The Impact of a Faculty Learning Community on Professional and Personal Development: The Facilitator Training Program of the American Academy on Communication in Healthcare

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Abstract

Purpose
Relationship-centered care attends to the entire network of human relationships essential to patient care. Few faculty development programs prepare faculty to teach principles and skills in relationship-centered care. One exception is the Facilitator Training Program (FTP), a 25-year-old training program of the American Academy on Communication in Healthcare. The authors surveyed FTP graduates to determine the efficacy of its curriculum and the most important elements for participants' learning.

Method
In 2007, surveys containing quantitative and narrative elements were distributed to 51 FTP graduates. Quantitative data were analyzed using descriptive statistics. The authors analyzed narratives using Burke's dramatistic pentad as a qualitative framework to delineate how interrelated themes interacted in the FTP.

Results
Forty-seven respondents (92%) identified two essential acts that happened in the program: an iterative learning process, leading to heightened personal awareness and group facilitation skills; and longevity of learning and effect on career. The structure of the program's learning community provided the scene, and the agents were the participants, who provided support and contributed to mutual success. Methods of developing skills in personal awareness, group facilitation, teaching, and feedback constituted agency. The purpose was to learn skills and to join a community to share common values.

Conclusions
The FTP is a learning community that provided faculty with skills in principles of relationship-centered care. Four further features that describe elements of this successful faculty-based learning community are achievement of self-identified goals, distance learning modalities, opportunities to safely discuss workplace issues outside the workplace, and self-renewing membership.

Medical care that is patient- and relationship-centered links to improved health outcomes, enhanced patient satisfaction, and reduced risk of medical malpractice claims.[1–4] Patient-centered care, named by the Institute of Medicine as a core value of medical practice, emphasizes the needs and preferences of individual patients; from a systems perspective, its focus is the patient–clinician dyad. In contrast, relationship-centered care[1,5,6] recognizes a broader field of relationships, including family members, the community, and all those providing patient care. Relationship-centered care incorporates competencies identified by the Accreditation Council for Graduate Medical Education, including communication skills, practice-based learning and improvement, professionalism, and systems-based practice.[7] However, few resources provide faculty with the interpersonal communication and facilitation skills needed to practice and teach the relationship-centered approach.

Since 1988, the Facilitator Training Program (FTP) of the American Academy on Communication in Healthcare (AACH) has focused on enhancing the practice and teaching of relationship-centered care. Unlike traditional faculty development programs, which use large-group didactic sessions that have little effect on skill acquisition,[8] the FTP uses the structure of a learning community, fostering relationships as the foundation of learning. First described in college and university settings, learning communities are intentional collections of learners and faculty established to maximize student learning and use facilitated interactions to build networks that support intellectual and social intercourse.[9] Four basic principles of learning communities are promoting caring, trust, and teamwork; enhancing communication between learners and faculty; helping learners establish academic support networks; and helping learners establish social support networks.[9,10] Learning communities value and promote relationships at all levels, among learners, among teachers, and between teachers and learners. These communities are rooted in social learning theory,[11] which posits that a community of learners is more likely to achieve new learning and behavior change than any single isolated individual. Developing learning communities among faculty can theoretically improve faculty development efforts,[12,13] but little is currently known about how learning communities practically aid faculty learners, particularly with regard to fostering relationship-centered care.

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Using narratives from graduates of the FTP, we sought to discern how this learning community succeeded in training faculty for relationship-centered care. Specifically, we wished to determine how graduates perceived the program's impact on their professional and personal lives, and what similarities and differences existed between this faculty learning community and others already described.

History and Overview of the FTP

The AACH was established in 1978 to support research and teaching of communication skills and relationship-centered health care. The AACH offers an annual national faculty development course and regional courses for those interested in improving their relationship-centered care skills. The learning in these courses occurs primarily in learner-centered, facilitated small groups and includes training in personal awareness as well as communication skills.[14] To help develop highly skilled facilitators for these small groups, the FTP was established in 1988. In addition to becoming AACH course facilitators, graduates of the FTP bring their learning back to their home institutions, clinical practices, and professional societies as they teach and practice relationship-centered care; thus, the FTP functions as a professional development fellowship beyond its original mission of developing facilitators for AACH courses.

