaningful change at an individual level.

Dr. Leslie Sadownik is an Assistant Professor in the Department of Obstetrics and Gynaecology and a Project Leader in the Office of Faculty Development in UBC’s Faculty of Medicine
At UBC, we offer 68 accredited postgraduate medical education (PGME) programs. The number of postgraduate trainees has expanded significantly over the past 10 years, and training is widely distributed throughout British Columbia. As well, many graduates are staying in these communities where their services are most needed. And the expansion and distribution of PGME is aligned with the Future of Medical Education in Canada – Postgraduate (FMEC PG) recommendation of ensuring the right mix, distribution, and number of physicians to meet societal needs.

One of the critical elements of success in the new PGME paradigm is the support provided to clinical teachers through faculty development and continuing professional development. Not surprisingly, this is also a recommendation in the FMEC PG report.

It is important to provide faculty development that is practical and tailored to the learning environment, whether the latter is in the doctor’s office, hospital, ambulatory clinic, operating room or long term care facility. Practicality implies easier implementation.

Ideally, the strategy should be to empower clinical teachers by recognizing best teaching practices that already exist and support them so those practices are sustainable.

This is especially important as nationally postgraduate medical education is increasing its emphasis on teaching and learning in the outpatient setting. We have recently published a number of tips for successful teaching from the perspectives of our front line teachers.

Innovative faculty development models should be encouraged, such as the creation of regionally based faculty development programs, which allow local communities in the geographic vicinity to mutually support each other in a sustainable manner. A balance needs to be struck between addressing the unique faculty development needs of any single community, and identifying areas of synergies so that finite resources can be deployed optimally. Technology-enabled learning can be helpful here. For instance, webinars and podcasts can be developed for regionally based faculty development programs. And with the advance of mobile technology, faculty development programs can reach out to individual teachers within their own practice settings.

With the arrival of Competency-Based Medical Education (CBME), the implementation of these new curricula will require more faculty development.
Whether it is the Triple C curriculum\textsuperscript{3}, or the CanMEDS 2015 framework\textsuperscript{4}, there is an urgent need to familiarize clinical teachers with CBME as well as its implications.

**Faculty development programs should develop tools as part of a continuous improvement process to empower our front line teachers in teaching and assessing in CBME.**

The UBC PGME office has identified promoting resident wellness and optimizing resident performance as two separate, yet related priorities. The newly created PGME Resident Wellness Office provides a first point of contact for wellness assessment and referrals (individual and group counseling support) as well as advocating for overall wellness for UBC residents\textsuperscript{5}.

This is a provincial resource serving all training sites in B.C. In addition, the PGME Educational Advisory Group is created to aid in helping Program Directors understand the educational issues underlying their residents in academic difficulty, and aid in crafting educational experiences to help these residents improve their performance, including assistance in drafting the remediation and probation processes for residents.

Faculty development to raise awareness of these priorities and orient clinical teachers on how to use these resources would be helpful.

In summary, we have witnessed a tremendous expansion and distribution of postgraduate medical education in B.C. over the past decade. New emerging priorities in residency training present new opportunities for faculty development. These opportunities can be realized with priority setting, building on existing strengths, and appropriate resourcing.

**The time to act is now.**

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5. Accessed on February 20, 2014 at: www.postgrad.med.ubc.ca/resident-wellness
While the Island Medical Program (IMP) is a place known for its supportive educational environment, a few local surgeons have gone to the next level. Many of the surgical assistants are semi-retired surgeons themselves, and while they aren’t directly involved as teaching faculty, they have plenty of contact with IMP students on their rotations.

The 3rd year surgery clerkship is one of the most challenging. Students not only need to learn the complex medical management of surgical disease, pre- and post-operative care, trauma management, etc; but they are also asked to master some basic operative skills including surgical management of skin lesions and suturing.

Finding our students at times overwhelmed, four of these semi-retired surgeons decided to intervene.

