Faculty development in the COVID-19 pandemic: So close - yet so far

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1 | WHAT PROBLEMS WERE ADDRESSED

Conceptual advances in faculty development are broadening to emphasise the importance of relationships and social networks to faculty learning.¹ In-person events traditionally provide a venue for these relationships to develop and be sustained. The onset of the coronavirus disease 2019 (COVID-19) pandemic forced the rapid acceptance of online platforms as the only approach for interpersonal connection within the department. Within these virtual-only conditions, a faculty development intervention was quickly created for a cohort of dispersed faculty staff that could harness the power of relationships and social networks for support of faculty members and learning about the programme's new format (online) and additional content (student stress).

2 | WHAT WAS TRIED

A provincial virtual faculty development session was developed to bring four regionally dispersed faculty staff groups together to learn with and from each other. Social network theory prioritises relationships and interactions; this lens was used to design and plan the intervention. Although the four regions fit the description of a socio-centric (closed) network, strong reciprocal connections between regional groups could not be assumed as these groups had not met together for several years. Communications were organised centrally by the author (HB) as provincial lead, but distributed through four local regional sites. Better uptake was anticipated if the regional leads and site administrators reached out to faculty members; pre-existing peer relationships can exert influence on the decision to attend.¹ Other sources of expertise (faculty development, information technology [IT], student affairs, etc.) were invited to bridge any knowledge gaps around virtual learning and managing student stress. The session was organised to maximise time for informal questions and answers. Formal presentations were

avoided to encourage spontaneous informal discussion. Continuity of connection was offered afterwards through email, a written overview of conversation highlights and a follow-up debrief session; IT services also offered additional drop-in clinics.

3 | WHAT LESSONS WERE LEARNED

Initially, creating a virtual faculty development session seemed like a fairly straightforward solution, but it was surprisingly a lot of work! Setting realistic expectations and event participants was critical; many educational leaders and teachers within medical schools have other responsibilities and are overstretched during the COVID-19 pandemic.

Facilitating discussion virtually required extra attention to 'read the Zoom™ (Zoom Video Communications Inc., San Jose, CA, USA).' Arranging for a co-facilitator to help keep track of comments and questions was helpful. Many participants did not seem to be familiar with each other, although there was reference to some pockets of strong ties within regions. When there was a reference to a past shared experience amongst participants, it seemed to encourage participation in the virtual session. There also appeared to be less of a 'group think' mentality, which sometimes is observed when faculty development participants in this context are physically co-located. Participants seemed quite open to share varied and even competing opinions, which then required nuanced facilitation. As well, it was also harder to have informal or 'sidebar' conversations, which can also be influential for faculty learning.¹ Perhaps smaller breakout rooms may help facilitate organic conversations. Faculty members also seemed to value other forms of follow-up communication (email, written summaries and debriefs) to sustain conversations. Perhaps most satisfyingly, he or she indicated that connecting with each other was highly valued. Connection allowed them to develop an informed and shared understanding of the changes to his or her role, as well as the reassurance and confidence to embrace

new challenges, such as teaching virtually and attending to student well-being. In future, planning additional evaluation that includes measuring social network structural and qualitative changes, although not feasible at the onset of the COVID-19 pandemic, would be helpful to further assess impact and align with current evaluation trends.

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DOI: 10.1111/medu.14242

#pandemicpedagogy: Using Twitter for knowledge exchange

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1 | WHAT PROBLEMS WERE ADDRESSED?

The coronavirus disease 2019 (COVID-19) pandemic has resulted in homeworking becoming the norm internationally. As a result, international, national and institutional medical education conferences, workshops and seminars have been cancelled or postponed indefinitely. Consequently, the opportunity for knowledge exchange and networking has been reduced. Hull York Medical School runs a Health Professions Education Unit (HPEU) with associated masters and PhD programmes that rely on conferences as opportunities for postgraduate students to learn from others in the field, showcase their research and innovative pedagogy, as well as network for future employment.

2 | WHAT WAS TRIED?

In order to continue to develop and learn from the wider community, the medical education research unit at Hull York Medical School decided to build on its use of social media during COVID-19 closures. In particular, Twitter (Twitter Inc., San Francisco, CA, USA) was utilised as a platform by which to engage the wider academic community in discourse around research and pedagogy. Two streams of work were undertaken: (a) the creation of short videos to showcase doctoral students' work that would have been shared at conferences, and (b) the creation of a series of live Twitter chats (#pandemicpedagogy) to engage the wider community in an exchange of ideas around adapting teaching during

the COVID-19 pandemic. Trial chats were established before the development of a specific hashtag #pandemicpedagogy. Events were advertised through the medical education research unit's Twitter account and via associated societies. Guest moderators were invited from international institutions in order to facilitate a global discussion and to encourage a broader range of participants. Each event had a specific theme, such as anatomy, empathy, identity or clerkships. Timing for a global audience was the most significant obstacle; in light of this, the event timings were staggered, in order to facilitate international engagement. Due to some events occurring out of hours, electronic calendar invites were sent to invited moderators to ensure events remained on their radar. All guest moderators were publicly acknowledged for their contributions. The themed conversations were arranged each week of the university closure, with a different PhD student at the helm depending on their specialism. Participation ranged from 10 to 30 contributors per discussion.

3 | WHAT WAS LEARNED?

Establishment of these events helped to boost the morale of the postgraduate students and staff within the medical education research unit. The focus on sharing and creating collective knowledge provided a sense of community during physical isolation from peers and colleagues. Uptake from moderators was high and feedback was overwhelmingly positive. Timing events was a barrier to maximising participation; however, where an audience in a