

**A Faculty Development Program for
Teachers of International Medical Graduates**

**GUIDELINES FOR SITE-SPECIFIC ACTIVITIES:
FACULTY DEVELOPMENT PRINCIPLES AND STRATEGIES**

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I. INTRODUCTION AND RATIONALE

As mentioned in the *Introduction and Program Overview*, the goal of this program is two-fold: to help prepare teachers in diverse settings to work with IMGs in an effective and collaborative manner, and to enhance the learning – and practice – experience of IMG's. As IMGs face many unnecessary barriers to licensure, we want to ensure that teachers and supervisors are better prepared so that they do not become one of these barriers. We have also noted that teachers sometimes face unique challenges when working with IMGs; this program has been designed to address some of these challenges.

As previously mentioned, this program has been written primarily for teachers of IMGs. However, some of the modules can be used directly with teachers of internationally educated health care professionals (e.g. the module on *Educating for Cultural Awareness*); others can be adapted easily to meet the needs of nurses, physical and occupational therapists, pharmacists and other health care professionals. Moreover, many of the materials in this program are likely to be useful for all medical teachers, even though they have been designed to be used in the context of teaching internationally educated professionals.

These *Guidelines for Site-Specific Activities* have been written for individuals responsible for faculty development and other educational programs, to provide suggestions on how to use this program, and to highlight a number of faculty development principles and strategies that should be considered. We all need to develop site-specific programs that are relevant to the individual and organizational contexts of our teachers and learners, using a variety of teaching and learning methods. These guidelines have been structured to help faculty developers, program directors, and other medical educators utilize these materials in their own settings. (For additional information about faculty development programming, please consult the resources and references included in **Appendix A.**)

II. HOW TO USE THIS FACULTY DEVELOPMENT PROGRAM

As outlined earlier, this program consists of six distinct modules relevant to teaching international medical graduates. Individuals responsible for faculty development or other educational programs should choose the modules that are relevant to their setting and pertinent to them; read the entire module; choose the sections that inspire them and meet the needs of their colleagues; and decide how – and when – they would like to deliver the content. In some cases, the program materials may be easily applicable to a particular context; in other situations, educators may wish to adapt the program materials to their own setting.

Individuals responsible for faculty development and other medical educators will also need to consider the following issues related to program design and development:

A. SEPARATE OR INTEGRATED FACULTY DEVELOPMENT PROGRAMS

Each of the six modules can be delivered as a separate faculty development activity or can be integrated into an ongoing faculty development program. For example, the module on *Delivering Effective Feedback* can be delivered as a “stand alone” activity for teachers of IMGs. However, the case examples, videos, and narrative essays that have been provided can also be incorporated into an ongoing faculty development activity on *Effective Feedback*. In a similar

vein, the module on *Assessing Learner Needs* can be conducted separately or as part of an integrated program. This decision will very much depend on each program's needs and priorities.

At the same time, many of the modules can also be used for teachers of all students and residents (e.g. *Promoting Patient-Centred Care and Effective Communication with Patients; Untangling the Web of Clinical Skills Assessment*) and program developers must decide in what context they wish to deliver this material. As stated in the *Introduction and Program Overview*, some modules (e.g. *Orienting Teachers and IMGs*) also contain materials that can be used directly with students and residents.

Many of the modules contain materials that can be delivered in a variety of settings over differing time periods. For example, *Assessing Learner Needs* outlines a workshop that can be given in a three-hour time period. The module on *Promoting Patient-Centred Care and Effective Communication with Patients* includes a variety of faculty development materials that can be offered in separate workshops or over a two-day period. *Orienting Teachers and IMGs* outlines content that can be offered in a series of workshops or faculty meetings. *Educating for Cultural Awareness* contains materials that can be offered in multiple sessions or in a single, longer session.

Throughout this program, we have tried to present the materials in such a way that they can be used in a flexible manner, as separate sessions, or as part of an integrated program, so that they can meet the needs of individual teachers and learners. It should also be noted that although certain resource materials (e.g. narratives and videos) have been developed for a particular module, many of them can be used in other modules as well. We encourage you to choose the ones that capture your interest and are most relevant to your setting.

We also hope that you will let us know how these materials have been used. **Appendix B** includes an evaluation form that has been designed to provide feedback on the usefulness of this Faculty Development Program. Please return your completed form to us by e-mail: yvonne.steinert@mcgill.ca or walsha@mcmaster.ca.

B. INDEPENDENT LEARNING

Each of the modules also contains a set of instructions for how an individual teacher can use a specific module for independent study. For example, each module contains *Key Concepts* that are pertinent to all teachers. Many of the modules also contain narrative essays and reflective exercises that can be used for self-study. However, as stated in the *Introduction and Program Overview*, it should be noted that although independent study is useful for knowledge acquisition and reflection, group activities (that include interaction, practice and feedback) are best for addressing attitudes and promoting skill development. Whenever possible, teachers are encouraged to use these materials in a group setting.

Irrespective of the process used, teachers should carefully assess their own needs, establish clear goals and objectives for their own learning, utilize a strategy that is effective for them, and evaluate the outcome. Sharing these learning experiences with colleagues is also encouraged.

III. GENERAL PRINCIPLES

To ensure the success of any faculty development activity, individuals responsible for faculty development need to: conduct a multi-faceted needs assessment of their teachers and students; develop clearly defined objectives that determine the choice of content; utilize a variety of instructional methods to achieve individual and institutional objectives; and evaluate effectiveness and outcomes (Steinert, 2005). Some of these issues will be addressed here.

A. CONDUCT A NEEDS ASSESSMENT TO ENSURE RELEVANT PROGRAMMING

Faculty development programs should clearly base themselves on the needs of the individual as well as the institution. Learner needs, patient needs, and societal needs may also help to direct relevant activities. Assessing needs is necessary to refine goals, determine content, identify preferred learning formats, and assure relevance. It is also a way of promoting early “buy-in”.

