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Faculty Development Program in Hawler Medical University, Iraq: A Qualitative Assessment from Participants' Perspectives

Abubakir M. Saleh¹, Nazar P. Shabila^{1*}, Sirwan K. Ali² and Fareed H. Abdulahad³

¹Department of Community Medicine, College of Medicine, Hawler Medical University, Erbil,

²Department of Psychiatry, College of Medicine, Hawler Medical University, Erbil, Iraq. ³Department of Anatomy, College of Medicine, Hawler Medical University, Erbil, Iraq.

Authors' contributions

This work was carried out in collaboration between all authors. Authors FHA, SKA designed the study. Authors AMS and NPS collected and analyzed the data and prepared the first draft of the manuscript. All authors contributed in performing literature review and discussing the results. Authors FHA and SKA extensively reviewed and edited the manuscript. All authors read and approved the final manuscript.

Original Research Article

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ABSTRACT

Aims: The aim of this study was to provide a general description of a newly developed faculty development program in medical education field and assess the program from the participants' perspectives and experiences.

Study Design: Qualitative study.

Place and Duration of Study: Hawler Medical University, Erbil, Iraq in April 2013.

Methodology: At the end of the faculty development program, the perspectives of 24 participants were obtained through a self-administered questionnaire. The questionnaire included three open questions; the positive aspects of the program, the negative aspects of the program and suggestions to improve future programs. Thematic analysis was applied for the qualitative data analysis.

Results: The program syllabus and the included topics were positively emphasized by

^{*}Corresponding author: Email: nazarshabila@gmail.com;

majority of participants. Other positive aspects of the program included the information technology and computer skills part of the program and the role of the program in improving teaching skills. The participants identified a number of negative aspects of the program including having long lectures that sometimes contained extra information that were not directly related to this particular program's objectives, having some poorly qualified instructors, inconvenience of time schedule to the participants and poor satisfaction with the assessment methods. The participants made a number of suggestions for improving the program with the main emphasis being on revising of the syllabus of the program, training the instructors on advanced teaching methods, changing the time schedule of the program and decreasing the duration of the program to make it brief and informative.

Conclusion: The faculty development program was generally positively received by the participants particularly in terms of its syllabus and contents. However, a number of important concerns were raised that need to be considered by program organizers to make the program more effective and responsive to the needs of the faculty members.

Keywords: Information technology; syllabus; teaching course.

1. INTRODUCTION

Medical education is characterized by increasing complexity due to the innovative nature of the field and the strong social demand that future health care professionals should acquire sufficient interpersonal skills to deal with patients. Therefore, teaching in medical schools requires special training and skills [1,2].

Faculty development programs are particularly important in enhancing the efficiency and performance of teaching skills of medical educators. These programs can be a powerful tool to constitute a positive institutional climate and can considerably improve work satisfaction and teaching confidence by developing good teachers [3,4].

Research has suggested that faculty development programs including workshops, seminar series, short courses and longitudinal programs coupled with students' ratings of instruction, consultation and intensive fellowships are effective strategies for improving teacher's performance [5,6]. A comprehensive faculty development program should ideally be built upon professional development, instructional development, leadership development and organizational development [5].

Evaluation of the effectiveness of faculty development programs is increasingly important in medical schools and academic medical centers, but is difficult to accomplish [7]. Such evaluation is crucial to provide assessment of existing programs and to yield valid recommendations for designing future programs that better address the needs of individual faculty members and the sponsoring institutions [8].

Understanding faculty members' perceptions and experiences of faculty development programs is particularly critical as engagement of participants in such programs is important for enhancing effectiveness of the program, giving users a voice and making the program responsive to faculty members' needs and expectations [9]. Obtaining program participants' regular feedback also helps in improving their learning, education and satisfaction [10].

In Iraq, faculty members in the medical schools had to attend a general teaching methods training course that was provided by the local colleges of education before starting teaching activities. This course was conducted in Arabic language and targeted faculty members from different educational fields and backgrounds together. Such course did not have any components that particularly addressed the specific needs of medical education [11].

