Professional Development for Clinical Faculty in Academia
Focus on Teaching, Research, and Leadership

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KEYWORDS

- Professional development • Career development • Mentoring • Leadership
- Research • Teaching

KEY POINTS

- Professional development for clinical faculty in academic health centers is critical for improving their leadership, clinical practice, teaching, and scholarship skills.
- Protected time, training opportunities, access to mentors, and project resources can reduce commonly perceived barriers and challenges.
- Strategic alignment of faculty needs and institutional goals and priorities is vital and helps build teamwork and engagement.
- Aligning departmental and institutional professional development activities helps increase creativity, cross-departmental learning, and limited resources efficiencies.

INTRODUCTION

Professional development of clinical faculty is a key strategy in both supporting individual aspirations and the goals of academic health centers and departments. Creative, systematic, and supportive approaches help enhance individual faculty skills with the potential to enhance teamwork and institutional performance, engagement, and alignment. Clinical faculty are faced with increased clinical practice time demands and less time for academic interests and home life. Having protected time to attend the training activities that faculty want and see relevance in their work roles helps faculty members feel valued, heard, and supported. Successful models offer formal and informal programs with a range of mentoring and coaching options, including peer mentorship. Reducing burnout and disengagement can be supported through the

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teambuilding aspects of these programs, addressing systemic factors as well as personal development to enhance resilience and leadership skills.

This article reviews professional development issues from the literature and summarizes a range of practical strategies for both individuals and institutions, including educational research studies of the impact of mentoring, leadership, education skill development, and peer coaching programs. As a case example, lessons learned from applying these strategies are described in one Psychiatry Department's Career Development and Research Office (CDRO). This article considers several questions:

1. What are common professional development priorities and how are they similar or different from the perspective of the individual, department, or institution?
2. What strategies can address the barriers and challenges to implementing professional development activities?
3. What national organizational resources can support local efforts to help clinical faculty with their professional development goals?

CLARIFYING PRIORITIES AND GOALS

Professional development priorities reflect the core values, aspirations, and needs of individuals, departments, and institutions. Commonly professional development will cover all 3 core mission areas (clinical, teaching, and scholarship) and also may include leadership and management skill development. Mission-based training must consider the institutional context and the faculty members' prior experience, skill level, role, and phase of career. Clinical faculty are commonly clinical employees of a clinical system and academic faculty of a university where the clinical and academic systems often have different and competing priorities and expectations for balancing teaching, scholarship, and service. Clinical faculty from different institutions often have varying academic promotion requirements, including tenure potential. This consideration will influence professional development needs and goals. Identifying and supporting professional development needs starts in the recruitment and hiring process and continues with onboarding, orientation, and networking into the community and culture of the institution. Individual professional development plans and connections with supervisors and mentors can help them identify areas of interest, need, and priority.

PROFESSIONAL DEVELOPMENT AND A CAREER DEVELOPMENT PLAN

Clinical faculty can benefit from mentorship and career coaching that helps them create an evolving career development plan. This is a personal process that requires self-reflection, competing life priorities, and realistic assessment of current strengths and areas for growth. In the context of developing a career development plan, clinical faculty have an opportunity to ask themselves major questions such as:

- Where would they like to make a difference?
- What is important for them at this time of their life and career?
- What brings them joy and fulfillment in their life?

The answer to these questions may align well with their current job and their employer's interests, or not. This is a time for individuals to consider how to best align their goals and priorities with their employer's and work team, including what their strengths are and where their opportunities are for growth. Asking for feedback from others can be done by the individual, or perhaps with the help of a coach, on

how they are doing and where the opportunities exist for making a better impact. Creating a career development plan includes setting short-term and long-term goals and functionally matching each goal with the necessary professional development activity. The departmental annual performance evaluation is an opportunity for getting and giving feedback, including mentoring and career development needs.

PROFESSIONAL DEVELOPMENT FOR ENHANCING TEACHING SKILLS

Teaching medical students, residents, and other allied health students often occurs in a wide variety of settings and can provide an opportunity for interprofessional education using a range of teaching methods and pedagogy approaches. The Association of American Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education, American Medical Association, and other national medical education organizations provide competencies and professional development resources, training, and networking opportunities.

