
Successful Models of Faculty Development Train the Trainer Model

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Transcript from session.

Presenting to you today reminds me of running a seminar with our residents. We were trying to compress the seminars into two weekend days. One of the topics was “understanding and retention” and I was describing how difficult it is to remember material when you get too much at any one time. One of the residents asked, “Have you read the work that you are presenting? You ought to take your own course, and then you would realize that what you are doing with giving us so much doesn’t work!”

So I recognize that it’s going to be difficult for all of you who are in the audience today. We just need to keep reminding ourselves of the fact that it is very hard to keep paying attention and to remember that the job of teaching is extremely difficult.

Last night, as I looked at all of you and realized how many of you are experts and colleagues that have had a lot of experience, I was thinking about whether to present what I had originally planned. I have changed it somewhat and hope that it works. What I have tried to do is give you thoughts and ideas, rather than just the structure of our program, so that you might think somewhat differently about what you are doing in your own faculty development program. I also am using the ideas of others, much as Dr. DeWitt did, because there is so much brilliant work about this.

I am going to cover four different areas. The first is the concept of training the trainer versus educating the educator. I want to tell you that what you are doing is so important. With the current constraints it is easy to become discouraged; so, I would like to share with you some thoughts to try to help you remain enthusiastic about faculty development. I will then go through a brief history

of what we have done at Stanford, highlighting some of the successes and some of the resources that we think we can make available.

I will tell you about our struggles, as well. Third, I want to propose to you a conceptual model that we have used that helps people think about their own teaching, what difficulties we have had with this approach, and how it can highlight the difficulties in “training the trainer.” Finally, I want to give you some quotations from faculty members who have been through our program, so that you can hear about the profound discoveries that you can help people make.

I am concerned about the model of “training the trainer” rather than educating educators. As I watch what’s happening in medical education, I see a tremendous emphasis on training. Too often, our programs are focusing on the nuts and bolts students or residents will need in practice several years from now. We can reorganize our entire curriculum and teach them those essentials. However, there is a different approach, in which we can expose them to enough and help them think through problems, so that when the picture changes, they can deal with it. This concept is also true for those of you who are participating in this conference. You do not need “training”, but rather educating so that you can look at things in a comprehensive fashion and be innovative about your programs. Although we talk about training the trainer, I would like you to be thinking about whether we are helping people so they are able to answer different kinds of questions, rather than giving them a specific skill.

In conceptualizing the basic precepts of this model, I want to worry you about the fact that most of us are resistant and difficult learners, bound by what we have been taught before. A concept that I

learned in my reading and would like to share is: “What we see depends, quite literally, on the way we have been taught to see.” This has been quite powerful for me personally. I realize that I have been bound by my own knowledge base, my own ideas about how things should be done. As Dr. DeWitt said in his remarks, people don’t disagree with their own data. When we have a viewpoint of how things should be done, it is incredibly hard, as an adult, to change. This is especially true if you have been through a “training” program that teaches you to be very confident about what you think. If you have had experience that refutes what a speaker is saying, it is very easy to stop listening. One of our major jobs as faculty developers is to try to help people look at things in very new ways.

In helping you to visualize these concepts, I’d like to go to Maslow’s Hierarchy of Needs. Abraham Maslow thought about how humans respond. How do they deal with their lives and egos? He conceptualized a step-like progression that says first humans attempt to deal with biological needs, sleep and nutrition. If they can meet these needs, then they seek security and predictability in life. Once secure, they pursue affiliation, a feeling that they are valued members of a group. After that, they can deal with important personal issues, self-esteem, feeling good about one’s self. Finally, if all these needs have been met, humans can focus on self-actualization, maximizing their potentials.

Maslow’s Hierarchy of Needs	
Biological	Nutrition and sleep
Security	Predictability in one’s life
Affiliation	Feeling that one is a valued member of a group
Self-Esteem	Feeling good about one’s self
Self-Actualization	Maximizing one’s potential

Now, I would ask each of you, which of these drives brought you here today? My sense is that it is probably down at the bottom, self-actualization and self-esteem as you begin to give to others as a faculty developer. If we look at this list and ask, “Where is most of the faculty operating today?” I think it’s at the level of the biological. Will our institutions have a job for me as a faculty member? Will I be able to eat and sleep? Security and predictability are real life issues for faculty now. So when you come to them as a faculty developer and talk about self-actualization, their most likely response is: Are you kidding me?

I don’t want to diminish faculty members’ needs for self-actualization. If we don’t emphasize the things that they are passionate about, and I think that teaching is one, there would be nothing left except to revert to the biological and security levels. As the time constraints come and we take away opportunities to teach and to learn from each other, a key core commitment of these people is being taken away. Your faculty development program is essential, and you need to remain enthusiastic about what you are doing, despite the intensity of the other pressures.