Hawler Medical University has been established in 2005 to include the four already existing colleges of Medicine, Dentistry, Pharmacy and Nursing from the University of Salahaddin. Later, the Medical Research Center and the College of Health Sciences were established by the university. Faced with many challenges in medical education, Hawler Medical University has designed a specific faculty development program that targets early and mid career faculty members.

There is a paucity of research that demonstrates the usefulness of this program and the experience of other faculty development programs in Iraq [11]. Therefore, the aim of this study was to provide a general description of this faculty development program and assess the program from the participants' perspectives and experiences.

1.1 Description of the Program

The program was designed to enable early and mid career faculty members to improve their skills in teaching and assessment methods. The program is delivered in English language which is the study language in the university. The program was first conducted in October 2008 for 30 participants and it is provided two times a year where 25 to 35 faculty members are involved each time.

This four weeks program covers different topics that are specifically designed for the medical field. A total of 44 hours are taught during the program with the average of two hours per day. The program consists mainly of lectures. The program syllabus and structure underwent continuous change from a course to another depending on participants' feedback. The program of the 8th course which is the subject of this study covered 17 specific topics that can be divided into five major themes:

- 1. Educational; dealing with teaching, learning, assessment and evaluation in general: four topics.
- 2. Personality, behavior, medical ethics and communication skills: seven topics.
- 3. Technological; concerned with aids of teaching mostly power point presentation and audiovisual aids: two topics.
- 4. Scientific articles; related to how to write scientific articles and publishing in medical journals: two topics.
- 5. Regulations and instructions; concerned with regulations and instructions of higher education and the quality assurance process in the region: two topics.

At the end of the program the participants are evaluated through written examination (50% weight) and individual oral presentation (50% weight). In the oral presentation part, the participants are asked to demonstrate the teaching skills they had acquired in a presentation of their own design. The program is based on a teaching methods manual that had been originally developed by Hawler Medical University for this program [12].

The instructors of the program are experienced faculty members from different departments of the Hawler Medical University who have specific interest in medical education and have devoted part of their professional time to faculty development activities.

2. METHODOLOGY

During the 8th course that was conducted in April 2013 with the participation of 30 teaching staff members, the perspectives and experiences of the participants were sought about this program. A questionnaire was developed by the program organizers that included three open questions; the positive aspects, the negative aspects and suggestions to improve future programs. The questionnaire was tested on five participants to ensure clarity and relevance of the topics. The questionnaire was distributed to the participants on the first day of the program. The participants were asked to complete and return the questionnaire at the end of the program. The questionnaire was anonymous and voluntary and the participants' informed consents were obtained before administering the questionnaire. The Research Ethics Committee of Hawler Medical University approved this study.

The qualitative data analysis comprised thematic analysis of the answers using common coding techniques through reading the comments and identifying main themes within these comments. Using these identified themes, a structured classification of codes was generated. The data were coded in a series of iterative steps, and the code structure was revised and refined multiple times as new insights were developed and new relationships between the themes present in the comments were elicited. More than one response for the same subject was considered when necessary while repeated responses were neglected. The number of responses for each theme were calculated and presented for each question in the results.

3. RESULTS

Thirty teaching staff members participated in the program; twenty four of them (80%) completed the questionnaire. Most of the study participants (58.3%) were from the College of Medicine. Table 1 shows the gender and professional characteristics of the study participants.

The study participants identified a number of positive aspects of the program. The program syllabus and the included topics were positively emphasized by majority of participants. Other positive aspects included the information technology and computer skills part of the program, the role of the program in improving teaching skills and the organization of the program. The details of the positive aspects recognized by the participants are shown in Table 2.