They approached the teaching faculty with a unique idea and were permitted to give it a try. The plan was simple: they wanted to provide some protected time to assist students where they felt they needed it most. The initial focus was on students’ proficiency in delivering a case presentation and on students’ basic ‘hands-on’ operative skills. The IMP provided funding to put together a ‘surgical suitcase’ of suturing supplies and good quality tools for each student, and the surgeon-mentors were given one afternoon a week to meet students. It quickly became clear that the strength of these sessions was their flexibility. In general, time was devoted to a few interesting cases and some suturing, but discussions centered on everything from ethics in surgery to the students’ choice of career.

The students felt free to bring up what they needed to discuss, even if it was an emotionally challenging case from the ward, and the surgeons had the experience to guide the conversations to allow for students’ reflection and learning.

Through their intervention and watchful eye over the eight-week clerkship, the surgeons felt there was a positive difference in the students. In taking a few moments each week to get hands-on experience with expert guidance in a low pressure environment, students became more proficient and less anxious when they were in the operating room. By providing them a forum to discuss both successes and difficulties, they benefited both from the experienced physician and from their peers’ support. Students appreciated the non-evaluative role of the mentors, their expertise with the faculty in the local surgical community, and their supportive attitudes.

This mentorship program has become a successful part of the IMP surgical clerkship. We hope that these sessions will set an example for other clerkships, and that they find this sort of longitudinal, responsive, and supportive program helps their students gain mastery in their specialty.

Graeme Bock is an Island Medical Program student (2014)
Acknowledgements: Dr. Allan Hayashi, Dr. Con Rusnak, and Dr. Kiran Veerapen
Reading over the stories so far in this 20th anniversary issue of Education Matters I’m struck by how we can “look forward” by looking back on the messages our authors have conveyed. One way we can begin to weave these stories into a connected fabric of faculty development is if we ask ourselves, “how can we find our future direction by recognizing opportunities for change?” Here’s what our contributing authors have said so far:

- David Fairholm reminds us that change is not new and how we should rely on our history to guide our future
- Carol-Ann Courneya emphasizes that we need to fund innovation so we can support those who lead change
- Darren Dahl speaks about the unlikely opportunity of a wandering stranger who led him to a fundamental change in his thinking
- Leslie Sadownik reminds us that change is dynamic and can occur when we look back to understand our connection to the past
- Roger Wong gives us insight into how postgraduate education is changing and how this drives changes in faculty development
- And Graham Bock asks us to remember “those who came before us” given their ability to support change by facilitating true student-centered learning and supporting our future physicians

All of these conversations lead us to think about what our future holds. In the upcoming pages, we hear from our Executive Dean of Education, our four Regional Faculty Development Directors, and our colleagues from Professional Development and Continuing Professional Development, who share their visions, priorities, and opportunities for collaboration and synergies.

*Education does matter. Building on our past and supporting our present faculty development, helps us see our future.*

Dr. Sandra Jarvis-Selinger is the Assistant Dean of Faculty Development, the Director of Curriculum in the MD Undergraduate Program, and an Associate Professor in the Department of Surgery in UBC’s Faculty of Medicine
It took me some time to work out how to answer the question I was asked, as I think, the vision for education in the Faculty is not mine, it is ours. It is created by many thoughtful people and is something that changes with time. I thought it might be more interesting for me to think about what kind of environment, or educational experiences would lead us to UBC being the place of choice for many health professional students in the future. Within health education we have interesting challenges as the single Faculty of Medicine in BC: we have a responsibility to meet the needs of many British Columbians from those in remote areas to the next generation of physician scientists.

Our distributed model has allowed us, within medicine, to begin to meet this wide social responsibility, and is now being seen as a possible way to support expanded education for the other health programs in the Faculty; the premise being that areas of need may be best served by future practitioners having at least some of their educational experiences within them.

But what might things look like 10 or 20 years down the road? One future sees students connected technologically with access to an array of diagnostic wizardry, rapid information and unimagined simulated environments. Access to information will drive not just practice, but also our patients who will be more informed than ever before.

The risk for our students will be an overwhelming amount of content to assimilate during their studies. The other future asks a different question: Will we be bold enough to focus as much attention on the “softer skills” of healthcare, as on hard scientific knowledge? Our students will need abilities in communication, working with other health professionals and collaborative leadership.

A focus on professional behaviours and ways of thinking around clinical dilemmas will also be more and more important as our graduates will increasingly be in the glare of enhanced public expectations.