The AAMC's MedEdPortal (https://www.mededportal.org/) is a useful resource for creative and innovative ways to provide medical education. This site also provides an opportunity to encourage clinical faculty to share their own ideas and activities for medical education with many others, which is a way to expand their scholarship and impact on the field.

The Best Evidence Medical Education (BEME) Collaboration is an international organization that has conducted systematic literature reviews to create best-practice summaries to inform faculty development focused on improving teaching skills in medical education (https://www.bemecollaboration.org). In the past almost 20 years, there have been 42 Guides published in *Medical Teacher* in an effort to increase the evidence-based nature of professional development programs for medical education practice.[1] The Kirkpatrick model is one example of a commonly used methodology in evaluating educational programs along 4 levels of increasing impact, namely:

1. Reaction to the training such as the degree of satisfaction and attendance
2. Learning in the session assessing attitudes, skills, and knowledge change
3. Behavior in the work context using the new skills or knowledge learned in the program
4. Results of the impact of using the new skills and knowledge on patients, organizations, teams, and so forth

A BEME summary analysis of the faculty developer's competences as facilitators in professional development programs identified negotiating, constructing, and attuning as critical in understanding the context of the training.[2] A BEME systematic review of faculty development to improve medical education teaching used the Kirkpatrick 4 outcome levels for 53 studies, including 6 being randomized controlled trials,[3] and confirmed that the key effective components of the training were using the principles of adult learning,[4] experiential learning,[5] peer support, well-designed training programs, and multiple educational methods.[3] In addition, professional development to promote leadership in medical education was systematically reviewed by BEME,[6] using 48 articles and 35 interventions, whereby it was found that leadership training programs were often short (less than 3.5 days); however, longer training may have better outcomes and included a wider range of leadership topics (eg, conflict management, finance, team building, people management), a system-level focus (change management), and career planning. Some key aspects of effective programs were including multiple teaching methods, experiential learning, time for reflections, both individual

and group projects based in the faculty's real-world roles, and components of peer support, mentorship, and institutional support.[6]

There is still a need to develop and evaluate which methods would be most effective in different settings, different specialties, with simulation teaching and other educational technology, and with what outcomes.[7] Peer group mentoring may provide a cost-effective and powerfully supportive model to include in mentoring programs in addition to the more traditional dyad mentor-mentee model.[8] Peer mentoring has been used effectively in programs supporting women, minority faculty, and junior faculty, including better addressing challenges and barriers of competing responsibilities, accountability, selection of senior advisors, and finding a common interest.[9] Developing mentoring competencies is an important skill that is often untaught. Even a single half-day of evidence-based training on how to be a mentor can make an impact.[10] The Mentoring Competency Assessment tool with 26 items can be used to assess mentors' competencies, including addressing different gender, cultural, and generational background perspectives.[11]

New ways of engaging faculty are being implemented with social media, including the use of Twitter. This is a method used to address barriers of funding and limited resources. Using this platform for professional development has found that networks can be expanded and can help with communication skills, increase knowledge in peer-supported and self-directed manner, and provide new opportunities for professional growth.[12]

PROFESSIONAL DEVELOPMENT FOR LEADERSHIP AND MANAGEMENT

The American College of Healthcare Executives (ACHE) Competencies Assessment Tool is useful for self-assessments and for developing a leadership career development plan. The tool is available free at http://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf. The online tool was developed from surveys by the Healthcare Leadership Alliance and assesses 5 competency areas: Leadership, Communication & Relationship Management, Professionalism, Knowledge of the Healthcare Environment, and Business Skills and Knowledge. Self-assessment by faculty of their own ability to independently identify their own needs does not yet have a strong research database to support this; however, departmental and/or institutional engagement in the process might help, especially with support, multiple other inputs of feedback, follow-up, and agreeing to the value of the standards and competencies.[13]

Professional development programs to improve leadership skills are critical and can help align individual, departmental, and institutional needs and goals. Leadership skills are different from management skills and include creating a shared vision, inspiring others, assessing climate and culture, communication, change management, creating an environment of mutual trust, and supporting others in their leadership work. The balance of management and leadership skills will vary by role, including whether front-line, middle management, or higher-level leadership. Leadership is needed to help support clinical faculty and others' wellness through health promotion.[14] Mindfulness-oriented professional development training can be helpful for increasing communication skills, self-compassion leading to compassion for others, being more self-aware, and increasing focus in the present moment.[15–17] Communication skill development will help in all mission areas through improving listening skills, self-awareness, written/oral communication messaging by tailoring to the audience, managing relationships, facilitating discussions in groups, respectful communication, inclusive excellence, allyship, and bystander intervention.[18–26]