Common methods include: written questionnaires or surveys, interviews or focus groups with key informants (e.g. participants; learners; educational leaders), observations of teachers “in action”, literature reviews, and environmental scans of available programs and resources (Grant, 2002). Whenever possible, program developers should try to gain information from multiple sources and distinguish between “needs” and “wants”. Clearly, an individual teacher’s perceived needs may differ from those expressed by their learners or peers. Needs assessments can also help to further translate goals into objectives, which will serve as the basis for program planning and evaluation of outcome.

In this context, a survey of teachers’ current knowledge, attitudes and past training experiences can help to determine how to best use this program in a particular site. Another option is to facilitate a group discussion with teachers and supervisors about opportunities, challenges and strategies to teach IMGs effectively. This discussion, which can foster early engagement and model learner-centred approaches to education, can also help to determine which modules should be offered and which educational strategies would be most pertinent to a particular group of faculty members. This exploratory process can also include a scan of past faculty development activities (within departments or faculties), interviews with department heads about educational needs within their respective departments, or discussions with IMGs. (Sample questions that could be used in an informal needs assessment of teachers are included in **Appendix C.**)

B. DETERMINE APPROPRIATE GOALS AND PRIORITIES

As with the design of any program, it is imperative to clearly define goals and priorities. What are you trying to achieve – and why is it important to do so? Moreover, the articulation of goals and objectives will help to determine your target audience, type of educational program, content and methodology. Determining priorities is not always easy. However, it is essential to balance individual and organizational needs.

Faculty development programs take place within the context of a specific institution or organization. It is, therefore, essential to understand the culture of that institution and to be responsive to its needs. Faculty development programs should capitalize on the organization’s strengths and work with the leadership to ensure success. In many ways, the cultural context

can be used to promote or enhance staff development efforts. For example, staff development during times of educational or curricular reform can take on added importance (Rubeck & Witzke, 1998), and we should profit from these opportunities. We must also ascertain institutional support for these activities and lobby for necessary resources, as clearly, this program cannot occur in a vacuum.

In summary, as Wilkerson and Irby (1998) have stated, comprehensive faculty development programs should include both individual and organizational development. In the context of working with IMGs, both aspects are critical.

At an *individual* level, faculty development activities should:

- Address *attitudes* and beliefs
- Transmit *knowledge*
- Develop *skills*

At an *organizational* level, faculty development should help to:

- Create opportunities for learning together;
- Empower teachers and reward effective practices
- Address systems issues that can impede effective teaching and learning

C. INTEGRATE THESE INITIATIVES INTO ONGOING FACULTY DEVELOPMENT ACTIVITIES

As mentioned earlier, each module can be used as a “stand alone” educational activity for faculty development or can be integrated into an ongoing faculty development program. Clearly, each individual has to decide what is most pertinent and helpful for their setting and context. We have, however, noted that faculty development activities are often departmentally based or centrally organized (i.e. faculty-wide). Given the increasing use of community preceptors and ambulatory sites for teaching, this program should also be “exported” outside of the university setting. Decentralized, site-specific activities have the added advantage of reaching individuals who may not otherwise attend faculty development activities and can help to develop a departmental or program-based culture of self-improvement.

D. CHOOSE YOUR FACULTY DEVELOPMENT STRATEGIES CAREFULLY

The literature on faculty development suggests that workshops and short courses are the most popular format for teaching improvement activities (McLeod, Steinert, Nasmith, & Conochie, 1997; Steinert, Levitt, & Lawn, 1988), and that faculty members value a variety of teaching methods within this format (e.g. interactive lectures; small group discussions and exercises; experiential learning and role plays; simulations and videotape reviews). These findings apply in this context as well.

In our earlier survey of the faculty development needs of teachers of IMGs (Steinert, 2003), we found that program directors identified workshops and one-on-one peer coaching as their

“method of choice”. Individual teachers and supervisors responded in a similar fashion. Independent reading programs and online learning modules were not rated highly, as the interaction between group members was considered invaluable for information exchange, peer support and role modelling. However, respondents did comment that they would value the availability of resource materials, to be used as needed.

Section IV in this section provides a brief overview of some of the suggested faculty development strategies. Clearly, they will be chosen to match the educational objectives, learner needs and preferences, and available time. However, whenever possible, faculty development programs should try to offer a variety of educational methods that promote experiential learning, reflection, feedback, and immediacy of application. Practice with feedback is essential, as is the opportunity to reflect on personal values and attitudes. Health care professionals learn best “by doing”, and experiential learning should be promoted whenever possible. We must also work to offer a diversity of educational methods that will accommodate different needs.