At its core health care will continue to be, whatever advances in science come to the fore, based on the interaction of a patient with a health professional. Health care is after all an exercise in relationships; good relationships in themselves have healing power. Communication skills, empathy, ethical decision making and working in a team are going to be core attributes of any health professional, just as they are now. These things are not taught they are learned, and they are learned.
by working with real patients who are experiencing the joys and tragedies of life, and may be confronting the challenges of the onset of illness or loss.

Health care will always in my mind, be best learned with an experienced practitioner as the subtleties of listening, interpretation, diagnosis and care cannot really be learned in other ways than experientially in a safe environment.

It is my hope that the very real human skills needed to practice are not lost in an explosion of scientific knowledge and information. Rather, I hope that as a Faculty of Medicine, we will continue to strive for a balance between helping students acquire sufficient knowledge, and to develop those attributes that will allow them use that knowledge appropriately.

Dr. David Snadden is the Executive Associate Dean of Education in UBC’s Faculty of Medicine

The “Frames of Mind” Mental Health Film Series (www.framesofmind.ca) is an initiative of the UBC Department of Psychiatry whose goal is to use thought-provoking cinema in order to promote community and professional education of issues pertaining to mental health and illness. Now in its 11th year, the series consists of monthly evening screenings of a feature film or documentary directly related to a particular mental health theme, which is then followed by a relevant presentation and a moderated discussion. Screenings are held at the Pacific Cinematheque, a non-profit theatre in downtown Vancouver. To date, speakers and panelists have ranged from UBC Department of Psychiatry faculty to representatives from mental health community-based and nonprofit organizations, cinema experts and mental health consumers and their family members.

Other aspects of the series include:
- Emphasis on community partnerships and active community engagement
- Digital/social media presence
- Accredited continuing education status
- Association to a range of published film reviews
- Relationship with UBC medical students and psychiatry residents
- Award-winning profile

The series has also undergone formal evaluation by attendees as part of a research study on the educational impact of a mental health film series. Please join us at “Frames of Mind” on the third Wednesday of every month!

Dr. Harry Karlinsky is the Medical Director for Continuing Professional Development and a Clinical Professor in the Department of Psychiatry in UBC’s Faculty of Medicine

¹ Winner of the 2003 Outstanding CME activity in Canada by the Canadian Psychiatric Association; inaugural 2007 UBC Faculty of Medicine’s Innovation in CME-CPD Award; 2010 Canadian Mental Health Association- BC Division’s Professional Services Award)
We are sometimes challenged to explain what distinguishes Faculty Development (FD) from Continuing Professional Development (CPD). In one sense, it is a matter of semantics. CPD is part of FD and addresses the need to ensure faculty remain competent and up-to-date. Or is FD part of CPD? Or are they one and the same? This is not a simple matter and naming has profound implications for resource allocation and organizational processes.

In recent years, a small group from FD and CPD has been exploring synergies between these two ideas. This is because a significant percentage of our target audience is composed of busy clinicians for whom time needed to attend FD and/or CPD events translates into lost income. Of course, physicians can get funds to attend continuing professional development activities but not for attending faculty development events. This is reflected in the relative participation rate in CPD and FD activities.

Physicians need and are now requesting better access to faculty development activities. In the recent Royal College survey of specialists in BC, “teaching” was by far the number one choice out of nine possible options to the question “Would you like to pursue additional skills development in any of the following areas?”

UBC collaborative efforts have focused on how to engage with and facilitate the professional development of our target audience. We have explored how to introduce FD programs into CPD events and what is needed to facilitate community preceptor attendance. For example, we have added faculty development “Lunch and Learn” sessions to the CME-on-the-Run series \(^1\). As well we have ruminated about whether we can imbed teaching tips into a talk on, for example, diabetes.

One way to foster the participation of busy clinicians in faculty development events is to ensure they are eligible for CME credits.

Most faculty development sessions are accredited for Royal College MOC Section 1 and College of Family Physicians Mainpro-M1 credits. The CPD Office accredits these sessions free of charge. Furthermore, the Faculty Development Coordinating Office utilizes the CPD Office’s online registration system. Hence, it is possible for participants to obtain a record of accredited sessions they have attended.