The Stanford Leadership Development program learning model has been described and evaluated as showing how leadership training for clinician leaders can be effective.[27] The Stanford program occurred over a 9-month time period and is an excellent example of covering a wide range of leadership topics, and included multiple adult learning methods, including an experiential leadership project. The Kirkpatrick assessment levels were used to evaluate the program and found high participation levels, satisfaction, and improvement in attitudes, skills, and knowledge on leadership competencies, engaged in a leadership project using these skills, and successfully completed their team-based project https://www.kirkpatrickpartners.com. The program used the Activation-Demonstration-Application-Integration education training framework[28] of effective education.[27]

Professional development leadership courses are available by most national professional organizations and also present a great opportunity for local institutions to offer while combining local change management and strategic planning. Most of the national professional organizations have an Annual Meeting, Secondary Meetings of key professional development groups, conferences, Web site/online resources, and written materials. For example, The AAMC offers 18 different professional development groups to help with networking, peer to peer support, leadership, interprofessionalism, and ways to stay current in specific areas (https://www.aamc.org/). Examples relevant to clinical faculty include Chief Medical Officers Group, Group on Faculty Practice, Group on Educational Affairs, Group on Student Affairs, and Group on Diversity and Inclusion. The AAMC offers numerous leadership development and certification programs for all phases of individuals' careers and roles, including leading information technology in academic medicine, health care diversity and inclusion, conflict management, early and mid-career women faculty leadership development, leadership and management foundations for Academic Medicine and Sciences, GME leadership, CMOs, New Deans, Associate Deans, and Chairs training.

PROFESSIONAL DEVELOPMENT FOR RESEARCH AND ACADEMIC SCHOLARSHIP

Mentoring is an important method for supporting careers in research and medical education.[7,29,30] Academic departments commonly have identified mentors, and there is a growing body of literature on effective mentoring programs and techniques. For example, the University of Wisconsin's ICTR is leading a National Research Mentoring Network with numerous training programs and also a core team that is developing, evaluating, and disseminating evidence-based curriculum (https://ictr.wisc.edu/mentoring/).[31–35] Effective mentoring has been critical for most researchers in academic medicine, but also important for clinical, teaching, and leadership professional development. This research group has developed the Center for the Improvement of Mentored Experiences in Research (CIMER), which provides useful resources to train both mentors and mentees at all career stages for research career development, including building a network of individuals and institutions. Resources are available at https://cimerproject.org/#/curricula/training-materials. Mentoring programs commonly provide advice on selecting a mentor (often multiple mentors, peer-mentors, or mentors within and outside of an organization), establishing a written agreement on the mentor-mentee relationship, roles and expectations for both, and ways to evaluate the effectiveness of the relationship, including the ability of the mentee to achieve his or her goals.[36,37] The CIMER group has developed the Mentoring Competency Assessment, which includes 26 mentoring skills items, including maintaining effective communication, aligning expectations, assessing understanding,

addressing diversity, fostering independence, and promoting professional development.[11]

CASE EXAMPLE OF THE UMass DEPARTMENT OF PSYCHIATRY

Individual faculty members have unique needs and aspirations that will benefit from institutional support and aligning with the priorities of the institution. Each academic health center and department has its own unique history, culture, priorities, resources, and leadership challenges and opportunities; however, Chairs and other system leaders must act and decide how to support professional development for their clinical faculty. This article concludes with an example of how one psychiatry department in transition with a new Chair responded to these needs within the context of its system.

The department was large at baseline (225 faculty) and had strengths in most mission areas; however, there were institutional expectations to increase the clinical research activity and productivity while strengthening the educational and clinical missions. From a faculty needs assessment survey, numerous focus groups, and department inclusive strategic planning process, the leaders identified a strong interest and need to "Develop the Workforce of the Future":

1. Offer career and research mentors and programs
2. Reduce intradepartmental silos
3. Build infrastructure support, including protected time for professional development and scholarship and resources for starting research projects
4. Assist with the academic promotion process

In response, departmental leaders developed a CDRO, which offered a variety of resources to meet the diverse needs of the large faculty body and worked closely with the institution's Office of Faculty Affairs, which had varying levels of annual funding support. On inception, the CDRO aimed to support a culture of mentoring, including individual, peer, and team mentoring.

