Academic Development in Family Practice

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To date most faculty development programs in family practice have concentrated on aspects of the educational process as well as on the acquisition of research and administrative skills. While effective, such programs have characteristically been directed at a limited range of elements of a typical faculty member's professional role.

A model of academic development is proposed that combines an epigenetic pattern of adult development and a sequential pattern of an individual's development in the academic role. The model permits a reasonable approximation to be made of the developmental status of an individual faculty member which, when viewed in the context of personal and institutional needs, can be used as the basis for defining and implementing appropriate assistance strategies. Adoption of the model offers two general approaches to planning, organizing, and delivering faculty development activities: promotion and intervention. Promotion activities are aimed at helping faculty assume the academic role in the most effective manner possible, while intervention activities occur when the process of development has gone awry.

The relatively recent recognition of family practice as a medical specialty, the subsequent development of the new specialty as an academic discipline, and the rapid growth in numbers of family practice education programs have been major contributing factors to the unique character of family practice in the traditional medical education system. By extension, these factors have constituted the major reasons faculty development programs have been characterized as essential to the successful growth of family practice as an educational endeavor.

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Because of its relatively brief history as an academic discipline, family practice lacks the heritage possessed by other medical disciplines, a situation that continues to cause some consternation and problems of identification among its membership.[1,2] The problem of an appropriate identity within the context of traditional medical education can be solved, however, if the challenge is accepted to develop a new breed of academician/teacher/researcher uniquely qualified to meet the needs of the specialty, and who at the same time can integrate these skills into a community based clinical specialty without fracturing academic pursuits from the needs of everyday practice in the real world.[3] The faculty and administrators involved in academic family practice will be the ones to develop the new breed of faculty-academicians,

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thereby establishing its identity as a discipline. Because such faculty members are needed currently, the process of faculty development represents the singular means by which this result can most likely be readily achieved.

Most faculty currently involved in family practice education programs come from practice backgrounds[4]; in addition, there is a small percentage of residency graduates who have begun to enter academic family practice.[5] While some specific needs of the two types of faculty members will be different, they do share commonalities, among them the need to accept responsibility for scholarly activity[6]; an interest in maintaining some limited clinical practice of their own as part of their academic role[4]; and the ability to deal both with frustrations within the administrative structures of academic programs and with their insecurities about their effectiveness as teachers and their acceptance as role models.[7]

To date, most faculty development programs in family practice have concentrated on various aspects of the educational process[8-11] as well as on the acquisition of skills in research and administration.[12] Programs based on these content areas have been shown to have positive effects on participants, although they have characteristically been directed at a limited range of elements of a typical faculty member's professional role. To develop the new breed of academician/teacher/researcher desired, one who is well versed and effective in the entire academic role, such programs need to be directed at the whole professional role, indeed the whole person.

A Model of Academic Development

It is not unusual for new faculty members to be expected for the most part to make their own way in an academic environment. Under such circumstances it takes six months to one year before the results of their undertakings begin to manifest themselves. Some of these results may be positive, some negative; the former can be supported and reinforced, the latter, altered or alleviated. In either case a definite passage of time frequently occurs before they become apparent, so that oftentimes optimal opportunities have passed to plan and implement appropriate strategies to assist a particular individual's development.

A model of academic development has been postulated[13]* and used as the basis for systematic study of faculty in family practice. The model combines an epigenetic pattern of an individual's development as an adult and a sequential pattern of a faculty member's development in the academic role. The model permits a reasonable approximation to be made of the developmental status of an individual faculty member which, when viewed in the context of personal and institutional needs, can be used as the basis for defining and implementing appropriate assistance strategies.