FD and CPD are areas where inter-professional learning can and should take place. One area for future collaboration is to explore ways we can develop innovative programs to encourage and facilitate interprofessional learning. As well, collaboration should reflect the combined efforts of clinicians, basic scientists, faculty developers, and CPD educators. Huge challenges, to be sure, but loaded with significant opportunities.

We look forward to exciting times ahead!

\(^1\) http://goo.gl/Va5fV2

Dr. Gisèle Bourgeois-Law bio is on page 2. Dr. Christie Newton is the Director of Continuing Professional Development and Community Partnerships, the Director of the Division of Professional Development, and an Associate Professor in the Department of Family Practice, in UBC’s Faculty of Medicine.
Within the widely distributed setting of our Regional Medical Campus on Vancouver Island, we subscribe to a vision of an interconnected faculty and integrated programs across the continuum of medical education. Training for both undergraduate medical students and postgraduate residents is offered across twelve thousand square miles, from the offices of rural family practitioners to urban tertiary training hospitals. The inaugural class of medical students was enrolled in 2004 and since 2009 the full complement of 128 students, 32 in each of the four years, are being trained by more than 700 teachers.

Together, we have developed strategies to promote self-sustaining faculty development and found synergies within the educational landscape.

**Our Strategies:**

**Appreciative Inquiry:** Active involvement of community based clinical teachers in faculty development activities through an appreciative inquiry approach, which is supported by opportunities to share, contribute and finally develop educational activities and materials to meet their needs.

**Networking:** Providing regular opportunities (2-3 times every year) for faculty in all programs and locations to network and share experiences during faculty development days hosted across the Island.

**Meeting Contextual Needs:** Responding to special needs or concerns within courses (such as problem based learning) or disciplines through focused faculty development in small groups and supporting educational and scholarly activity of interested members.

**Finding Synergies:** Exploring new synergies across traditional silos, which when bridged have become the hub for fresh and creative approaches to teaching, learning and beyond. Last year we developed an educational alliance between teachers’ and students’ to explore the gaps in their perspectives of feedback. The result is a highly interactive workshop anchored by case studies, available to all members of the faculty who wish to use it, on the Office of Faculty Development website.

**Our Hopes:**

With our increasingly confident faculty, we envision not only more involvement in faculty development activities, but more productivity, creativity and ultimately multiple linked hubs of excellence in teaching. We realize that such enthusiasm needs to be set within the parameters of good scholarship and we will continue to maintain close ties with the Centre for Health Education Scholarship (CHES), whose leaders and scholars have provided us with much needed guidance.

In the setting of a regional medical campus, we have stretched the mandate of faculty development beyond its core functions. We have the potential of playing a larger role in the overall development and integration of medical education programs, than currently imagined and we will keep looking for opportunities to do so. We greatly value the counsel and support of our colleagues in faculty development across the sites and look forward to sharing our ideas and resources.

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1. www.facdev.med.ubc.ca
The Faculty Development team in Northern British Columbia has recently re-developed the team after a previous time gap in leadership. Although challenges exist in this new start-up phase, it is a time of excitement, as fresh faces bring new ideas.

**While the previous emphasis was largely on the central hub in Prince George, it is becoming increasingly recognized that distributed teaching across Northern BC, such as Terrace and Fort St. John, is a particular strength of the Northern Medical Program.**

Training medical professionals across a sparsely populated geography, with varying levels of specialist and allied health care support, provides challenges. Particular difficulties arise in small centres with few potential preceptors, who are particularly susceptible to preceptor burnout. In addition, expansion of family practice postgraduate programs is introducing the added challenge of accommodating undergraduate and postgraduate trainees concurrently in family practice offices; resources must be provided to preceptors during this transition.

The first step of our new Faculty Development team at the Northern Medical Program is to understand the unique cultures and challenges in each distributed site across the North. It is anticipated that teachers in different sub-sites will have unique teaching needs, and will request different support and resources.

Secondly, we will use information collected during our environmental scan of Northern BC, to offer teaching support and resources, based on the perceived need.

**Subsequently, we anticipate that development of rural specific teaching resources will be required, and will be pursued in collaboration with other sites that have a large rural based set of preceptors.**

Different sites will require differing levels of support as curriculum renewal is under way which the new team is keen to assist with. In the vast area of Northern BC, preceptors have the potential to be isolated from their peers.

