LETTERS

The Benefits of Faculty Development Span Far Beyond Teaching Skills

To the Editor: I am writing to commend Sicat and colleagues for their innovative interprofessional Faculty Learning Community (FLC) model.¹ This article highlights a unique approach to faculty development that integrates various health care professionals with diverse levels of teaching experience and training backgrounds.

As a pharmacy resident involved in an interprofessional faculty development fellowship, I feel there should push to have more residents involved in this type of training. After all, residents are positioned in a prime transitional phase between learner and teacher. Many of us are interested in careers in academia, and the fellowship allows us to learn basic faculty development principles in an interprofessional environment. Our fellowship consists of pharmacy residents, geriatric, family medicine faculty development, and internal medicine medical education fellows. The time we spend together allows us to break down communication barriers, present learning objectives that appeal to a multidisciplinary group, and collaborate in scholarly activity.

The potential returns of interdisciplinary and interprofessional collaboration to both teacher and learner

are endless, and the root benefits lie in the relationships established as a result of such models. Learners who partake in interdisciplinary training not only learn about other health care disciplines, but also embrace this environment in the workplace.² The early integration facilitated by models like the FLC allows student and resident pharmacists to develop communication skills that can be used for the rest of their careers. More importantly, a collaborative and comprehensive team approach to health care will ultimately improve patient outcomes. The other aspect of the FLC that strongly resonated with me was the coordination of campus-wide events to include faculty members of various training backgrounds. This can be particularly beneficial to pharmacy faculty members who have significantly more training in clinical pharmacy than in teaching.

Ashley Campbell, PharmD

University of Pittsburgh Medical Center (UPMC)

St. Margaret

REFERENCES

1. Sicat BL, O'Kane Kreutzer K, et al. A collaboration among health sciences schools to enhance faculty development in teaching. *Am J Pharm Educ.* 2014;78(5):Article 102.
2. Harward DH, Tresolini CP, Davis WA. Can participation in a health affairs interdisciplinary case conference improve medical students' knowledge and attitudes? *Acad Med.* 2006;81(3):257-61.