Patterns of Adult Development

A synthesis of the major approaches to developmental stages of adulthood, most notably those of Levinson,[14] Gould,[15] and Erickson,[16] reflects four general developmental stages in adult life:

1. Entrance into the Adult World (ages 22 to 28 years)
2. Early Adulthood (ages 28 to 35 years)
3. Middle Adulthood (ages 35 to 60 years)
4. Late Adulthood (age 60 years and over)

These stages are characterized by qualitative differences in the individual's sense of self, in the manner in which specific tasks are assumed, in the manner in which relationships with others are developed and managed, and in the manner in which major choices are made. They can be summarized as follows:

Stage One, Entrance into Adulthood (roughly ages 22 to 28 years): emphasizes building for a personal and professional future, exploring the possibilities for adult living on the one hand and creating a stable life structure through developing certain competencies and specialized strengths on the other; requires that certain key choices be made, particularly as they concern establishing and pursuing goals—occupational choices are made and confirmed, providing structure and direction to a person's present life activity, frequently to the extent that as more time and energy are devoted to finding this direction, other activities and pursuits become less valued and therefore less a part of daily life.

*Model adapted from Knopke HJ, Anderson RL: Developmental approaches to faculty careers in primary care. In Knopke HJ, Diekelmann NL (eds): Approaches to Teaching Primary Care. St. Louis, CV Mosby, 1981

Stage Two, Early Adulthood (roughly ages 28 to 35 years): emphasizes establishing some order in life by solidifying and then building on the tentative foundations laid in previous years; intermixes personal drives and societal requirements that at times reinforce and at other times contradict each other; creates a "life structure" by the choices made and developed in the present stage that will remain somewhat stabilized for the rest of the 30s; witnesses the formation of mentor relationships[14,17] in many cases, wherein an older, experienced individual serves as a teacher, sponsor, guide, example, the person who opens doors, who helps to foster the less experienced person's goals.

Stage Three, Middle Adulthood (roughly ages 35 to 60 years): stabilizes the already defined life structure and the progress made to date within it; evidences competence developed in one or more chosen areas; prompts scrutiny of self and the activities, occupation, and perspectives that characterize the sense of professional self, leading to the need to deal as necessary with any disparity between current self and the self that once was envisioned; identifies some marker, such as a promotion or a failure, that indicates where one stands and how far one can go, and that may lead to a mid-life transition around 40 years that frequently is expressed as a shift in career or in career focus; emphasizes finding a better balance between the needs of self and the needs of society by becoming better able to know self and respond to personal needs, and, in turn, becoming involved with others and performing social roles more responsibly than before.

Stage Four, Late Adulthood (roughly age 60 years and over): represents a time of increased introspection and a turning inward to more personal concerns; results in a further shift in the balance of involvement with the external world and the self, so that interest is increased in developing and using inner resources rather than in obtaining rewards offered by society; readies one to leave occupational and professional tasks to younger individuals and assume the role of "elder statesman" or "emeritus" professor.

This encapsulation of the stages of adult development summarizes identifiable characteristics of adult growth. These characteristics play a significant role in determining each individual's personal interests and aspirations as well as his/her manner of functioning as a member of social institutions.

Patterns of Academic Development

Individuals enter academic settings at different times, some directly from residencies, others following several years of clinical practice in a nonacademic setting. Although some differences exist due to time of entry, the kind of setting that is entered, or whether the new faculty member is entering academia from a practice situation or is a nurtured novice, ie, is directly from a residency or fellowship, the stages of academic development are common to each.

Four stages constitute the process of academic development. Each stage, in turn, is influenced by three major factors. The first of these factors is comprised of *personal* elements representing the faculty member's internal perceptions, personal expectations, and conceptions of the academic role. The second is represented by the students or *learners* and is shaped by their perceptions of faculty roles, and in some cases misplaced identification with faculty members. The third consists of *institutional* elements formed by the collective perceptions, expectations, and biases of the administration, senior faculty, peers, and other institutional constituents.

Stage One: Initiation

Initiation reflects an initial enthusiasm held by new faculty members and those interacting with them. It assumes the characteristic of a "honeymoon" in that newness and anticipation by all involved results in generally warm relationships and few difficult experiences.

On a *personal level*, individuals: experience feelings of both excitement and apprehension associated with a new situation; bring to the new academic role some unchallenged perceptions that remain untouched during this stage, such as the type of contribution that will be made to the profession, to the institution, and to students; the ultimate level of status that will be achieved; the functioning of the institution; the nature of the teaching-learning process; and the interrelationships among faculty/expert, student, and patient.