Table 1. Distribution of the study participants according to gender and professional characteristics

Characteristic	Study participants (n=24)	
	No.	· (%)
Gender		
Male	14	58.3
Female	10	41.7
Place of work		
College of Medicine	14	58.3
College of Dentistry	2	8.3
College of Pharmacy	3	12.5
College of Nursing	1	4.2
College of Health Science	1	4.2
Kurdistan Board for Medical Specialization	3	12.5
Highest degree		
MSc	11	45.8
PhD or Follow of Iraqi Council for Medical Specialization	13	54.2
Academic title		
Assistant lecturer	10	41.7
Lecturer	14	58.3
Total	24	100

Table 2. Positive aspects identified by the participants (n=24)

#	Positive aspects	No. of
		respondents*
1	Program syllabus and importance of the included topics	17
2	Information technology and computer skills subject	11
3	Role of program in improving teaching skills	8
4	Organization of the program	7
5	Quality and suitability of the program instructors	2
6	Positive learning environment	1
7	Better understanding of the students' need	1
8	Attendance of the participants in the program	1
9	Time schedule of the program	1

^{*} Multiple responses are considered

The participants identified a number of negative aspects of the program. The main concern was related to having long lectures that sometimes contained extra information that were not directly related to this particular program's objectives. Other concerns included having some poorly qualified instructors for the program, inconvenience of time schedule to the participants, using too much slides per lecture and poor satisfaction with the assessment methods of the program. Details of the negative aspects of the program are shown in Table 3.

Table 3. Negative aspects of the program as identified by the study participants (n=24)

#	Negative aspects	No. of
1	Some lectures were long and sometimes contained extra	respondents* 12
•	information that were not directly related to the program's objectives	12
2	Some instructors were poorly qualified to teach in such a program	5
3	Inconvenient time schedule of the program	5
4	Using too much slides per lecture	4
5	Poor satisfaction with the assessment methods of the program	4
6	Long duration of the program	3
7	Contradiction between what different lecturers provide in different	2
	lectures	0
8	Unsuitability of program venue (the lecture room is small and not well designed)	2
9	Using language other than English in the program (Arabic and	2
	Kurdish)	
10	Attending the program is stressful	2
11	Recording participants' attendance	2

^{*} Multiple responses are considered

The participants made a number of suggestions for improving the program in the future. The main emphasis was on revising of the syllabus of the program, training the instructors on advanced teaching methods, changing the time schedule of the program, decreasing the duration of the program to make it brief and informative and having adequate break or interval between lecture classes. Details of the suggestions made by the participants are described in Table 4.

Table 4. Priorities for improving the program as identified by the participants (n=22)

#	Priority areas	No. of respondents*
1	Revising the syllabus of the program.	6
2	Training of instructors about advanced methods of teaching	6
3	Changing time schedule of the program	4
4	Decreasing the duration of the program to make it brief and informative	4
5	Having adequate break or interval between lecture classes	4
6	Assessing the participants in the form of daily attendance, contribution and presentation rather than written examination.	3
7	Changing the hall of the program to a larger and well designed one	2
8	Decreasing the number of the participants in the program	2
9	Dealing more seriously with the feedback from the participants in the program	2
10	Teaching staff must attend such a program every 5 years	2
_11	Bringing external experienced lecturers from other universities	1

^{*} Multiple responses are considered

4. DISCUSSION

Several positive aspects of the program were emphasized by the study participants. The high satisfaction with the program syllabus and the included topics could be attributed to the fact that the program syllabus has been the outcome of many changes from the previous courses depending on participants' feedback and prioritization of the topics according to their importance. Moreover, the program syllabus covers most elements that a comprehensive faculty development programs ideally needs to be built upon [5]. Firstly, the program included professional development elements where the new faculty members were oriented to the university and to their various faculty roles in teaching and research and emphasizing on the role of information technology in medical education. Secondly, it included instructional development elements where the participants were introduced to the new and advanced teaching assessment methods like student-centered learning and objective structured clinical examination. Thirdly, it included leadership development elements with introduction of the concepts and processes of continuing medical education and quality assurance. Finally, it included organizational development elements that are needed to empower faculty members to excel in their roles as educators with introduction of the university's policies, procedures and regulations.