I would like to share with you some data that illustrate how important your program is to helping your faculty with their teaching. Our first study provided an intensive feedback program for faculty on their teaching. We videotaped them, got feedback from their students and house staff, had them work with an educational consultant, and also asked them to complete self-assessments. We then compared these faculty with those who had no intervention. We found that forty percent of the faculty improved by the end of the program, as judged by a blinded video tape rater. What’s even more important is that of those who did not get any help, only one of sixteen improved, even on issues that they had identified as ones they wanted to work on. Our conclusions were that if you leave people alone, their teaching is unlikely to get better.

When we compared the pre-seminar and post-seminar groups' average videotape ratings, however, the results were disappointing. The intervention group's scores were not that different. What we found was that the group with whom we had worked so intensively had stayed steady and the other group seemed to have gotten worse. When I presented my data to the school of education, my thesis advisors said, "Yes, we know that!" We know that if we do a successful job of faculty development, we will keep some very good teachers teaching at their very good levels, and if we leave people alone in a difficult environment, they may even deteriorate. The faculty in our control group confirmed this, saying that within a month of attending, they had major burnout.

**Conclusions from Intensive
Feedback Method**

- Teaching will not improve on its own
- Teaching, without intervention, may deteriorate

Skeff, American Journal of Medicine, 1983

This was in 1980. If we had major burnout in one month then, what would it look like in 1998 where those faculty are actually running faster than they have ever run before? So, again, if you don't work with your faculty, you have two end points. First, teaching won't improve on its own, and then, two, it might even get worse.

I want to emphasize another point. As we think about faculty development, we sometimes unfortunately think about it as a remedial process, that there are a few faculty who really need this more than anybody else does. The fact of the matter is that I would love to have you think about yourselves as teachers of gifted children. The faculty with whom you work is gifted faculty. What we are asking them to do is to move to a higher level than they have ever worked before. The fact of the matter is that our studies have shown that this

kind of work you are doing as faculty developers helps everybody. It's not just a few in your institution who benefit.

Next, I would like to describe for you the program that we developed at Stanford. The program originated from the concept that we had some skills and a knowledge base within our Division of General Internal Medicine that we could learn how to disseminate. My mentor at the time told me that I didn't know anything about the topic that I was discussing! He sent me to the school of education, which I thought would be a waste of my time. What I found was that he was right. I didn't know very much. So my program originated through a mentor asking how can I help you get better? Each of you can do the same.

We then started investigating how we could help people learn. We looked at the literature on change theory and learned that many of us listen best to people who look like us, who seem to have had experiences similar to our own. We decided to use this concept and train physician faculty as educators of other physician faculty. That has worked well for us, but I want to emphasize, we have always had professional educators helping us with this process.

The content of the program has been the generalized knowledge, attitude, and skills that are needed by most physicians. In the last 14 years, we have trained 171 trainers from 89 institutions. These trainers have gone back and trained their own faculty. For us, it is very exciting to bring those faculty from multiple institutions together and train them in a single science.

Originally, we focused on three areas: 1) clinical teaching; 2) medical decision-making; and 3) preventive medicine. Our goal was to bring faculty to Stanford and teach them to be trainers of their own faculty in these three content areas. The program lasts a month, which we have been convinced over and over, is the minimum time if we are going to be able to move beyond training trainers to educating educators.

Although we were successful with this model, we had made a mistake. We forgot about some of the major teachers in our medical institutions. These teachers aren't the faculty, they are the residents. Residents are key teachers at any institution. David Stern's work at the University of Michigan is showing that medical students learn their professional attitudes and values extensively from residents. They learn from the people with whom they are working in the middle of the night. So now, we have changed our program so that the faculty trainers we teach go back and run seminars not only for faculty, but also for residents.

The program now has four components. We have continued to have clinical teaching and medical decision-making, and have added a third area, funded by the John A. Hartford Foundation, in teaching geriatrics. The fourth that has just been funded by the Robert Wood Johnson Foundation focuses on End-of-Life Care.