From its inception, the FTP has recognized parallel processes between the values and skills underpinning relationship-centered care and those required for relationship-centered teaching.[1,6,15,16] Its curriculum uses Carl Rogers'[17] principles of unconditional positive regard, empathy, safety, and trust and explicitly emphasizes self-reflection, personal awareness, learner-centered learning, and acquisition of communication and relationship skills honed through frequent deliberate practice and feedback.[18,19] Table 1 lists core competencies of the FTP. Facilitator training progresses through three levels marked by increasing responsibility for facilitating small groups of learners at AACH courses. Advancement from one level to the next requires demonstrated competence in group facilitation, teaching, and personal awareness. Trainees' experiences at AACH courses supplement their day-to-day learning at their home institutions working with patients and learners. Most trainees enter the program in midcareer and take three to five years to complete the curriculum, usually with financial support from their home institution. Tuition for the FTP is $1,750 per year for three years, and $500 per year thereafter.

Table 1

Core Competencies of the Facilitator Training Program of the American Academy on Communication in Healthcare[a]

Core competency	Examples of core competencies
Clinical interviewing skills	Perform clinical interviews using relationship-centered skills
Small-group facilitation	Create a supportive learning environment, track group process, manage problematic participation, provide effective feedback
Interpersonal skills	Demonstrate genuineness and unconditional positive regard
Self-directed learning	Implement a learning plan effectively
Personal awareness	Communicate awareness about personal feelings, attitudes, and behaviors

[a]Further details about the Facilitator Training Program can be found at http://c.ymcdn.com/sites/www.aachonline.org/resource/resmgr/fit12prgmdescription.pdf.[30]

Each trainee selects from the AACH faculty a guide, who supports and assesses the trainee's progress. Except for the annual weeklong winter course meeting and work together at annual national faculty development courses, the great majority of the work of the FTP occurs virtually through monthly phone calls between trainees and guides. At the conclusion of training, the FTP certifies trainees as competent in small-group facilitation and deems them eligible for faculty status at AACH courses and as guides for the FTP.

Method

In March 2007, we distributed a survey to all 51 graduates of the AACH FTP to date. We did not survey seven participants who began but did not complete the FTP. Questions used a four-point scale to assess graduates' self-reported perceptions about their improvement in workplace skills (1 = unimproved, 4 = much improved), the importance of FTP activities for their learning, and barriers to participation (1 = unimportant, 4 = very important). Respondents completed either a Web-based or paper version of the survey; we issued three rounds of invitations before closing the survey. We transcribed handwritten data to the Web-based platform, and we retrieved data from the survey Web site for analysis, denuded of identifiers. We offered no incentives for participation. The institutional review board of Wake Forest University approved this study.

Our qualitative analysis examined participants' comments on the survey item "Please describe how participation in the FTP has changed your professional and/or personal life." Initially, we used the constant comparative method to analyze the themes that arose in the narratives, but we found that relationships and overlaps between individual themes incompletely described the transformative learning process. Therefore, we employed Burke's[20] dramatistic pentad as a method of qualitative analysis to allow for more careful delineation. Burke examines language as a dramatic event that contains five parts: act, scene, agent, agency, and purpose. By identifying these five parts, one can track the causal relationship among the parts and how they operate as a system. In short, we sought to understand more deeply how the various parts of the FTP successfully interact and mutually support one another rather than analyzing decontextualized responses.

Three of us (C.L.C., K.H., P.L.) trained in this approach independently coded the responses, and exchanged and discussed interpretations until we reached consensus.

Results

The response to the survey was 47 participants (92% response rate). Table 2 shows demographic characteristics of graduates of the program; mean age at graduation was 55. Table 3 shows participants' self-

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Table 2

Self-Reported Demographic Characteristics of Graduates of the Facilitator Training Program, From a Study of 47 Participants' Personal and Professional Development, 2007[a]

Characteristic	Measure
Age at graduation, mean	55.7
30–39	2
40–49	7
50–59	21
60–69	12
≥70	4
Gender, no. (%)	
Male	27 (57.4)
Female	20 (42.6)
Years in FTP between 1990 and 2007, no.	
<4	18
4–4.9	15
5–5.9	9
≥6	3
Mean years in FTP, no.	4.0

Abbreviations: FTP indicates Facilitator Training Program.
[a]Forty-seven responding graduates of the FTP of the American Academy on Communication in Healthcare.

rated degree of improvement in workplace skills of teaching, group facilitation, and clinical practice. A large majority of respondents reported improved group facilitation and teaching skills as a result of the program. Respondents named several features of the program that were important to their learning: relationships with guides, other faculty, and fellow trainees; attendance at the winter course; and relationship with the AACH. We also list barriers to participation in the FTP in Table 3. All but two graduates were satisfied or very satisfied with the FTP. Reasons for dissatisfaction included challenges encountered by international trainees and their guides; lack of diversity in the AACH; and desire for more structured curricula in teaching methods and educational research.