The information technology and computer skills part of the program was also positively recognized by many participants. In fact, information technology has brought many changes in medical education and practice in the last couple of decades. Teaching and learning medicine particularly has gone under profound changes due to computer technologies. Medical schools around the world, particularly in industrialized countries, have invested heavily in new computer technologies or in the process of adapting to this technological revolution [13]. Developing countries like Iraq need to catch up with the rest of the world through designing the necessary process and implementing essential changes in adapting to new computer technologies. Therefore, introduction of this part of the program was positively received by the participants who looked interested and keen to use the new knowledge and skills in their teaching activities.

Although this study did not assess the long term impact of the program on improving teaching skills, the participants indicated that the program had a role in improving their teaching skills. To assess the long term impact of the program, one needs to repeat this questionnaire survey after six or twelve months. Research has shown that participants of faculty development programs frequently report positive changes in attitudes toward faculty development and teaching. The participants usually report increased knowledge of educational principles and gains in teaching skills. Changes in teaching behavior as a result of faculty development programs are consistently reported by participants and are also detected by students [14].

Several negative aspects of the program were recognized by the study participants. A number of these aspects were related to having long lectures, lectures containing too much slides, lectures containing extra information that were not directly related to this particular program's objectives and having some poorly qualified instructors for the program. Most of these problems could be related to having the traditional lecture approach as the core teaching method in the Iraqi medical colleges and in this program in particular [15]. Not knowing the clear objectives of a program and the actual expectations of participants might result in having long lectures that might sometimes contain information irrelevant to a particular course [10]. The ideal faculty development program needs to use diverse methodologies in addition to interactive lectures like brainstorming, presentations by the

participants, demonstration to and by the participants, small group discussion, group work and presentation, group and individual feedback, practice sessions, role play, short relevant video movies and video recording of the participants and viewing with feedback [16]. The program instructors have long experience with the traditional lecture approach. Although these experienced instructors have been exposed to new teaching methods recently, the influence of the traditional approach can still be observed in their lectures. Research has shown that experienced faculty members can be persuaded to incorporate new methods into their daily teaching. Reflection on teaching can be enhanced with group support and daily reminders. These types of interventions can help in improving the teaching effectiveness of these experienced educators [17].

Inconvenience of the time schedule of the program to the participants was strongly emphasized. Most of the study participants have many other duties beside participation in the program. Many of them are clinicians having duties in hospitals and out-patient clinics while others have teaching and administrative duties in their colleges. Therefore, suggestions were made to have shorter, more focused full day program rather than having two hours per day of longer duration program. The problem of busy clinicians having little time to attend faculty development initiatives is well reported in other settings. Research has advocated for having an accessible, practical and focused teaching course run locally to improve clinicians' motivation and attendance [18].

The method of assessment of the program participants was also negatively received. The assessment consisted of a written examination and a short presentation. The participants preferred having only a presentation rather than written examination. Difficulty experienced by the faculty members in sitting a written examination of assessing retained knowledge particularly at this academic level and at this age could be reasonable. From the program objectives, it is expected that these faculty members emphasize more on issues directly related to practice and teaching skills in the assessment. However, it has been shown that formal tests of knowledge can result in significant gains to faculty development program participants [14].

Most of the suggestions made by the participants to improve the program directly reflect the identified problems in the program. These suggestions can assist the program organizers in reshaping the program and revising the syllabus to better address the actual needs of faculty members.

This study is limited by having a relatively small sample size. The sample size in qualitative research is not determined by fixed rules, but by factors such as the depth and duration of the interview. The sample size in qualitative research is usually much smaller than those of a quantitative research, usually not exceeding 50 participants [19,20]. As this study used open-end questionnaire survey rather than in-depth interview, a relatively larger sample size is usually required to better explore participants' perspectives.