At the *learner level,* students: may accept or even create a new faculty member's "reputation" which is often not well grounded in fact—a practitioner, for example, can be looked upon as a "real practitioner" bringing the "real" facts to students, while a fellow or a newly graduated resident is

looked upon as a person with the complete store of current knowledge and information in a particular area, thereby making up for the "incomplete" information sharing conducted by other faculty members; may accept the new faculty member's viewpoints, procedures, and methods of doing things, but more as a result of the person's relative uniqueness than actual knowledge or skills.

On an *institutional level*, colleagues: generally disregard during this time those qualities, skills, or activities of the new person that deviate from group norms because the person is "new" and is unfamiliar with institutional procedures; have less of a tendency to judge the way individuals function, allowing them to demonstrate how personal and professional qualities will mesh with the institution; may possess some unrealistic expectations of the new faculty member, eg, the senior faculty and administration may look upon a new faculty member as the one to stimulate a department from a certain lethargy and move it into action in a particular area.

Stage Two: Adjustment

This is a period in which initial enthusiasm and tolerance is altered and the demands and expectations of day-to-day schedules assume greater immediacy, relegating plans and wishful expectations to secondary roles; proceeds promptly if appropriate assistance is available, or is prolonged over an extended period of time if little or no assistance is available, in which case it may also lead to the termination of the role and the individual's relationship with the institution.

On a *personal level,* the individual: begins to recognize the realities of the institutional hierarchy, politics, and various bureaucratic procedures; confronts the reality of academic rank and status; develops perceived inadequacies in the face of academic demands, foı after a sufficient number of interactions with students, peers, patients, and other constituents it becomes apparent that no one can know everything, contrary to the perceptions of the first stage of academic life.

At the *learner level,* students: no longer maintain their generally positive feelings toward the new faculty member at the level developed in the first stage; may not be as certain how the faculty member's expertise and experience will assist them in achieving their objectives; may also experience some negative reactions with the realization that the new faculty member has limits as does any other individual.

On an *institutional level,* colleagues: express increased expectations of conformity, so that the individual's personal and professional qualities and abilities as they have been demonstrated (ie, all may not yet be apparent) must fit to some degree or another with the preconceptions of colleagues and with the group norm; decrease flexibility and tolerance in light of the institutional need to "carry on with business"; decrease interest in innovative approaches, new ideas, that may have been discussed previously and that the faculty member would like to have pursued.

Stage Three: Integration

Stage 3 represents a continuum, wherein at one end is total integration of the individual in the institution and the profession, with optimum personal and professional development, and at the other is a total lack of integration, with the individual leaving the institution, reflecting the greatest degree of dissatisfaction on the part of either the institution or the individual, or both.

On a *personal level,* the individual: begins to concentrate on developing a particular orientation or approach to academic, clinical, research, or managerial activities and functions; finds one or more areas worth pursuing, identifies them as goals personally and institutionally rewarding, and pursues them and their accompanying new horizons for their intrinsic value, having realized a certain sense of security and comfort with the academic role; may also accept a position through resignation, occurring as much through lack of personal interest, or, as it frequently happens, through lack of external support by colleagues or other institutional mechanisms.

At the *learner level,* students: are willing to work within the terms of the professional orientation developed by the faculty member; bring realistic expectations to the relationship they develop with the faculty member, based in part upon their own experience as well as on the faculty member's record of accomplishment with past students; or experience nonproductive relationships if the faculty member fails to grow and either accepts a stagnant place in the institution or recognizes a declining role and prepares to leave.

On an *institutional level,* colleagues: integrate the individual into the group; identify and accept the nature of the contributions the individual can make; help ensure that the individual's abilities, interests, and drive are cultivated and allowed to develop and expand; or, if for a variety of reasons growth has failed to occur, anticipate the individual's probable disaffiliation with the institution.

