FIVE STEPS TO ATTRACTING & DEVELOPING FUTURE HEALTH PROFESSIONS EDUCATORS

ATTRACT TALENT

STEP 1 – Start early building a pipeline into education

STEP 2 – Broaden recruitment into health professions education (HPE)

DEVELOP FACULTY (FORMAL)

STEP 3 - Train new recruits and current faculty to be effective educators

FACILITATE CONTINUED LEARNING (INFORMAL + INCIDENTAL)

STEP 4 – Build facilitating structures for informal faculty development

EVALUATE OUTCOMES BASED ON THOUGHTFUL PROGRAM DESIGNS

STEP 5 (that starts before STEP 1) - Evaluate impacts of faculty development

Source: Strengthening the Connection Between Health Professions Education and Practice: Proceedings of a Joint Workshop (https://www.nap.edu/read/25407/chapter/7)

ATTRACT TALENT

STEP 1 – Start early building a pipeline into education

- Form student interest groups that could serve as drivers for future educators at all levels of schooling
- Emphasize the benefits of being a health educator to students (e.g., summers off, flexible schedules)
- Ask community-based program staff to identify and support future potential educators in their endeavors
- Expose students to educator experiences as early as possible. By simultaneously building an identity as an educator and a practitioner, students may be able to establish a broader foundation for dual identification.

STEP 2 – Broaden recruitment into health professions education (HPE)

- Recruit health professions educators from multiple populations to include people from diverse racial and ethnic backgrounds, people from underserved populations, and professionals from other areas or sectors (e.g., public health, military, secondary education).
- Recruit educators from clinical environments
 - HPE programs could provide curricula to care providers who may be reluctant to enter into teaching, which would also elevate the role of health professions educators and possibly its value within health care.
 - Expand the educational role of clinical preceptors make them part of the core faculty team.
 - O During residencies and fellowships, offer opportunities such as joint clinical—educational appointments to further the trainees' skills and interests in pursuing excellence in health professions education.
 - Provide financial incentives—such as loan repayment and forgiveness and/or better pay and benefits to attract and retain new talent.
 - o Bring clinicians into the classroom.
 - Ask practice partners to help plan curricula that bridge the education-practice gap.
- Create a culture of inclusion favorable to new hires.
- Demonstrate relevance of HPE to practice.

DEVELOP FACULTY (FORMAL)

STEP 3 - Train new recruits and current faculty to be effective educators

- Core skills needed by health professions educators
 - Leadership skills
 - o Educational skills and knowledge
 - o Integrating education into a rapidly changing health and health care system
 - Technology
 - Business
- Leadership skills
 - o Convey and model empathy.
 - o Collaborate, listen, communicate, and work collectively.
 - Reflect appropriately to gain self-awareness (e.g., acknowledge what one does not know).
 - o Demonstrate cultural competence and emotional intelligence.
 - o Possess the ability to educate and mentor diverse populations.
 - Lead and partner.
 - Be positive role models (e.g., model ethical decision-making processes, model respect and professionalism).
 - o Provide feedback to others through constructive criticism and difficult conversations.
 - Be flexible and adaptable.
- Educational skills and knowledge
 - Understanding and using faster, more focused teaching methods, with multiple modalities (e.g., didactic, simulation-based, clinical, online).
 - Applying pedagogical and andragogical methods.
 - o Identifying, measuring, and evaluating outcomes.
 - o Balancing current and future needs of students.
 - Conducting formative and summative assessments.
 - o Identifying educational needs, including distinguishing between educational and non-educational gaps.
 - O Acting as a guide rather than a "one-directional" teacher.
 - Cultivating learners' mindsets through an educator's lens.
 - Assessing competencies and evaluating self-directed and/or individualized learning, rather than cohort learning.
 - Understanding longitudinal educational design and assessment.
 - Adapting rapidly to new content.
- Integrating education into a rapidly changing health and health care system
 - o Educating learners about the health care system.
 - o Recognizing the rapidly evolving future of health care.
 - o Envisioning the future role of interprofessional teams.
 - Understanding how systems work and interact.
 - o Appreciating health promotion goals (e.g., wellness, well-being).
 - o Realizing the importance of social determinants and population health.
 - Understanding key aspects of the Quadruple Aim.
 - Staying relevant in practice and patient care.
 - o Partnering with patients and families as both co-learners and co-educators.

- Understanding and teaching translational science from bench to bedside, and as a tool for increasing community engagement.
- o Being able to work and guide students and colleagues interprofessionally

Technology

- o Be comfortable with and embrace technology for teaching, health care, prevention, and research
- Leverage technology to enhance learning outcomes.
- Possess digital literacy and professionalism.
- Know how to apply big data and population data analytics.
- o Understand and be comfortable with telehealth tools and technologies.

Business

- o Effectively use resources.
- o Calculate return on investment for education.
- o Be a disrupter, an advocate, and an agent of change.
- Manage polarities and solve problems.
- Have basic business and financial literacy.
- Make evidence-based decisions.
- o Partner with employers in order to ensure students are workforce ready.
- o Take risks and think strategically.

FACILITATE CONTINUED LEARNING (INFORMAL + INCIDENTAL)

STEP 4 - Build facilitating structures for informal faculty development

Technology

- Use technology to educate and support instructors where they are.
- o Engage in resource sharing.
- o Utilize simulations for increased hands-on training.
- o Promote preferred resource alerts and just-in-time information.
- Build virtual learning environments and communities.
- o Employ social media platforms for collaboration and communication.
- Test and develop useful smartphone applications.

• Incentives and Support

- o Provide financial support to educators for facilitating education and practice linkages.
- Offer academic incentives for professional development (e.g., changes in academic promotion practices).
- o Change practice patterns to facilitate provider participation in professional development.
- Make professional development at institutions a priority by providing protected time for ongoing education and collaboration.

Interprofessional Continuing Education and Communication

- Promote interprofessional continuing education requirements to achieve strategic aims.
- Hold regular interprofessional think tanks focused on the changing environment.
- o Provide continuing education credits to preceptors.
- o Conduct current-update symposiums and workshops.
- o Partner with hospitals, employers, and educators for cross-collaboration and discussion.
- Develop consortia for local, regional, and national interprofessional collaborations.

- O Develop academic/practice partnerships that include students and faculty from a range of disciplines and sectors (e.g., health, law, business).
- o Use an interprofessional team teaching approach for continuing education.

EVALUATE OUTCOMES BASED ON THOUGHTFUL PROGRAM DESIGNS

STEP 5 (that starts before STEP 1) - Evaluate impacts of faculty development

- Frame the FD program using a Knowledge to Translation (KT) framework to:
 - o Ensure new learning is integrated into practice and sustained over time
 - o Ensure the design, implementation and evaluation of FD is informed by research
- Focus FD evaluations on changes occurring in the workplace rather than participant satisfaction
 - o Don Moore's Education Impact model
 - Social network analysis for evaluating the impact of FD (see: https://link.springer.com/article/10.1007/s40037-019-0510-9)