5. CONCLUSION

The faculty development program was generally positively received by the participants particularly in terms of its syllabus and contents. However, a number of important concerns were raised that need to be considered by the program organizers to make the program more effective and responsive to the needs of faculty members.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- 1. Steinert Y, Naismith L, Mann K. Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No.19. Med Teach. 2012;34:483–503.
- 2. Shingaki R, Kamioka H, Irie M, Nishmura F. Implementation and evaluation of the debate-style tutorial study in a third-year dental curriculum in Japan. IEJ. 2006;7:305–13.
- 3. Dennick R. Long-term retention of teaching skills after attending the Teaching Improvement project: a longitudinal self-evaluation study. Med Teach. 2003;25:314–8.
- 4. Sarikaya O, Kalaca S, Yegen BÇ, Cali S. The impact of a faculty development program: evaluation based on the self-assessment of medical educators from preclinical and clinical disciplines. Advan in Physiol Edu. 2010;34:35–40.
- 5. Wilkerson L, Irby DM. Strategies for improving teaching practices: a comprehensive approach to faculty development. Acad Med. 1998;73:387–96.
- 6. Steinert Y, Mann K, Centeno A, Dolman D, Spencer J, Gelula M, Prideaux D. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. Med Teach. 2006;28:497–526.
- 7. Hewson MG, Copeland HL, Fishleder AJ. What's the use of faculty development? Program evaluation using retrospective self-assessments and independent performance ratings. Teach Learn Med. 2001;13:153–60.
- 8. Ramalanjaona G. Faculty development: How to evaluate the effectiveness of a faculty development program in emergency medicine. Acad Emerg Med. 2003;10:891–2.
- 9. Bhatnagar K, Srivastava K, Singh A. Is faculty development critical to enhance teaching effectiveness? Ind Psychiatry J. 2010;19:138–41.
- 10. Shrestha D, Mishra B. Learning, education and satisfaction after compulsory rotating internship in Kathmandu University Medical School: a qualitative study of interns' response. Kathmandu Univ Med J. 2008;6(2):284-90.
- 11. Abdulahad FH, Saleh AM, Shabila NP. Introduction and initial evaluation of a newly designed teaching course for medical faculty members in Erbil, Iraq. MEJFM 2012;10:38–44.
- 12. Hawler Medical University. Teaching methods training manual. Erbil: Howler Medical University, 2009.
- 13. Houshyari AB, Bahadorani M, Tootoonchi M, Gardiner JJZ, Peña RA, Adibi P. Information and communication technology in medical education: An experience from a developing country. J Pak Med Assoc. 2012;62:S71–S75
- 14. Steinert Y, Nasmith L, McLeod PJ, Conochie L. A teaching scholars program to develop leaders in medical education. Acad Med. 2003;78(2):142-9.
- 15. Saleh AM, Al-Tawil NG, Shabila NP, Al-Hadithi TS. Qualitative assessment of the small group teaching at Hawler College of Medicine. J Clin Diagn Res. 2013;7:883–7.
- 16. Bhattarai M. Study skills course in medical education for postgraduate residents. Kathmandu Univ Med J. 2007;5(4):561-5.
- 17. Lye P, Heidenreich C, Wang-Cheng R, Bragg D, Simpson D, Advanced Faculty Development Group. Experienced clinical educators improve their clinical teaching effectiveness. Ambul Pediatr. 2003;3:93–7.

- 18. Foster K, Laurent R. How we make good doctors into good teachers: a short course to support busy clinicians to improve their teaching skills. Med Teach. 2013;35(1):4–7.
- 19. Pope C, Van Royen P, Baker R. Qualitative methods in research on health care quality. Qual Saf Health Care. 2002;11:148–52.
- 20. Al-Busaidi AQ. Qualitative research and its uses in health care. Sultan Qaboos Univ Med J. 2008;8(1):11-9.

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