Narrative responses typically revealed tight interdependence among the five aspects of Burke's pentad. Definitions and representative examples are listed below.

Act: What happened?

Participants stated that the FTP's iterative learning process—that is, the cycle of defining goals, deliberate practice, feedback, and redefining goals to incorporate new learning—led to increased personal awareness and skillfulness with group facilitation. Both structured and unstructured activities of the FTP constituted the act, including learning agreements, video review of patient care and teaching sessions, planning and debriefing during and after cofacilitation in courses, and annual evaluations. Table 3 lists program elements that participants named as important in driving learning and growth. These activities relied on the structure of the learning community—multiple collaborations among fellow trainees, faculty guides, and group facilitators—and learners' commitment to the community.

A second theme in the act was the longevity of learning from the program and direct effects on career development. A sizable subset of participants found that academic advancement, grants, and publications followed from participation in the FTP.

The first area of impact on learning was patient care. One participant commented,

> I have much more clarity and competence in communicating with patients, which enhances my personal satisfaction with practicing primary care.

A second theme of learning impact was direct teaching of learners and course leadership, illustrated by this comment:

> I have become a more reflective, thoughtful course director and facilitator,

Table 3

Survey Results of Facilitator Training Program Graduates Showing Self-Rated Degree of Improvement in Teaching, Facilitation, and Workplace Skills, From a Study of 47 Participants' Personal and Professional Development, 2007[a]

Type of improvement	No. (%) positive rating
Estimated improvement as a result of FTP: Workplace skills, improved or much improved	
Teaching	44 (93)
Group facilitation	42 (89)
Clinical practice	32 (69)
Importance in driving learning and growth: Program activity, important or very important	
Cofacilitation at a national course	46 (98)
Personal awareness work	46 (98)
Attendance at the winter course	45 (96)
Relationship/work with your guide	44 (94)
Relationship/work with other trainees	43 (91)
Relationship/work with other faculty	41 (87)
Activities at your home institution/practice	40 (85)
Community with AACH	39 (83)
Learning agreement(s)	31 (66)
Yearly FIT-guide assessments	22 (47)
Importance of barriers to participating in FTP: Program activity, important or very important	
Time commitment	22 (47)
Lack of support, recognition, or respect from home institution or practice	20 (43)
Impact on family	19 (40)
Logistic challenges with attending courses	18 (38)
Financial cost	16 (34)
Overall satisfaction with FTP, satisfied or very satisfied[b]	45 (96)

Abbreviations: FTP indicates Facilitator Training Program; AACH, American Academy on Communication in Healthcare; FIT, Facilitator-in-Training.
[a]A survey of 47 graduates of the Facilitator Training Program of the American Academy on Communication in Healthcare asked questions on a four-point scale to assess graduates' self-reported perceptions about their improvement in practice domains (1 = unimproved, 4 = much improved) and importance of FTP activities for their learning, and barriers to participation (1 = unimportant, 4 = very important).
[b]Four percent of respondents rated their overall satisfaction as very dissatisfied.

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> much more comfortable giving feedback to faculty and students.

Participants also reported a learning experience that assisted their career development and success:

> I was able to develop a focus and expertise in communication skills and education that led to a successful career in academic medicine at my home institution. I believe that I have achieved my current administrative position as a direct result of my communication and facilitation skills, and I now am in a position to nurture the careers of my junior faculty.

Finally, personal relationships benefited from the FTP:

> The program greatly enhanced my personal awareness and my appreciation for the important nuances of verbal and non-verbal communication in every aspect of work and life.

Participants remained engaged with the program after graduation and assisted current learners, thus creating both a consistent and self-renewing learning community. Strikingly, superlatives in the responses were common: Participants described the program as "life-changing" and "the best training experience in my professional life"; several stated, "I would not trade it for anything," summarizing the general sense of empowerment that the FTP fostered.