Many preceptors in Northern BC come from varied non-Canadian training programs so the potential for variation in teaching styles and assessment is especially marked in Northern BC. Therefore, the last major focus of the new team will be to pursue standardization in teaching and assessment methods.

Many of the teaching challenges in a non-urban setting, also provide opportunities and strengths, as students are exposed to a more integrated teaching style from their predominantly generalist physician preceptors, who thankfully are keen to teach.

Dr. Rob Olson is the Regional Director of Faculty Development at the Northern Medical Program and an Assistant Professor in the Department of Surgery in UBC’s Faculty of Medicine.
It has been an exciting year for faculty development at the Southern Medical Program (SMP). We now have over 700 clinical faculty involved in teaching at our education sites in Kelowna, Kamloops, Vernon, and Trail and across the Interior Health Authority region. Ninety-six students are currently enrolled with the SMP with our inaugural class well into their third year clerkship. This September, we will welcome another 32 for a full complement of 128 students across the four years of the program.

In September 2013, we inaugurated our first class of the SMP’s Master Teacher Certificate Program. Sixteen faculty members from Kelowna, Vernon, Kamloops and Trail attended a series of nine lectures and corresponding small group sessions designed to stimulate understanding of and interest in educational theory and practice. Lecturers have included Dr. Kevin Eva, Acting Director of the UBC Centre for Health Education Scholarship and Dr. Stephen Pinney, a San Francisco-based orthopedic surgeon with great expertise and leadership experience in medical education. To complete the program each Master Teacher will attend all of the lectures and small group sessions and submit an individual learning project. They will also undergo a peer teaching coaching session to allow for direct observation and feedback of teaching technique. The goal of the program is to build a tradition of teaching excellence in the SMP and to help foster a network across our sites. We expect that many of our enrollees’ projects will improve rotations for students across the SMP. The Master Teachers have also been asked to participate in recruitment and curriculum design for next year’s program to build on the success of the program.

**It is our vision that a robust annual program will serve as the foundation of our faculty development efforts.**

We also saw the evolution of our website in 2013. Our goal is to create for our faculty a rich web-based resource including videos of past SMP lectures, presentations and handouts used in educational sessions, faculty biographies, and a detailed calendar of events¹. The re-design led by Warren Brock, SMP Communications Coordinator, enhances the accessibility of teaching resources and ensures compatibility with whatever device used by faculty when accessing the website.

We hope that our faculty will turn to this web resource for information about upcoming sessions, and expect that it will become a portal of communication across all of our sites.

We continue to prepare for curriculum renewal and have joined the research efforts into Case-based learning (CBL) tutor training. This is consistent with our vision of collaborating with all of our sites within the Faculty of Medicine to ensure the sharing of best practices and avoid the duplication of work. We also intend to strengthen our relationship and collaborative efforts with the postgraduate faculty development programs offered in Kelowna and Kamloops.

Dr. Michael Purdon is the Regional Director of Faculty Development at the Southern Medical Program in UBC’s Faculty of Medicine, and the Executive Medical Director for Community and Residential Services at Interior Health

¹ http://www.smp.med.ubc.ca
As faculty developers for the Vancouver Fraser Medical Program (VFMP), our first priority is to help faculty further develop their teaching competencies and ways to effectively communicate with students. It is important that faculty be supported in their abilities to accurately target the learning level of their students, keep their learners active, avoid overloading the cognitive capacities of those they work with, teach reasoning through questioning, stimulate reflection, as well as give direct observation and effective feedback.

Our second priority is to help faculty members in defining their roles, responsibilities, and identities as teachers in an evolving program. For new clinical teachers, an important early task is their setting up work environments that welcome learners.

Our third priority is to collaborate with the leaders of the renewed curriculum and the Academic Learning Communities\(^1\) in providing orientation and development specific to these initiatives. We look forward to continuing our productive collaborations with leaders and faculty developers from the Island Medical Program, Northern Medical Program, and Southern Medical Program as we determine how to translate the principles of the renewed curriculum to guide faculty responsible for developing educational materials, teaching, and assessing.