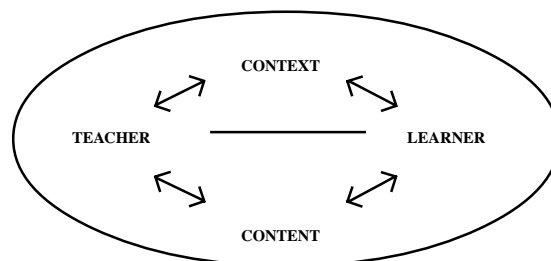
Let me now move to how we might think about teaching and some of the problems that face us. These issues relate to the methods that we use in any faculty development program. We have used the oval illustrated in diagram 1 in our own work to try to describe what happens in a teaching situation. It says there are three players in any teaching situation and that the interaction goes on within a circular context that affects every part of that interaction. All of you know that the relationship between a learner and a teacher is absolutely critical and that the way you as a teacher deal with your content is important to learning. Moreover, if the learners do not work hard on the content, then learning cannot occur. And all of this is going on in a very intense set of circumstances, or context, including your division, your institution, and your social structure. The entire country's situation is now having an influence on the teacher with whom you are working, on the student, and on the material that you are teaching.

In the train the trainer model, you need to consider this diagram and translate it to your own set of circumstances. The first issue is: how do the trainees see your trainer that he/she teaches? Do the trainees want to have that trainer with them? You must consider credibility as well as skill. What does the trainer know about the content that he or she is going to teach? Have these been adequately taught? What type of interaction do you want to set up in your seminar or your skills training program? Is it computer-based teaching? Is it interactive? Where and how is the program going to occur and is there the time to deliver it?

The environment in which the training goes on is critical. Does the environment in your institution reward the trainer whom you are training to do the work you are asking him to do? Do the leaders of the institution want the faculty to attend the sessions run by that trainer? Is there a belief that the content that you are preparing for your faculty is reasonable, important and valued by the institution?

There are question marks at each of the arrows on diagram 1. I would ask you to look at this diagram whenever you are devising your methods and ask which arrows are most critical to your success. Which arrows need the most work?

Diagram 1. Critical Aspects of Clinical Teaching



Finally, I would like to share with you some quotations from faculty who have attended our program to let you know that the work you are doing is critical. It can lead to some profound psychological and behavioral changes:

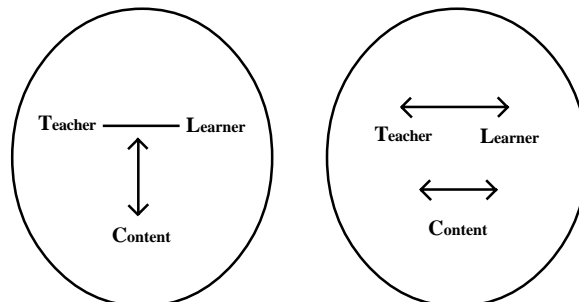
- “I was very good at interacting with the content, but I did little to ensure that the learner interacted with the it.”
- “I’ve discovered that I am really a great teacher when the learners are very bright.”
- “I thought if I said something to my learners, they should know and remember it.”
- “When spoken aloud, it makes complete sense, but the statement that teachers and learners should be ‘on the same team’ was not obvious to me since, in previous teaching experiences, the adversarial nature was often more apparent.”

Teaching at the beginning of the course for these faculty was: How am I going to interact with the content? What is the talk that I am going to give tomorrow? How am I going to show that I know everything about that talk? They were not thinking about whether or not what one says actually is learned by the students.

Our basic science faculty began to recognize the problem of overemphasizing the content rather than the student. Previously, at the moment they approached the lectureships and looked at their notes, the interaction between the teacher and the notes became so intense they left out the students!

For me, the last quote is particularly powerful. Here is a picture of the adversarial relationship found all too often between teachers and students in medicine:

Diagram 2. Adversaries to Collaborators



In the first diagram the teacher and the learner are opponents shooting content at each other. The material that we teach becomes the ammunition with which we can take each other down. Now, I don’t know if you all have ever seen this kind of interaction at your institution. Without thinking, what we do is train our colleagues, our students and our residents, to use whatever the content is to battle for the top. The second diagram illustrates a much different relationship in which two people work together as teachers and learners to master content.

Why is this concept so important today? I think that the battle we are training people for is which institutions will “win” in medical education today. I worry that there has been almost no transition from the tradition of the first model to the second. We do not have a laudatory helping model for medical education that asks, “How are we going to make this work so that all of these wonderful colleagues whom we have trained are working together?” Quite to the contrary, we have very rapidly become business people who are deciding whether or not another institution will stay alive.

I would like to close with a proverb that Harry Greene, a participant in our preventive medicine program, adapted to learning and then related to me:

It is said that one can count the seeds in an apple, but we can’t count the apples in a seed. This is true of teaching – when you teach one person,

*plant one seed of knowledge, you can never know
how many other lives will be affected.*

Even if there is only one person with whom you work that had a new discovery about what he or she is doing as a faculty member, that's enough to make your efforts in faculty development worthwhile.