Scene: The context of the act

As participants primarily identified iterative learning to be the core act of their learning experience, the context of that act was an environment conducive to learning. The structure of the FTP was the most often-named contributor to this environment, either as an overall nonspecific influence or specifically because colleagues periodically gathered to reflect on shared professional and personal experiences. One participant remarked:

> To have an ongoing series of shoulder-to-shoulder experiences of the kinds of issues physicians and other health care providers face in delivering patient care … was very helpful to my professional development.

Reflecting the longevity of learning as an act of the FTP, participants typically described not only a one-time "safe place" but also an "ongoing" opportunity "to which I can return annually," a reliable "mainstay" to revisit as skills, opportunities, and life events unfolded.

Agent: Who performed the act? What are their roles?

Participants' responses reinforced that the FTP was more than a skill-based curriculum or a one-on-one mentoring relationship; rather, they consistently referred to group- and community-based experiences. Two different respondents named several agents:

> Thanks to all my AACH colleagues, I have gained so much insight into my personal work as a physician and as an individual for which I will be eternally grateful. The supportive FTP directors during my tenure, my assigned and surrogate guides, and [outside] facilitators were also invaluable to my learning and development.
>
> It became my professional home and source of friends, collaborators, and kindred spirits.

Learning occurred in a community that depended on all participants—leaders and teachers as well as fellow trainees—to form networks to support one another and contribute to one another's success.

Agency: What tools or methods were used to perform the act?

Respondents reported that the FTP increased their professional competence and confidence through learning specific skills, as well as improving patient care and career advancement.

Three skills were most commonly named. Personal awareness was an important area for growth, as illustrated by one participant's comment:

> I learned about how others see me and how my behavior influences them. These realizations have helped me become a more confident, skillful, and fulfilled teacher and leader, and maybe a better friend and husband.

Improvement of participants' facilitation and teaching skills also augmented professional competence, summarized here:

> The training gave me a well-founded education about human behavior that I had not learned previously in college or medical school. It taught me a very useful skill set that I think of as "group dynamics and group facilitation skills." I use this knowledge and skill set every day of my life.

Finally, participants credited the FTP with helping to improve their feedback skills, exemplified by this comment:

> I am much more comfortable giving feedback to faculty and students. I see the importance of [giving feedback] more clearly, even when it is difficult. I no longer avoid the challenging conversations with colleagues or with my husband and friends.

Notably, skill development appeared to enhance not just professional work but personal interactions as well.

Purpose: Why do the agents act? What is their motive? What do they want?

It is not surprising that a program designed to teach communication and facilitation skills attracted learners who explicitly stated that as their goal. More unexpectedly, participants named a need to join a community to share common values and to alleviate a sense of isolation.

> Finding a community of like-minded physicians helped me feel less isolated and bolstered my confidence in maintaining values of caring about patients and myself in the context of practicing medicine.

Although all participants matriculated to the FTP with a deliberate goal of skill development, some also embraced it as an opportunity to feel connected with like-minded colleagues, which they named as important in their success.

Discussion

The AACH's FTP is a successful, long-standing, longitudinal learning community with a substantial long-distance component that uses relationship-centered principles to teach communication and group facilitation skills. FTP trainees depend on relationships with their guides, with other trainees, and with AACH faculty to support their learning. Notably, the high response rate to a lengthy survey, high program satisfaction, enduring positive reports in some cases years after program completion, and compelling and rich qualitative data from narratives suggest the important personal impact of the FTP. Yet the FTP represented more than just a group of like-minded people independently pursuing common interests: it facilitated a learning community where participants learned skills to which they ascribed

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career successes, the highest level in Kirkpatrick's[21] model for learning.

The intent, content, and structure of the FTP share similarities to previously described, long-term programs designed to train clinician–educators in teaching skills.[22–24] Using Burke's dramatistic pentad for qualitative analysis allowed us to more carefully delineate the transformative learning process, extending our understanding from *what* can happen in these programs to *how* it occurs.[25] FTP graduates consistently reported a greater sense of self-actualization—both in intrapersonal dimensions such as confidence, resilience, personal awareness, and a sense of community, and in interpersonal dimensions, such as improved relationships with patients, colleagues, and family. The FTP appears to succeed because a healthy community (scene and purpose) attends to relationship building (agent) as a means of accomplishing work (agency), instead of merely emphasizing a common task or content. Safety builds over time, allowing for increasingly challenging learning, such as providing feedback and developing personal awareness.

