

Faculty Learning Communities

Speaker

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A faculty learning community brings together faculty from several disciplines to discuss ways to enhance teaching and learning. The concept was developed in 1970 by Milton D. Cox, a mathematics teacher at Miami University of Ohio. It was based on student learning communities, which were founded in the 1920s. Each year, Dr. Cox gives a four-day tutorial on the basics of how to form one of these faculty learning communities. Three years ago, at the University of Arizona College of Medicine at Phoenix, the first faculty learning community in medicine began. This branch campus of the Tucson-based medical school became a four-year program this year, in partnership with Arizona State University (ASU).

Previously, the Phoenix campus hosted just junior and senior medical students. Faculty members were clinical, based mostly in the private teaching hospitals, which is where they first formed faculty learning communities. They had to meet the needs of individual faculty members, the departments and the private teaching hospitals. Starting in July 2008, there will be eight to 12 faculty learning communities associated with the University of Arizona College of Medicine at Phoenix. There is at least one at every teaching hospital in Phoenix, plus two based at the university. It's a wonderful way to have a mixture of talent and input from your peers, to work together and to teach each other with provable outcomes. At the end of the year, a celebratory process will be scheduled where the faculty can do a poster or an oral presentation.

These groups take on a general theme, which has been on the scholarship of education and the academic approach to learning, teaching, measuring outcomes, and improving their capabilities with medical and post-doctorate students. In terms of clinical applications, they can develop translational research as well as a model for MD researchers who are also clinicians. Each faculty learning community meets once a month. They get free meals and give lectures for each other. Each does its own research work with its own basic research program, including a statistician who helps them with research design. The school had to develop faculty expectations and a system of rewards. The process is being tailored so that it meets the needs of promotion and tenure advancement. Courses are being developed that are eligible for CME accreditation based on ACCME guidelines on needs assessments and outcomes measurements. To track outcomes, medical students and residents have been asked to evaluate the teaching that they have encountered, and improvements have been seen.

Now, as a full four-year site, the Phoenix campus has full-time basic science along with clinical faculty. Since the medical school partners with Arizona State University, many faculty are either ASU employees or have dual appointments. That means two different parents have to be satisfied for promotion and tenure, which makes it somewhat more complicated. For the basic science faculty, the PhDs and MDs who are doing a lot of research, the school is trying to create regularly scheduled conferences. They participate in a series of research updates and seminars, highlighting the work of individual researchers.

The medical school also has an academy of educational excellence, based on models at Harvard and UCSF, that took eight months to formulate. Its goals are based on the school's mission. It has to do with the value of education as an academic entity as opposed to bench research. It has been discovered that it is very difficult to get everybody on board. The advisory committee for this group is composed of senior leadership, with membership for two years. People who are chosen are excellent teachers. They will receive some sort of academic emblem, a medal or lapel pin, and either

a stipend or protected time so that they can do their own basic research. They will continue to teach, do research, and present their work at a continuing medical education meeting at the end of each year.