Stage Four: Maturation

This represents the period of time wherein the individual, in continuing with the institution, has progressed through the academic ranks, ie, assistant to associate to full professor, and has been accepted and recognized as teacher, clinician, practitioner, researcher, or manager, with acceptance and recognition being a matter of degree approximating the nature and level of development that was realized in the integration stage.

On a *personal level*, the individual: becomes a senior member of the institution; has developed expertise in a chosen area or areas and is now realizing recognition and reward, or has developed expertise in an area that is useful to the institution but holds the prospect for less than complete personal satisfaction; shares abilities and expertise with other colleagues, particularly younger ones; this sharing forms the major part of leadership roles most senior faculty play.

At the *learner level*, students: expect to benefit from the expertise of their senior professor, both because of the increased knowledge base of the individual and because the faculty member's past experiences with students now result in more effective and efficient learning experiences.

On an *institutional level*, colleagues: not only accept the individual as a member of the group but attribute certain leadership responsibilities either by virtue of recognized accomplishments (eg, research productivity places the individual in great demand for the development of contracts and grants), or by virtue of recognized talents and abilities (eg, an individual who has demonstrated the ability to get things done or implement new ideas will be frequently asked to lead problem solving or work groups or will be asked to take on an increasing range of administrative and leadership duties).

If progress through the first three stages has been successful, the maturation stage will witness fulfillment of an individual's potential. It is the fulfillment of potential on the part of all members of the institution that gives the institution its strength.

Implications of the Development Model

Patterns of adult development and academic development hold a variety of interrelationships with one another. The nature of these interrelationships as it affects each individual's progress as a faculty member varies depending upon the age, experience, and background of the individual, the institutional support mechanisms available, and the institutional expectations and priorities facing the individual. Someone who comes to teach in a residency after just personally completing a residency, for example, and who is expected to develop as a researcher, will have specific requirements and needs for professional development. These will be different from the needs of a 44-year-old family physician who comes to a residency as a full-time faculty member and who is expected to concentrate on teaching and clinical service.

For ultimate satisfaction to be achieved by the individual and the teaching program, a successful negotiation of the stages of development must occur. A faculty member ascending the route of successful academic development is a constant positive force in family practice education. If, at each succeeding stage, growth and development occur, then each boundary crossed leads to greater confidence, expertise, and value regardless of the particular path of concentration. For the faculty member there is the intrinsic satisfaction of self-esteem gained through realization of personal goals and objectives. Externally, there is the increasing stature, respect, and esteem of students, colleagues, and superiors. The students benefit by exposure to a faculty member of increasing skill and expertise. The institution benefits by the increasing contributions of the faculty member as a teacher, researcher, or administrator, perhaps even by a person skilled at facilitiating and guiding the development of younger, less experienced faculty members.

On the other hand, disillusionment at any stage can cause a delay or arrest of development, and

may lead to the person leaving family medicine education totally. Such a loss has several ramifications. There is the loss of a potentially excellent teacher whose contributions will never be realized, and the loss of time and money by the institution, both directly in the loss of funds for training and faculty preparation, and future loss of unrealized research or development grants, patient care revenue, and the cost of training replacements. Finally, and perhaps most importantly, there is the personal loss of the individual in terms of disillusionment, diminished self-esteem, and a sense of failure.

A no less costly result of arrested or delayed academic development is the creation of the "hanger on" or "drifter." These persons fill roles in the academic setting but show no personal or professional growth. They can essentially become "unteachers," content to address clinical problems as they arise without exploring the background or challenging the resident or student to think and develop professionally themselves. Sometimes these individuals become academic nomads, drifting from program to program over a period of years, temporarily filling a need but never developing an area of expertise or showing any other evidence of academic maturity or growth. For the teaching program this arrested development can have several adverse effects. Again, there is the loss of potential excellence. Other faculty members may be subverted from their roles and contributions to shore up the weakness of the undeveloped individual. The individual may also become a disruptive influence to the program because personal feelings of inadequacy or underproductivity are not offset by personal insight or external guidance. The arrested individual can develop other problems. The stresses induced by failure in academic development affect one's personal life, resulting in the impaired physician whose experiences range from mild personal dissatisfaction through alcoholism, drug abuse, marital discord, and psychiatric disturbances.