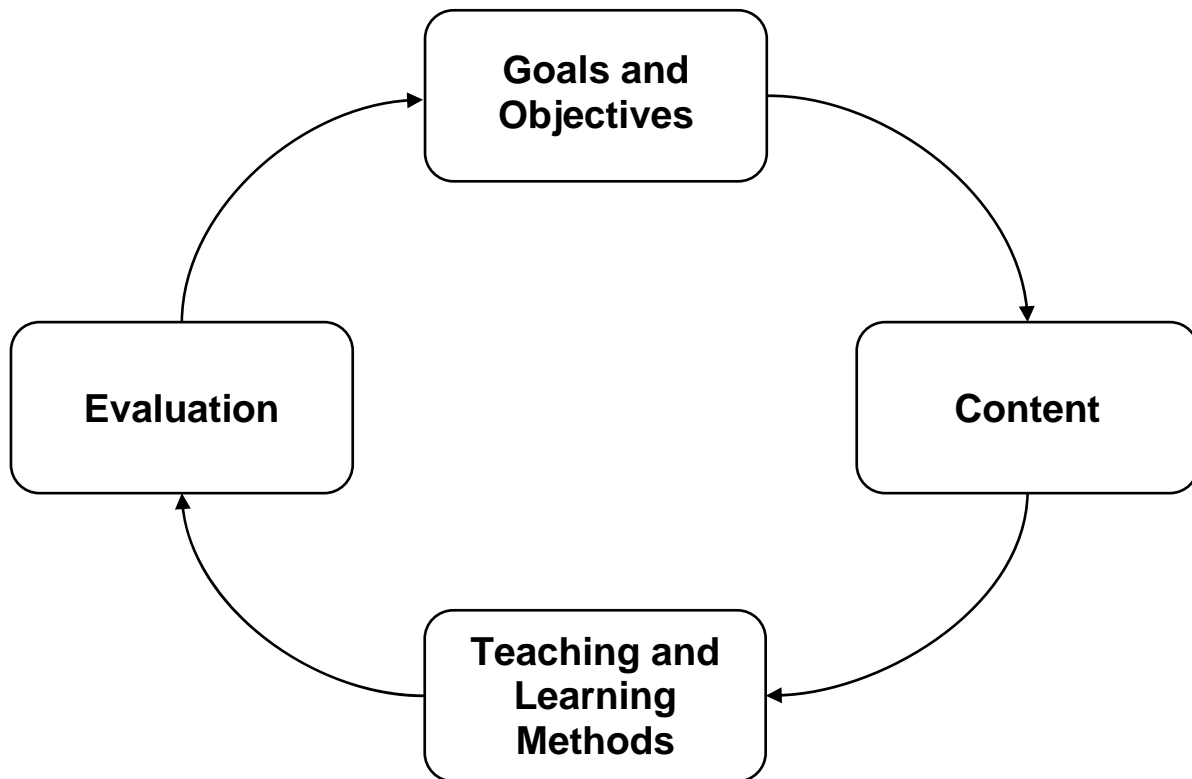
E. INCORPORATE PRINCIPLES OF ADULT LEARNING AND INSTRUCTIONAL DESIGN

Adults come to learning situations with a variety of motivations and expectations about teaching methods and goals. Effective faculty development programs should incorporate principles of adult learning into their design and delivery by acknowledging participants’ independence, diverse learning styles, and potential resistance. Program developers should also remember that adult learning often involves changes in attitudes as well as skills and that most adults prefer to learn through experience (Knowles, 1988; Merriam & Caffarella, 1999).

Incorporation of these principles into the design of any faculty development initiative can enhance receptivity, relevance and engagement. In fact, these principles should guide the development of all programs, irrespective of their focus or format, as physicians demonstrate a high degree of self-direction and possess numerous experiences that should serve as the basis for learning.

Principles of instructional design should also be followed. For example, it is important to develop clear learning goals and objectives, identify key content areas, design appropriate teaching and learning strategies, and create appropriate methods of evaluation – of both the students and the curriculum (see **Figure 1**). It is equally important to integrate theory with practice (e.g. Kaufman, Mann, & Jennett, 2000) and to ensure that the learning is perceived as relevant to the work setting and to the profession. Learning should be interactive, participatory, and experientially-based, using the participants’ previous learning and experience as a starting point. However, although theory should inform practice, faculty development initiatives must remain relevant and practical. Whenever possible, specific activities should be designed around the participants’ problems and challenges, and follow-up plans should be incorporated into the learning plan.

Figure 1



F. WHEN POSSIBLE, CONSIDER USING IMGs AS TRAINERS

IMGs themselves can bring an invaluable perspective to faculty development activities. Many teachers are IMGs, and they are able to combine their teaching expertise with a deep understanding of the issues faced by IMGs struggling to enter the Canadian physician work force. In addition, as is made clear in the different modules, a diversity of perspectives can enrich the material and help us to identify the assumptions that we all bring to our teaching. There are also many advantages to co-facilitation that are worth highlighting. Co-facilitation models team work, enables the participants to experience different facilitation styles, and allows for a distribution of labor that is often advantageous (Anand, 2004). The work in this area can be overwhelming; sharing the tasks – and the challenges – can benefit all.

G. EVALUATE - AND DEMONSTRATE - EFFECTIVENESS

The need to evaluate faculty development programs and activities is clear. In fact, we must remember that the evaluation of faculty development initiatives is more than an academic exercise, and our findings must be used in the design, delivery and marketing of our programs (Steinert, 2000).

In preparing to evaluate a faculty development program or activity, we should consider the following: the goal of the evaluation (e.g. program planning vs. decision-making; policy

formation vs. academic inquiry); available data sources (e.g. participants; peers; students or residents); common methods of evaluation (e.g. questionnaires; focus groups; objective tests; observations); resources to support assessment (e.g. institutional support; research grants); and models of program evaluation (e.g. goal attainment; decision facilitation). Kirkpatrick's hierarchy of evaluation outcomes (1994) is also helpful in conceptualizing and framing the evaluation of effectiveness. They include the following:

- **REACTION** – Participants' views on the learning experience.
- **LEARNING** – Change in participants' attitudes, knowledge or skills.
- **BEHAVIOUR** – Change in participants' behavior.
- **RESULTS** – Changes in the organizational system, the patient, or the learner.

Although a full discussion of the evaluation of faculty development programs lies outside the scope of this program, all activities should be assessed in a meaningful way. At a minimum, a practical and feasible evaluation should include an assessment of utility and relevance, content, teaching and learning methods, and intent to change. Moreover, as evaluation is an integral part of program planning, it should be conceptualized at the beginning of any program. It should also include qualitative and quantitative assessments of learning and behaviour change, using a variety of methods and data sources. **Appendix D** provides a sample evaluation form that could be used as a template and adapted to site-specific programs.

