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31 – Teaching Each Other: Faculty Development for Family Medicine Faculty

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Writing about teaching can be misleading if isolated from learning. If understood according to its etymology “docere” (to show, point out, declare, demonstrate, to give instruction, train, warn, persuade) in fact teaching might actually not exist if it didn't provide something that another is missing such as information, understanding, insight, a skill or competency. “Teaching and learning” come together in a complementary way similar to how “health and disease” do.

Teaching may be a fallacy if its outcomes do not happen in learning, when we teach we expect others or ourselves to learn. It can take a lifetime to understand how significant teaching and learning happen in the frontiers of what we know. Either because there is a push from the learner to open the margins, discover new meanings and settle new frontiers, or because beyond the margins dots are connected to pull new ways to reassemble and re-signify what we think is already known.

Presenting the topic of teaching to individuals immersed in the challenge of “teaching each other” requires the previous reflection, a small window filtering the necessary light that illuminates the “labyrinth of mirrors” that the challenge of “teaching each other” portrays, keeping teachers away from the threat of inducing others to get lost in the reproduction of recipes, formulas or prescriptions; instead of promoting the discovery and rediscovery of the complex fabric of life through dialogue. Dialogue can turn into a golden threat for individuals in search of new meanings and understandings.

Connecting the dots, opening margins, deciphering mirrors is as if apparently we had been set to talk about geometry or design instead of about “teaching each other”. Nevertheless, it is through these metaphors that we can find a common ground to provide a sense for continued education in family and community medicine, precisely through an enhanced exploration of the relation of “teaching to learning” within the field of “health and disease”; that we can advance in the purpose of contributing to achieve significant change in individuals and communities we work with.

An enhancement of perception was required to recognize that teaching medicine is a skill associated, but independent from content expertise. It has also required time and trial and error to understand the intricate relationships that teaching medicine has with the creation and recreation of systems that provide health care, while simultaneously learning from themselves in the process of pursuing such a complex task (1).

Part of the maturation of better health systems has come about, thanks to progress in

understanding and implementing better teaching-learning environments where competencies in teaching can actually be achieved in symbiotic relationships with the health systems and institutions with the responsibility to provide health care to communities and population groups.

A teaching experience that succeeds in its purpose, creates meaning for the learner and with this, some kind of change happens. Providing the means for medical practitioners to continue their lifelong endeavour to pursue continued learning, now a day comes with the capacity to learn how to teach ourselves and how to collaborate in teaching each other, as well as in understanding what can be achieved as a system, if it learns to learn from itself and others (2). Such an effort has evolved in undergraduate and graduate education in Medical Schools and Faculties progressing to ensemble curriculums that orchestrate teaching-learning opportunities upon which future Medical practitioners are expected to excel in their capacity to serve society providing medical care and hopefully no harm; it is a requirement of current medical education to consider critical competencies that comprise sets of skills that a medical doctor should cultivate through medical school and beyond.

Different efforts have identified domains of competencies that medical practitioners should develop and continue to cultivate through a lifetime (3). Among them we could summarize the following:

- Medical practice
- Patient care and safety
- Communication and cultural competencies
- Professionalism
- Systems based thinking
- Lifelong learning

A professional life nurtured by opportunities of teaching and being taught by others should then consider a construction of inputs where the dots of significant learning are continuously being integrated to improve not only personal conditions, but those of a system with which health professionals are symbiotically integrated to improve health in the patients and the communities they serve; this, thanks to the capacity to build strategies that this symbiotic relationships can build into a health system.

Some innovative approaches that have proved beneficial to install capacity into such symbiotic oriented health systems through continued teaching and learning are:

- Improvement in teaching-learning capacities: The confluence of neurobiological evidence about how people learn, together with the evolution of cognitive psychology translated into teaching-learning strategies that acknowledge how persons learn in different ways, and how recognizing them can enrich everyone's experience when working or addressing an audience (2).
- Building change management skills: Unveiling the inevitable fact that change happens and that persons and institutions can be assisted to work through whatever change they might be involved with to evolve through the processes that people typically go through such as denial, frustration, exploration and commitment (4).
- Interprofessional education: Healthcare is better served when collaboration among diverse health professionals can reach the synergic achievements in therapy and care that different patients and their conditions require. Working in interprofessional teams demands the development of competencies that can progress from multidisciplinary to transdisciplinary performance levels and by doing so in achieving effective teams that deliver high quality care (5).
- Social accountability orientation in medical education and practice: A set of principles that allow systems to acknowledge the majesty of the assignment that society delivers to provide medical education, by implementing such understanding through checks and balances required to respond and be held accountable for the responsibility of training medical doctors (6).
- The interaction among networks of health related organizations: Connecting institutions and systems that

have endured the capacity to serve and contribute to the health of their communities through medical educators that collaborate, provides accelerators for human and institutional development to keep up with the speed of health needs and required change to meet higher standards (7).

Innovative approaches are useful to enhance the capacity that “teaching each other” can provide in serving the bigger purpose of achieving better health standards. Moving in this direction requires an accelerated evolution of education that can progress from the traditional relations of masters and apprentices, professors and alumni, teachers and students to that of facilitators of transformational leaders.

Within healthcare, this marks the difference between health services as an asset that is bought or sold in the market place according to individuals purchasing capacity, to that of a system where health care has evolved into a human right. A right that is delivered through the inbuilt capacities of a society that is able to understand health as a collective construction, provided through health systems symbiotically integrated to the education of health professionals and the communities they serve.

Take Home Message

- Teaching and learning together with the continuum of health and disease are systems of relationships that challenge individuals understanding into new frontiers that require the acknowledgement of the **complexity of their interactions**.
- Meaningful interaction among individuals through **dialogue** can contribute to face the challenge of deconstruction and resignification of meanings required to overcome the frontiers of the current state of knowledge and understanding in health professions education.
- Change in health systems comes with the acknowledgement of meanings and understandings about how different determinants are woven into the fabric of **health and disease as social constructs**.
- A **symbiotic interaction** between health systems and health professional’s education provide the ground for socially accountable results in health care.
- **Innovation in health professions education** oriented towards symbiotic health systems work on: Improvement in teaching learning capacities, building change management skills, interprofessional education, social accountability and the interaction among networks of health related organizations.

Original Abstract

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