Both formal and informal needs assessments obtained from individual faculty members were conducted through the annual performance evaluation (there were specific sections dedicated to elicit information about needs for mentoring and career development, in alignment with the department's strategic plan). In addition, the faculty was engaged as a whole through the annual departmental meetings of the department's strategic plan, which included "Developing a Workforce of the Future" as 1 of the 5 major strategic priority areas. Lastly, the CDRO's annual faculty needs assessment survey guided the plans for the catalog of professional development programs. In turn, annually a systematic review of both departmental and institutional programs and supports were reviewed and cataloged for use by both faculty and their supervisors.

The primary mission of the CDRO was to help each individual faculty member achieve excellence through access and support of learning communities, scholarship, professional development, and mentoring across the full range of faculty interests and stages in the career life cycle, including support for academic skills, promotion, and career advancement. The CDRO services included one-on- one coaching meetings with CDRO staff for promotion guidance, budget planning, recruitment issues, funding identification, and overall research or career development support. All new faculty offer letters provided information about the CDRO and connected them to a mentor and the CDRO as part of the onboarding process.

Mentoring was a key professional development component targeting leadership, teaching, and research. The CDRO developed mentoring training programs (including

a New Faculty onboarding program), peer coaching support (including a Women's Faculty Committee), and a leadership development program, entitled the Leadership College.[38] Clinical faculty also sought out mentoring on academic promotion, including resumé enhancement, writing the necessary support documents, and putting together their packet. The CDRO developed rank-specific seminars on achieving promotion, as well as providing individual consultation. In addition, support for clinical faculty included outreach to their workplace, engaging all team members and their respective leaders to address barriers and challenges and to receive both ideas and feedback on how the department could be a resource to their direct workplace.

Academic Interest Groups were also developed to help increase faculty with a common interest (including clinical and research-oriented faculty, basic and clinical faculty, students, and staff) which provided an opportunity for networking and to support professional development, mentoring, and team building. The CDRO supported the Academic Interest Groups as a way to increase collaborations and reduce silos across the department. The CDRO provided support for coordinating monthly meetings, providing updates on relevant funding opportunities, and connecting with institutional resources. These groups would provide updates to the CDRO on their activities, and the groups and their leaders were recognized and honored at an annual reception with award recognition activities.

To support professional development in research, the CDRO provided support with IRB submissions, recruitment of research subjects, and handling the administrative side of running a research project or program. In addition, several writing groups were formed, including a very successful NIH "K Award writing group" developed for clinical faculty committed to an independent investigator research career. The CDRO also hosted an annual Psychiatry Research Day, a day-long event of presentations, peer-reviewed poster sessions, awards, and a high-profile keynote speaker (eg, Directors of NIDA, NIMH, NCCAM, SAMHSA, Research on Women's Health, PCORI). Clinical faculty might have a poster that described their clinical setting and population receiving care, which led to new collaborations with established research-oriented faculty.

In its most recent evolution, the CDRO has used internal coaching to support faculty in a confidential setting. Departmental faculty either self-refer or are referred by their supervisors, but the service is entirely voluntary and confidential. Areas covered include career coaching, leadership coaching, or performance coaching, which target specific skills to be improved. All of the coaching was done by 2 internal faculty coaches who were credentialed by the International Coach Federation and/or the Worldwide Association of Business Coaches, who were also certified in several coaching instruments to facilitate self- and other-awareness, such as the DiSC (https://www.discprofile.com) for work productivity, teamwork, and communication skills and the Eq-I 2.0 (https://www.mhs.com/MHS-Talent) for emotional intelligence. Also, 360° assessments (https://www.echospan.com/360-degree-feedback-landing.asp) (both through formal and informal assessments) were used to facilitate insight and establish coaching goals. Because the internal coaches were departmental faculty, they had the unique knowledge and skill set to understand the faculty member's workplace environment and unique history and culture of the department as well as the broader system.