H. WORK TO OVERCOME COMMONLY ENCOUNTERED CHALLENGES

Common implementation problems, such as a lack of institutional support, limited resources, and limited faculty time, are all important in the design and delivery of any faculty development program. Individuals responsible for faculty development must work to overcome these problems through creative programming, skilled marketing, targeted fundraising, and the delivery of high quality programs. Flexible scheduling and collaborative programming, which address clearly identified needs, will also help to ensure success at a systems level. A more detailed description of these commonly encountered challenges can be found in the *Proceedings of the First National Conference on Faculty Development* (Steinert, Spooner, Kaufman, & Jones, 1996). However, it should also be noted that careful attention to the general principles of faculty development outlined here will be helpful in dealing with some of these challenges.

I. PROMOTE “BUY-IN” AND MARKET EFFECTIVELY

The decision to participate in a staff development program or activity is not as simple as it might at first appear. It involves the individual's reaction to a particular offering, motivation to develop or enhance a specific skill, being available at the time of the session, and overcoming the psychological barrier of admitting need (Rubeck & Witzke, 1998). As program planners, we must overcome reluctance to participate in faculty development activities and market our “product” effectively. In our context, we have seen the value of targeted mailings, professionally designed brochures, and “branding” of our product to promote interest. Continuing education credits as well as free and flexible programming can also help to facilitate motivation and attendance. “Buy-in” involves agreement on importance, widespread support, and dedication of

time and resources at both the individual and the systems level, and must be considered in all programming initiatives.

For programs to be effective, they must be perceived as relevant to the work setting and to the profession. The CME literature has pointed out that much of physicians' clinical learning arises from their practice – and must be integrated with it. The same is true of faculty development, and teachers must know in advance what the expected learning outcomes will be and whether the activity or program will meet their needs. As Ullian and Stritter (1997) have stated, faculty development programs should reflect the high quality that teachers are trying to help their students reach and maintain.

IV. OVERVIEW OF SUGGESTED FACULTY DEVELOPMENT STRATEGIES

The modules in this program tend to rely on three main faculty development strategies, with a primary emphasis on experiential workshops. At the same time, however, other strategies, such as peer mentorship, online learning, and faculty retreats and seminars, can also be considered. In this section, however, we will focus on role modelling, peer coaching and workshops.

A. ROLE MODELLING

Role modelling is an important faculty development strategy despite the fact that it is often not used in an explicit fashion. We all learn from observing those around us, and this is a method of learning which can easily be incorporated into daily activities (Kenny, Mann, & MacLeod, 2003). We strongly recommend the use of role modelling as an “explicit” faculty development strategy designed to enhance teaching skills. Most teachers know at least one exemplar teacher. Seeking that person out, observing his/her teaching, and breaking down the steps that she/he takes can be invaluable in promoting teaching improvement.

B. PEER COACHING

Peer coaching is a method of faculty development that has been described extensively in the educational literature. Key elements of peer coaching include the identification of individual learning goals (e.g. improving specific teaching skills), focused observation of teaching by colleagues, and the provision of feedback, analysis and support (Flynn, Bedinghaus, Snyder, & Hekelman, 1994). This underutilized approach, sometimes called *co-teaching*, has particular appeal because it occurs in the teacher's own practice setting, enables individualized learning, and fosters collaboration. It also allows health care professionals to learn about each other as they teach together.

In the context of this program, teachers who work together may be able to observe each other teaching IMGs or other internationally educated health care professionals and can provide feedback to each other on their teaching styles and behaviors. The process of “debriefing” and discussing encounters with colleagues can also be extremely helpful in both skill acquisition and improvement, as long as the principles of effective feedback (described in the module on *Delivering Effective Feedback*) are followed.

A possible format for a peer coaching consultation could include the following:

- Agreement with a peer to provide coaching
- Description of a specific need or goal for which advice is being sought
- Organization of an opportunity for peer observation or review
- Delivery of feedback by a peer
- Response by a teacher to the feedback
- Follow-up and educational planning

Additional references on peer coaching as a faculty development strategy are included in **Appendix A**.

C. WORKSHOPS

Workshops are one of the most common methods for faculty development. A framework for effective workshop design is described in **Appendix E**. Additional information can also be found in a *Medical Teacher* article entitled “Twelve Tips for Conducting Effective Workshops” (Steinert, 1992). Moreover, although a discussion of workshop facilitation skills are beyond the scope of this program, **Appendix F** provides a summary of small group facilitation skills. Additional references are also included in **Appendix A**.

The workshops included in each of the program modules are designed to be interactive and include interactive plenary sessions, small group discussions and buzz groups, practice sessions with role plays and video triggers, narratives and case studies. Some of these more common educational strategies will be described below:

Interactive Presentations with PowerPoint Slides

Each module includes a series of PowerPoint slides that outline the key concepts and content required by teachers to work effectively with IMGs. These slides have been designed as a resource to individuals responsible for faculty development, and can easily be modified to meet the needs of the particular audience, which should be elicited at the outset of the activity and incorporated, whenever possible.

Some of the slides have been set for points to fade in one by one. This is to allow each point to stand out to the audience; they can, however, be adjusted to the presenter’s preference. Notes are also incorporated into many of the slides and include an elaboration of the points presented. (These notes can be viewed in the “normal view” option in PowerPoint or by printing the “notes view” version.)

It is also recommended that all presentations be interactive, and that a variety of methods be used to engage the participants in the process of learning, including buzz groups, role plays and standardized patients, case presentations, debates and reaction panels, and games and simulations (Steinert & Snell, 1999). Some of these methods are outlined below.