Adoption of the previously described model of academic development offers the leaders of family practice education programs two general approaches to planning, organizing, and delivering faculty development activities; promotion and intervention. Their purposes roughly parallel those of the two general approaches to delivering health care.

Promotion activities are aimed at helping the new faculty member assume the academic role in the most effective manner possible. It is begun in the initiation stage when a sense of newness and anticipation allows much to be accomplished. A general but individual flexible approach to helping entering faculty members anticipate and cope with the entire academic process is its first major undertaking. People tolerate stress more easily when they realize that they will experience certain difficulties and temporary setbacks in their new roles but that these problems are shared by all who go through the process. Further reduction in stress can occur if each individual is helped to realize that these problem areas can be overcome, that the program has mechanisms to foster this problem solving, and that there are identified individuals available for consultation and guidance.

The promotion of an individual's academic development is an ongoing process. It is meant to promote positive growth and development, and at the same time prevent the occurrence of professional disability. The individual's stage of personal and professional development is estimated; those managing the educational program then design a course of action to aid each faculty member's development. Promotion can comprise any number or form of activities, from workshops to counseling, and covers the gamut of academic activities, from teaching skills to interpersonal skills. Promotion takes into account the faculty members' stage in academic role development; their personal developmental status; their own goals and aspirations; their strengths and weaknesses as teachers, clinicians, researchers, and administrators; in short, the entire milieu of their professional life.

Intervention is a more difficult undertaking for it must occur when the process of development has gone awry. Each program must have available a general plan of positive intervention actions that can be individualized as appropriate to specific cases. There must be in place a cadre of senior faculty with the insight and understanding to intelligently apply necessary corrective measures as they are needed for an individual experiencing difficulty at a particular time in personal and professional growth. For best results the entire faculty must be aware of and involved in the process to support a member through the intervention process, thereby increasing the chances for arighting and reestablishing the positive progress of aca-

demic growth and development, should that be warranted.

Faculty development activities properly conceived and executed can help assure the fulfillment of each individual's potential. By being directed at the whole professional role, indeed the whole person, such activities will contribute to the new breed of academician/teacher/researcher desired to help establish the identity of family practice within the context of traditional medical education.

References

1. Gillette RD: The search for roots. J Fam Pract 5: 1031, 1977
2. Geyman JP: Insecurity in medical education: A preventable problem? J Fam Pract 6:229, 1978
3. Geyman JP: Progress of faculty development in family practice. J Fam Pract 6:953, 1978
4. Longnecker DP, Wright JC, Gillen JC: Profile of full-time family practice educators. J Fam Pract 4:111, 1977
5. Hopkins JR, Green WM: Family practice residency graduates as faculty members. J Fam Pract 6:823, 1978
6. Mayo F: Faculty for family practice. J Fam Pract 4: 829, 1977
7. Black HH: The effect of career change from private practice to full-time family practice faculty. J Fam Pract 4: 701, 1977
8. Bland CJ: Guidelines for planning faculty development workshops. J Fam Pract 5:235, 1977
9. Hoban JD, Carroll JG, Agna MA: A training program for community physicians serving as preceptors in family medicine. J Fam Pract 8:1063, 1979
10. Bazium CH, Yonke MA: Improvement of teaching skill in a clinical setting. J Med Educ 53:377, 1978
11. Snope FC, Currie BF, Warburton SW, et al: Teacher training in family practice: A preliminary report. J Fam Pract 5:134, 1977
12. Bland CJ, Reineke RA, Welch WW, et al: Effectiveness of faculty development workshops in family medicine. J Fam Pract 9:453, 1979
13. Knopke HJ, Anderson RL: Developmental approaches to faculty careers in primary care education. In Knopke HJ, Diekelmann NL: Approaches to Teaching Primary Health Care. St. