Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No. 19

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Review citation

Review website
http://bemecollaboration.org/Published+Reviews/BEME+Guide+No+19/

Keywords
faculty development, in-service training, leadership, management, career development, medical education

Headline conclusions
• Participants in faculty development programs designed to promote leadership in medical education valued these programs and reported positive changes in attitudes toward their own organizations as well as their leadership capabilities.
• Participants described increased knowledge of leadership concepts, principles, and strategies, gains in specific leadership skills, and changes in leadership behaviors.
• Changes in organizational practice were infrequently examined; however, they did include the implementation of specific educational innovations, increased emphasis on educational scholarship, and establishment of collegial networks.
• Program features associated with positive outcomes included the use of multiple instructional methods within single interventions, experiential learning and reflective practice, individual and group projects, peer support and the development of communities of practice, mentorship, and institutional support.
• More rigorous and diverse research designs are needed to capture the complexity of interventions in this area.
Background and context
Due to the increasing complexity of medical education and practice, the preparation of healthcare professionals for leadership roles and responsibilities has become increasingly important. To date, the literature on faculty development designed to promote leadership in medical education has not been reviewed in a systematic fashion.

Review question
What are the effects of faculty development interventions designed to improve leadership abilities on the knowledge, attitudes, and skills of faculty members in medicine and on the institutions in which they work?

Review methodology
Search Strategy: The search, from 1980–2009, included six databases (Medline, EMBASE, CINAHL, Web of Science, ERIC, and ABI/Inform) and used the following keywords: faculty development; in-service training; doctor; medic; physician; faculty; leadership; management; administration; executive; and change agent. Hand searches were conducted, and expert recommendations solicited.

Inclusion and Exclusion Criteria: Articles on faculty development to improve leadership, targeting basic science and clinical faculty members, were reviewed. All study designs with outcome data beyond participant satisfaction were examined. Forty eight of 687 unique records met the review criteria in three categories: (1) reports in which leadership was the primary focus of the intervention; (2) reports in which leadership was a component of a broader focus on educational development; and (3) reports in which leadership was a component of a broader focus on academic career development.

Data Extraction: Data were extracted by three coders using an adapted Best Evidence Medical Education coding sheet. One reviewer coded all articles, and two reviewers each coded half the dataset. Coding differences were resolved through discussion.

Data Synthesis: Data were synthesized using Kirkpatrick’s four levels of educational outcomes (1994). Findings were grouped by intervention type and level of outcome.

Implications for practice
On the basis of the review findings, faculty developers should:
• Define the leadership focus of the intervention.
• Make more deliberate use of theory in program design and development.
• Incorporate program features (e.g. multiple instructional methods; experiential learning and reflective practice) that have been associated with positive outcomes.
• Consider the importance of context, including the organizational culture, program curriculum, course faculty, and participants.
• Develop programs that extend over time, to allow for cumulative learning, practice, and growth.
• Incorporate notions of work-based learning and communities of practice into program design.

References