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Lessons Learned: Progressing Community Faculty Engagement by Considering Failures and Surprises

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Lessons Learned: Progressing Community Faculty Engagement by Considering Failures and Surprises

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Topic: Character Limit:

Community faculty (e.g. volunteer, adjunct, clinical) provide medical schools with critical resources to support education and other academic missions. This includes community faculty who serve as mentors, advise career interest groups, and serve on admissions committees. However, recruiting, developing, and retaining community faculty can prove challenging as these individuals serve as volunteers and many teach in busy clinical practices. Medical schools across the United States and internationally are reviewing ways to better engage and retain this important group. In this process, lessons have been learned by seasoned Directors of Offices for Community Faculty. These lessons have helped them develop an engaged group of community faculty who continue to educate and mentor through targeted activities. This information will prove useful so that other Schools and individuals can examine how to not only discuss their failures and surprises, but also how repositioning these failures and surprises can impact feelings of anxiety and stress. Being aware of this information can shape next steps when engaging this vital group of individuals.

Short Description:

We've all tried things that didn't work. We've produced new communication materials, events, and research projects that community faculty did not appreciate in the way we thought they might. We've all been there.

However, negative findings are rarely reported in academic journals or even to our colleagues, and there appears to be an implicit rule in medical education that one does not admit failure. Yet it is often our less successful ventures that lead to in-depth understanding and a way forward. Indeed, sometimes our mistakes are more informative than our successes.

It is important to focus on stories of mistakes and surprises involving community faculty from across medical education contexts to illustrate how these underpinned learning and progress. By analyzing our findings in relation to the dominant culture within medical education, we can provide guidance on ways for individuals and teams to reposition failures and surprises as opportunities for constructive learning.

Four questions that were posed to/considered by session participants:

- 1) *Why is focusing on failures and surprises critical to ensuring future successes?*
- 2) *How can admitting our failures and acting from a growth mindset impact the culture of medical education?*
- 3) *Have you experienced unexpected results or consequences of a newly instituted program, teaching method, or event and couldn't figure out what went wrong?*
- 4) *What strategies can you use when you experience a failure in order to make changes and get back on course?*

Three take home points from our session:

- 1) *Review your assumptions - you cannot support people if you do not ask them what they need. When working with constituents think of ways to engage them about how to be meaningful in your interactions. For example, get a broad range of input by conducting focus groups, surveying stakeholders, or creating advisory boards.*
- 2) *Do not bite off more than you can chew - great ideas often need lots of support. Ensure the idea is manageable and identify both bottom up and top down ways to execute any new type of program or methodology.*
- 3) *There is always more than one way to do things - ensure you are engaging stakeholders as you roll out programming or make changes to existing programming. It is critical to seek feedback from all audiences and be flexible in order to have success.*

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