The structure of the FTP follows the model proposed by O'Sullivan and Irby,[12] in which a faculty development program exists not in isolation but with other agents—namely, participants, facilitators, and systems—that impel long-term learning. Specifically, the FTP adheres explicitly to the basic principles of continuous learning communities.[9] First, caring, trust, and teamwork represent core values of the FTP. Second, ongoing communication between FTP trainees and AACH faculty was highly valued and indeed represented the centerpiece of the program, a dynamic similar to mentoring networks seen in research training.[26] Third, many participants stated that they joined the FTP because they felt their home institutions did not adequately address their professional learning and development needs; this professional isolation engendered a need for community, particularly for those who wish to work on their communication skills. Fourth, social support networks also emerged, intertwined with the ongoing work, and enduring friendships have grown from the development of this community. The high satisfaction and attributed successes from most respondents suggest that this faculty learning community provided important support for participants' careers, similar to how student learning communities intend to enhance academic and professional development.

In addition, we discovered four previously unreported characteristics of this faculty-based learning community. First, program participants self-identified learning goals and found the program useful during critical times of a faculty career (new career challenges, transitions in position); the community, not isolated individuals, helped participants reach their goals. Second, as a learning community that spent significant time in virtual settings, trainees worked in their home contexts and brought their relevant learning goals and struggles to phone calls and face-to-face meetings. Our report confirms previously noted perceptions that ongoing faculty development with distance learning elements can augment development of career and national reputation.[27,28] Third, discussing workplace learning issues annually in retreat environments became a major focus of trainee–guide conversations and a rich source for developing personal awareness. The ability to talk freely without fear of reprisal or breaches of confidentiality added significant value, especially given recent heightened understanding of hidden curricular elements in the process of faculty development.[29] Fourth, graduates of the FTP became potential guides for new trainees, thus creating a self-renewing process that traditional learning communities, with the dichotomy of students versus teachers, do not possess. Therefore, the main features of the FTP not previously described in the learning community literature can be summarized as follows:

- Helping learners achieve self-identified goals;
- Using distance learning modalities;
- Providing opportunities to discuss workplace learning issues outside the workplace; and
- Creating self-renewing membership, whereby learners become faculty.

Our data suggest that both the traditional and nontraditional characteristics of learning communities contribute to the success of the FTP and its impact on both personal and professional development.

Two respondents noted high dissatisfaction with the FTP. Clearly, the program does not satisfy everyone's needs. Factors potentially influencing their experiences include timing in career, personal issues, poor trainee–guide relationship, and lack of fit with the program. In addition, common obstacles to completing the FTP include time, logistics, impact on family, and travel required for meetings. In an increasingly complex health care environment with higher demands on productivity, these barriers are not to be underestimated.

This analysis has limitations. The authors are all prior codirectors of the FTP; therefore, underlying assumptions and perspectives may have subconsciously influenced qualitative data interpretation. There is no control or comparison group in this qualitative study. Though data were collected several years ago, we believe that the impact of the program continues with more recent graduates. Most respondents were over age 50 at program completion; we did not investigate reasons for midcareer interest in the FTP (although more recent program graduates are younger). As with any educational process, aspects of the program changed slightly over the course of the program—for example, graduates becoming guides for newer participants, and enhanced work in diversity and organizational development. Finally, there is likely selection bias of survey respondents, and recall bias by longer-term graduates.

We conclude that the AACH FTP is a successful relationship-centered paradigm for a faculty learning community because it teaches principles and skills of relationship-centered care through the development of safe, nurturing, and reciprocal relationships. In addition to this congruence, the FTP addresses four important needs for robust continuing medical education, in addition to those that characterize undergraduate learning communities: identification and fulfillment of personal learning goals, use of distance learning modalities, the need for a safe space for learning without affiliation to the daily workplace, and self-sustenance of the program through training participants to become future guides themselves. We recommend that future work exploring

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relationship-centered care and skill development use prospective cohort studies and/or qualitative review of narratives to note progression of self-reflection skills, thereby deepening our understanding of the features of successful faculty development programs.[25]

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