Buzz Groups

Buzz groups are small groups that are formed during a presentation in order to engage the participants to think about the issues being discussed. “Buzz” refers to the sound of the participants as they talk with each other in these small groups. By asking participants to reflect on their own experiences and talk about them with someone else, they become involved in the subject matter and learn from one another.

To set up a buzz group, a question (or a couple of related questions) is presented to the large group. Participants are then asked to work with a partner to discuss these questions. Asking participants to turn to someone sitting near them avoids spending time moving around the room. Be firm in avoiding larger group sizes, as this makes it possible for some to remain silent and uninvolved. If the group size is an odd number, one group may go to three. The buzz group sizes can be expanded depending on the nature of the group, but the smaller the better. (The module on *Assessing Learner Needs* describes the use of buzz groups in some detail.)

When asking groups to report back to the larger group, it is helpful to ask for ideas informally, rather than going from group to group. Moreover, soliciting responses which are different from those already heard ensures that the discussion is dynamic rather than a tedious recitation of similar ideas.

Depending on the experience of the audience, a significant amount of the workshop content may be elicited during the buzz group discussion. Thus, the subsequent presentation by the facilitator can elaborate on the points already made. Slides which present material already covered by the group may be omitted or used to summarize the discussion. This often helps to reinforce participants’ prior knowledge.

Role Plays or Practice Sessions

In teaching, just as in clinical work, it is important to go beyond the discussion of new ideas. Integration works best by trying things out, and groups are encouraged to apply some of the principles and strategies under discussion by participating in a role play or simulation. Often, the term “role play” tends to evoke a negative response from some participants; it may therefore be helpful to refer to this activity as a “practice session” instead. Irrespective of nomenclature, the goal of a role play is to give participants the opportunity to practice specific skills in a non-threatening environment with feedback from their peers and to learn from each other. **Appendix G** describes some of the steps that can be helpful in conducting role plays.

In summary, it is helpful to identify one participant to be the teacher and another to be the learner. Other participants can act as observers, though depending on the size of the group (and the room), more than one role play can take place simultaneously. However, it is important to note that it may be less threatening for the group to do one role play as a group activity first, with the entire group acting as the teacher – volunteering suggestions spontaneously from their places – with the facilitator guiding the group through the steps suggested by the presentation. In this way no one feels they are “on the hot seat”. At the same time, however, it is important to move to a small group activity to allow as many participants as possible an opportunity to function in the role of teacher.

Whenever possible, prepared scripts should be used to guide the role play, although participants can choose a situation from their own experience for the role play. Moreover, details can be fleshed out or altered as required. Depending on the needs of the group, the learner can be “programmed” to portray different characteristics or responses. Ideally, the teacher and learner only know their own individual script until after the role play is completed. It is also important to ensure that all participants have the opportunity to be the teacher at least once and to allow for time to “debrief” on the experience. This oft-neglected step is critical in assuring the success of any role play.

Standardized Patients

Standardized patients refer to actors or volunteers who are trained to simulate the problems patients bring to physicians. Standardized patients generally provide a realistic representation of actual situations, and they are widely used in teaching undergraduate interviewing skills and conducting performance-based evaluations (e.g. Objective Structured Clinical Examinations). In teaching situations, standardized patients offer a safe environment in which students can practice clinical skills without the stress of a real patient encounter. For evaluation purposes, they provide a standardized, reproducible clinical problem to each candidate. They are also used extensively in working with IMGs who are unfamiliar with the norms of Canadian patient care or who have language problems.

Standardized patient scenarios are most often developed from real cases and modified to protect patient confidentiality; the actors are trained to reliably reproduce the patient’s history, and in some cases, physical findings. They are particularly valuable in situations in which participants need to practice or demonstrate working with difficult patients or emotionally charged encounters. Standardized patients can also act as “standardized students” when teachers practice teaching skills, and at times even act as “standardized teachers”. Experienced actors and volunteers can provide useful feedback to students on their communication and patient-centred skills. Many academic centres have standardized patient programs which can provide “patients” or “students” for teaching and/or faculty development activities.

Narratives and Case Descriptions

Narratives are stories written in the first person, about personal experiences or perspectives. They are able to convey a powerful message, and because the writer’s own words are being used, the reader is quickly drawn into identifying with the perspective of the author. Using quotes from narratives, or reading passages from them, can evoke an affective response from the listener. It is particularly important for teachers to understand and identify with the world of the IMG, and this can be facilitated by using narratives written by IMGs. Several such narratives can be found in the resource sections of the modules. In faculty development sessions, quotes from IMGs can be used on slides to illustrate points. Asking participants to read aloud short passages from narratives, and then to discuss them in small groups, can also bring alive the didactic information points from the rest of the presentation.

The following questions can be used to guide a group discussion of a narrative:

- What did you think as you listened to the narrative being read?
- What did you think as you read the narrative aloud to the others?
- What did you feel?
- How does what you have read/heard fit with your own experiences as a learner? As a teacher?
- What seemed to work well for this physician? What caused difficulties?
- How can you use these ideas in your work with IMGs? With other learners?

Video Resources

Different types of videotaped materials are included in the modules. They include:

- Trigger tapes (i.e. triggers for discussion, as in *Educating for Cultural Awareness*)
- Video clips (i.e. clips that illustrate a series of ideas or concepts, as in *Orienting Teachers and IMGs*)
- Video scenarios (i.e. longer vignettes illustrating a particular doctor-patient encounter or story, as can be found in the Faculty Development Toolbox, *Working with IMGs*.)

Trigger tapes and video clips are a useful stimulus for discussion and are generally quite brief. They can also evoke a quick response among the participants, including an intense emotion or response to the scenario. Once participants have become engaged in the process of watching a trigger tape or video clip, a discussion of perceptions and reactions should follow. (For ease of use, these videos are embedded in the PowerPoint slides of a particular module.)