No doubt the CDRO will continue to evolve in response to the changing landscape of the department and the needs of their faculty. After the first 10 years of CDRO support, the department grew in size from about 225 faculty to over 380, and dramatically increased activities and impact in research, education, wellness, leadership, and clinical services.

Table 1
Best practices or interventions for professional development

Approach	Brief Description	Comments
Peer mentoring training and developing a learning community	Initially trains the peer group on mentoring and coaching skills and includes a planned curriculum; institutionally supported with protected time	9 mo to 1 y within 1 department or across the institution
Mentorship training and matching Programs	Matches mentee faculty to mentor faculty; includes support/structure to enhance mentor and mentee effectiveness. Varies by mission area focus and established goals	Mentoring becomes part of culture and processes
Institutional support for professional development	Provides protected time and project funds while engaging senior leadership, recognition for those involved, linkages to future leadership roles	Varies by institution and department in amount of time and resources
Multiple instructional methods in delivering these programs	Uses adult learning methods, including small group discussions, role plays, simulations, interactive learning experiences, reflective practice.	Vary by number of methods used and theoretic models used
Individual and team or group projects	Applies new knowledge and skills addressing real-world problems in the participants' direct workplace setting	Time, project funds, and recognition can accelerate positive outcomes
Career promotion workshops	Guides faculty to advance their career with multiple pathways/mechanisms to create scholarship in academic medicine	Career Development Plan training
Teaching skills workshops	Enhances communication, instructional, technology, and curriculum development skills	Feedback on observed teaching; simulation
Leadership courses and programs	Enhances self-awareness, uses assessment tools (eg, 360, DiSC), teaches management and leadership skills development	Aligns with participant's current or future projects and roles
AAMC MedEdPortal	Offers training to access and contribute to one's own scholarship	www.mededportal.org/
Leadership College, UMass Department of Psychiatry	Uses facilitated peer coaching; assesses emotional intelligence (EQI2), communication, and negotiation skills and systems awareness; uses ACHE leadership competencies assessment tool	Part of the Career Development and Research Office (CDRO)[38]
Mindful physician leadership program	www.umassmed.edu/psychiatry/education/mindfulphysician leadershipprogram/	Foundational, Advanced, and Train-the-trainer levels[16,17]

Table 1
(continued)

Approach	Brief Description	Comments
Stanford leadership development program	https://med.stanford.edu/faculty diversity/faculty-development/ leadership-programs/stanford-leadership-develop-program.html	
University of Wisconsin's CIMER training program	https://cimerproject.org/#/curricula/ training-materials	Training materials and National Research Mentoring Network
K Award writing group	Research Career Award writing group for NIH, VA, and other training grants	

Data from Steinert Y, Mann K, Centeno A, et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. Med Teach 2006;28(6):497–526; and Steinert Y, Naismith L, Mann K. Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No. 19. Med Teach 2012;34(6):483–503.

SUMMARY

The risk for burnout, disengagement, and feeling overwhelmed has increased with more time demands from clinical practice and less time to teach, lead, or innovate. Academic institutions and departments have a unique opportunity to engage its faculty by sponsoring and creating innovative professional development programs to enhance leadership, research, teaching, and clinical skills. The added benefit of these "homegrown" programs is that the clinical faculty members feel more valued, engaged, and supported and will want to better align their priorities with the strategic priorities of the institution. There are excellent national resources to support and complement local professional development efforts. There are best practices and some standard approaches to learn from nationally; however, each department needs to balance any standard with customized approaches (**Table 1**).

Clinical faculty need creative, systematic, and supportive approaches to help their career and professional development. Listening to their needs and concerns is vital in developing these programs. There are many national, institutional, and departmental best practices that can be sources of new ways to expand offerings locally or to provide opportunities to go and attend. Academic institutions and their departments have a unique opportunity to engage its faculty by sponsoring and creating innovative professional development programs to enhance leadership, research, teaching, and clinical skills. The added benefit of these "homegrown" programs is that clinical faculty members will feel more valued as individuals, engaged, and supported to want to align their priorities with the strategic priorities of the institution. Protected time to take part in these programs and activities respects the reality of clinical faculty's busy clinical practice schedules that have limited time for teaching and scholarly activities. There are excellent national resources to support and complement these professional development efforts.

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