**Our services:**

Given the diversity of VFMP faculty, we provide options to suit varied needs and preferences. Our website (soon to be launched)\(^2\) has resources and information for VFMP faculty to use for self-directed faculty development.

We lend out modules for guided small group learning that allow groups of 2-12 faculty to meet on their own time and in their own contexts to learn using the modules, earning CME credits.

We provide a process for foundational scientists who teach in the MDUP to have clinical exposures, typically a half-day in an office or hospital with a clinical faculty member. Foundational scientists and clinicians are paired by shared interest. The clinical exposure helps faculty teaching foundational sciences to maximize the clinical applicability of their teaching, and serves to enhance the integration of foundational and clinical teaching.

We offer face-to-face faculty development by targeting groups of faculty at prescheduled events such as tutor meetings/ rounds, etc., and by organizing stand-alone workshops on hot topics in medical education.

*We look forward to working with you to develop and maintain excellence in your teaching.*

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\(^1\) The VFMP has close to 200 students per year, and thus is exploring adopting a model of ALC’s which would divide the class into geographically based smaller groupings. This is anticipated to facilitate more longitudinal relationships between faculty and students.

\(^2\) www.vfmpfacdev.med.ubc.ca

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Dr. Linlea Armstrong is the Regional Director of Faculty Development at the Vancouver Fraser Medical Program and a Clinical Associate Professor in the Department of Medical Genetics in UBC’s Faculty of Medicine.
Think about your favourite hotels anywhere in the world. One of the common features of these hotels is what inhabits the ground floor: reception, information, support, facilitation, etc. It’s the place we all go to find out where to eat, what to explore, even a place to meet friends and colleagues. The reason I bring up this example is for you to think about how the Office of Faculty Development is and can be one of those “ground floor” places.

When I took over the role of Assistant Dean in the Office of Faculty Development, one of my first goals was to flip the organizational chart to make the Office a place that facilitated and supported others to connect with faculty about effective teaching. With a distributed medical education program across BC, what we have is a network of site and departmental directors, coordinators and administrators who are delivering faculty development to our front-line educators across undergrad, postgrad and CPD. So I had to ask myself, “what should the role of an Office of Faculty Development be, and more personally what should my role as Assistant Dean look like?” For me it’s about facilitating, coordinating and collaborating with those who are charged with designing, developing, delivering and evaluating faculty development initiatives.

**Our aim therefore is to support each of the four distributed sites as well as our departmental faculty development partners and project leaders.**

We’ve accomplished this through a reorganization of our Office’s staff group as well as supporting the idea that the Office is meant to be a coordinating centre. When I began we had one half-time administrative assistant and a full-time program manager. As of December 2013 we have built on that core foundation to include another full-time program manager to support the undergraduate program and moved our current program manager to a postgraduate portfolio. We have also hired an instructional designer, a researcher and additional administrative support staff.

For example, through this flipped organizational model, we have shared research capacity to support innovation across all distributed sites.

We can also support the creation of common educational modules that can be adapted to any site, department or training need. We can coordinate how event information is communicated across all sites. The UBC Teaching and Learning Enhancement Fund grant to support the MD undergraduate programs’ transition to case-based learning is just one example of what successful collaboration looks like across sites and stakeholders.

I see the future of the Office of Faculty Development as a vital part of the network that supports everything we want to accomplish and in my metaphor becomes as useful, supportive and foundational as the ground floor of your favorite hotel.
We offer Faculty Development events and resources for your teaching needs, including:

- Medical Education Days for Health Professionals
- PBL Tutoring Workshops
- Educational Primer Modules
- Fred Bryans Master Teacher program
- This Changed my Teaching Articles
- Faculty Development Initiative Grants
- Clinical Teaching on the Run: Lunch & Learn Series

Visit our website to learn more!  
[www.facdev.med.ubc.ca](http://www.facdev.med.ubc.ca)

Stay updated with EVENTS and join our listserve!  
[fac.dev@ubc.ca](mailto:fac.dev@ubc.ca)

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Left to right: Jenn Clark, Anita Ho, Sharon Doucet, Katherine Wisener, & Yan Haung.  
Absent: Viktoria Lichtenwald and Sandra Jarvis-Selinger