Video scenarios, or vignettes as they are sometimes called, are generally longer and are designed to be used to portray a situation or tell a story. These are useful for reflection and practice sessions, and in this program, may be used to illustrate an IMG's performance. The video scenarios designed for this program enable workshop participants to analyze teaching and learning situations and practice using specific teaching tools. At times, the video scenario can also be used to stimulate a role play, as the participants can role play what they have observed in the video. (For ease of use, all of the video scenarios are enclosed on the CD at the end of this program and on the website. Moreover, as all of the videos are in English, we have included a written translation of all video scripts in the French version of this program.)

Case Studies

The module on *Educating for Cultural Awareness* also includes case studies. As stated in that module, these can be used to highlight key concepts and principles, identify issues requiring discussion and clarification, and reinforce knowledge and skills. Teachers can also be encouraged to develop their own case studies, for discussion with their colleagues.

Fact Sheets

The module on *Educating for Cultural Awareness* also contains a series of fact sheets that can be distributed as deemed appropriate by the individual facilitating the workshop or discussion. In addition, many of the Appendices in the other modules (e.g. *Assessing Learner Needs; Untangling the Web of Clinical Skills Assessment*) can be used in this way. It should be noted that the Appendices in all of the modules have been prepared in a way to facilitate copying and distribution to participants.

Guided Readings

In a similar vein, many of the modules contain additional reading materials that can be used to supplement the workshop materials. Those who wish to move beyond the basic concepts covered in a particular module may explore the subject in more detail by referring to the suggested websites or recommended readings.

V. SUMMARY

To ensure the success of site-specific activities, faculty development guidelines for program planners have been developed. Some of the topics addressed in these guidelines include the need for: multi-faceted needs assessments to ensure relevant programming; clearly defined objectives that help to determine the choice of content; utilization of a variety of instructional methods to achieve individual and institutional objectives; and evaluation of effectiveness and outcomes. Faculty development initiatives for teachers of IMGs can clearly be integrated into ongoing faculty development activities or become “stand alone” sessions. The development of guidelines in this area will hopefully help to ensure that site-specific programs are tailored to local needs and that principles of instructional design are considered.

It has been said that faculty development can lead to organizational or cultural change (Steinert, Cruess, Cruess, & Snell, 2005). It is hoped that this faculty development program will enable improved learning and practice opportunities for IMGs in Canada.

VI. REFERENCES

- Anand, R. (2004). *Cultural competence in health care: A guide for trainers* (3rd ed.). Washington, DC: NMCI Publications.
- Flynn, S. P., Bedinghaus, J., Snyder, C., & Hekelman, F. (1994). Peer coaching in clinical teaching: A case report. *Family Medicine*, 26(9), 569-570.
- Grant, J. (2002). Learning needs assessment: Assessing the need. *British Medical Journal*, 324(7330), 156-159.
- Kenny, N.P., Mann, K., & MacLeod, H. (2003) Role modeling in physicians' professional formation: Reconsidering an essential but untapped educational strategy. *Academic Medicine*, 78(12), 1203-1210.

- Kaufman, D. M., Mann, K., & Jennett, P. A. (2000). *Teaching and learning in medical education: How theory can inform practice*. Edinburgh, UK: Association for the Study of Medical Education Monograph.
- Kirkpatrick, D. L. (1994). *Evaluating training programs: The four levels*. San Francisco: Berrett-Koehler Publishers.
- Knowles, M. S. (1988). *The modern practice of adult education: From pedagogy to andragogy*. New York: Cambridge Books.
- McLeod, P., Steinert, Y., Nasmith, L., & Conochie, L. (1997). Faculty development in Canadian medical schools: A 10-year update. *Canadian Medical Association Journal*, 156(10), 1419-1423.
- Merriam, S. B., & Caffarella, R. S. (1999). *Learning in adulthood. A comprehensive guide* (2nd ed.). San Francisco: Jossey-Bass Publishers.
- Rubeck, R. F., & Witzke, D. B. (1998). Faculty development: A field of dreams. *Academic Medicine*, 73(Suppl. 9), 32-37.
- Steinert, Y. (1992). Twelve tips for conducting effective workshops. *Medical Teacher*, 14(2-3), 127-131.
- Steinert, Y. (2000). Faculty development in the new millennium: Key challenges and future directions. *Medical Teacher*, 22(1), 44-50.
- Steinert, Y. (2003). *Building on diversity: A faculty development program for teachers of international medical graduates*. Unpublished report commissioned by the Canadian Task Force on Licensure of International Medical Graduates, Ottawa, Ontario, Canada.
- Steinert, Y. (2005). Staff development. In J. A. Dent & R. M. Harden (Eds.), *A practical guide for medical teachers* (2nd ed., pp. 390-399). Edinburgh, UK: Elsevier.
- Steinert, Y., Cruess, S., Cruess, R., & Snell, L. (2005). Faculty development for teaching and evaluating professionalism: From programme design to curriculum change. *Medical Education*, 39(2), 127-136.
- Steinert, Y., Levitt, C., & Lawn, N. (1988). Faculty development in Canada: A national survey of Family Medicine departments. *Canadian Family Physician*, 34, 2163-2166.
- Steinert, Y., & Snell, L. S. (1999). Interactive lecturing: Strategies for increasing participation in large group presentations. *Medical Teacher*, 21(1), 37-42.
- Steinert, Y., Spooner, J., Kaufman, D.M., & Jones, A. (Eds). (1996). *Proceedings of the First National Conference on Faculty Development*. Ottawa: The Association of Canadian Medical Colleges.
- Ullian, J., & Stritter, F. (1997). Types of faculty development programs. *Family Medicine*, 29(4), 237-241.
- Wilkerson, L., & Irby, D. M. (1998). Strategies for improving teaching practices: A comprehensive approach to faculty development. *Academic Medicine*, 73(4), 387-396.

VII. SECTION RESOURCES

- Appendix A: Faculty Development Resources and References
- Appendix B: Program Evaluation Form
- Appendix C: Sample Needs Assessment Questions
- Appendix D: Sample Evaluation Form
- Appendix E: Steps to Effective Workshop Design
- Appendix F: Small Group Facilitation Skills
- Appendix G: Notes on Role Plays

APPENDIX A

FACULTY DEVELOPMENT RESOURCES AND REFERENCES

- Baxley, E. G., Probst, J. C., Schell, B. J., Bogdewic, S. P., & Cleghorn, G. D. (1999). Program-centred education: A new model for faculty development. *Teaching and Learning in Medicine, 11*(2), 94-99.
- Bland, C., Schmitz, C, Stritter, F., Henry, R., & Aluise, J. (1990). *Successful faculty in academic medicine: Essential skills and how to acquire them*. New York: Springer-Verlag.
- Dent, J. A., & Harden, R. M. (Eds.). (2005). *A practical guide for medical teachers*. (2nd ed.). Edinburgh, UK: Elsevier.
- DeWitt, T. G., Goldberg, R. L., & Roberts, K. B. (1993). Developing community faculty: Principles, practice, and evaluation. *American Journal of Diseases of Children, 147*(1), 49-53.
- Flynn, S. P., Bedinghaus, J., Snyder, C., & Hekelman, F. (1994). Peer coaching in clinical teaching: A case report. *Family Medicine, 26*(9), 569-570.
- Grant, J. (2002). Learning needs assessment: Assessing the need. *British Medical Journal, 324*(7330), 156-159.
- Handfield-Jones, R., Nasmith, L., Steinert, Y., & Lawn, N. (1993). Creativity in medical education: The use of innovative techniques in clinical teaching. *Medical Teacher, 15*(1), 3-10.
- Hekelman, F. P., Flynn, S., Glover, P. B., Galazka, S. S., & Phillips, J. A. (1994). Peer coaching in clinical teaching. *Evaluation and the Health Professions, 17*(3), 366-381.
- Orlander, J. D., Gupta, M., Fincke, B. G., Manning, M. E., & Hershman, W. (2000). Co-teaching: A faculty development strategy. *Medical Education, 34*(4), 257-265.
- Schön, D.A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass.
- Skeff, K. M., Stratos, G. A., Mygdal, W., DeWitt, T. A., Manfred, L, Quirk, M., et al. (1997). Faculty development: A resource for clinical teachers. *Journal of General Internal Medicine, 12*(Suppl. 2), 56-63
- Steinert, Y. (1992). Twelve tips for conducting effective workshops. *Medical Teacher, 14*(2-3), 127-131.
- Steinert, Y. (1993). Twelve tips for using videotape reviews for feedback on clinical performance. *Medical Teacher, 15*(2-3), 131-139.

Steinert, Y. (1993). Twelve tips for using role-plays in clinical teaching. *Medical Teacher*, 15(4), 283-291.

Steinert, Y. (1996). Twelve tips for effective small-group teaching in the health professions. *Medical Teacher*, 18(3), 203-207.

Steinert, Y. (2005). Staff development for clinical teachers. *The Clinical Teacher*, 2, 104-110.

Steinert, Y., Mann, K. V., Centeno, C., Dolmans, D., Spencer, J., Gelula, M., & Prideaux, D. (in press). A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education. *Medical Teacher*.

Steinert, Y., & Snell, L. S. (1999). Interactive lecturing: Strategies for increasing participation in large group presentations. *Medical Teacher*, 21(1), 37-42.

Westberg, J. & Whitman, N. (1997). Resource materials for faculty development. *Family Medicine*, 29(4), 275-279.

APPENDIX B

PROGRAM EVALUATION FORM

We hope that you have found the materials in this program useful. Your comments are important to us. Please take the time to complete this form and return it to us.

Name: _____ **Position:** _____

Contact Information: _____

Module(s) Used:

- Orienting Teachers and International Medical Graduates
- Educating for Cultural Awareness
- Assessing Learner Needs and Designing Individually Tailored Teaching Programs
- Delivering Effective Feedback
- Promoting Patient-Centred Care and Effective Communication with Patients
- Untangling the Web of Clinical Skills Assessment

Nature of the Audience:

- Program Directors
- Faculty Development Providers
- Teachers
- Administrative Staff
- Other (Please describe): _____

Please describe your educational session:

Format and agenda (including duration):

Context:

Observations about what worked and what did not:

Observations about audience response:

How did you use these program materials?

PART A

- For independent study
- For an educational session with teachers
- For an educational session with IMGs
- Other (Please describe.) _____

PART B

- Read the entire module
- Read sections of the module (Please specify.) _____
- Other (Please describe and provide comments.) _____

Which program materials did you use?

- Workshop Outlines
- Guidelines for Site-Specific Activities
- PowerPoint Slides
- Video Scenarios
- Narratives
- Role Plays
- Handouts
- Other (Please describe.) _____

What did you find most helpful/useful in the module materials?

What did you find least helpful/useful?

Other comments:

Please return this form by fax (514-398-6649) or by e-mail to:

Dr. Yvonne Steinert at yvonne.steinert@mcgill.ca or Dr. Allyn Walsh at walsha@mcmaster.ca.

Thank you for your help in completing this evaluation form.

APPENDIX C**SAMPLE NEEDS ASSESSMENT QUESTIONS**

The following questions can be used or adapted to help assess your teachers' needs prior to a faculty development activity in this area.

1. What type of preparation, if any, have you had for teaching students and residents?
2. What type of preparation, if any, have you had for working with IMGs?
3. How long have you been teaching students and residents?
4. How long have you been working with IMGs?
5. What challenges have you faced in teaching IMGs?
6. What have been the rewards in working with IMGs?
7. What are you hoping to get out of this faculty development activity?
8. What is your preferred method of learning?
9. Is there anything else about your background or learning style that would help us plan an effective program?

APPENDIX D

SAMPLE EVALUATION FORM

Title of Session: _____

Date: _____

Please rate the different session components in terms of how useful you found them:

	<i>Not at all Useful</i>	<i>Useful</i>	<i>Useful</i>	<i>Very Useful</i>
1. Overall, how useful was this session to you? <i>Comments:</i> _____ _____ _____	1	2	3	4
2. How useful was the content? <i>Comments:</i> _____ _____ _____	1	2	3	4
4. How useful were the methods used? (e.g. role play; narratives) <i>Comments:</i> _____ _____ _____	1	2	3	4
5. To what extent was this session useful in helping you to understand the perspectives of IMGs? <i>Comments:</i> _____ _____ _____	1	2	3	4
6. To what extent was this session useful in helping you to understand your colleagues' perspectives? <i>Comments:</i> _____ _____ _____	1	2	3	4
7. To what extent was this session useful in providing you with ideas to use in your own setting? <i>Comments:</i> _____ _____ _____	1	2	3	4

Please turn over →

8. What, if anything, will you do differently following this session?

9. Please describe what was MOST useful about this session.

10. Please describe what was LEAST useful about this session.

11. Suggestions for follow-up activities:

12. Additional comments:

Thank you for your help in completing this evaluation.

APPENDIX E**STEPS TO EFFECTIVE WORKSHOP DESIGN***

- Define a Topic
- Identify the Target Audience
- Conduct a Needs Assessment
- Define Workshop Goals and Objectives
- Decide on Time Frame and Number of Participants
- Define and Design Workshop Content
- Match Teaching Methods to Content and Objectives
- Choose Teaching Aids and Learning Resources
- Develop a Workshop Program/Agenda
- Design the Workshop Evaluation
- Determine Locale and Workshop Budget
- Decide on Marketing Strategies
- Recruit and Prepare Workshop Faculty
- Fine-Tune the Workshop Plan
- Finalize Administrative Details

* Adapted from a Faculty Development Workshop, Faculty of Medicine, McGill University. Please note that you may enter this framework at different stages and not all steps may be followed in this order. At times, some steps may not apply and others may be repeated more than once. For additional information, please consult: Steinert, Y. (1992). Twelve tips for conducting effective workshops. *Medical Teacher*, 14 (2-3), 127-131.

APPENDIX F

SMALL GROUP FACILITATION SKILLS*

	<i>Not Done</i>	<i>Done</i>	<i>Done Well</i>
SETTING THE STAGE			
1. Plan ahead.			
2. Convene the group.			
3. Develop a mutually acceptable agenda.			
4. Create a non-threatening environment.			
ACCOMPLISHING THE TASK			
5. Actively involve all group members.			
6. Question effectively and promote critical thinking.			
7. Listen and reinforce.			
8. Provide limited but relevant information.			
9. Focus the group on the task at hand.			
10. Observe and identify the group's behaviour.			
SUMMARIZING THE ACTIVITY			
11. Summarize and synthesize.			
12. Evaluate the session and plan for follow-up.			

*Adapted from a Faculty Development Workshop, Faculty of Medicine, McGill University

APPENDIX G**NOTES ON ROLE PLAYS****1. “Set the Stage”**

- Check out the participants’ experiences with role plays.
- Ensure a group atmosphere conducive to role playing.
- Review some of the “guidelines” of role playing outlined below.
- Clarify the goals of the role play.

2. Assign the Roles

- If possible, use prepared scripts. Remember that they can be modified to meet the group members’ needs and expectations.
- Assign the roles by asking for volunteers or by giving out the roles as “fairly” as possible (e.g. a deck of cards).
- Try to involve as many people as possible in the role play. Ask for some participants to take on the role of “observer”. Do not give a role to the group facilitator.
- Give everyone a chance to read their roles. Change the names and sexes of the players, if necessary. Tell the participants to “make up” what they don’t know.
- Change the players’ identities. Use name tags to give them a new name.

3. Prepare to Conduct the Role Play

- Set up the room according to the role play. Make sure the observers are not part of the role play.
- Clarify the context of the role play. Make sure everyone knows what is about to happen.
- Answer any remaining questions about the role play and outline the time frame for the session. Role plays can generally be brief to make their point.

4. Conduct the Role Play

- Make the role play as “realistic” as possible.
- Try not to interrupt the role play while it is running.
- Allow the participants to “get out of role” – or to say “time out” – if they are stuck or wish to discuss a particular aspect of the interview.

5. Discuss the Role Play

- Discuss the general issues that emerge in the role play. Use the group for this discussion.
- Whenever relevant, start the discussion by asking the person in the “hot seat” how he/she thought it went. What went well? What did not go well? What would he/she want to do differently next time?
- Ask the other player(s) to stay “in role” and to give feedback from this perspective.
- Ask the observers for feedback. Make sure to give the person in the “hot seat” a chance to respond to the feedback.
- If pertinent or helpful, run the role play again.

6. “Debrief” the Players

- Ask each person to tell the group what it was like to play his/her particular role and to take off their “new identity”.
- Debrief the person in the “hot seat” last.
- This is one of the most critical steps of role plays. DO NOT OMIT!!

7. Conclude the Role Play

- Ask the group members what they learned during the role play. Summarize major themes and issues.
- Apply the role play to “real life” clinical or teaching situations.

**REMEMBER THAT ROLE PLAYS SHOULD BE FUN.
ALLOW FOR HUMOR, CREATIVITY, AND FLEXIBILITY.**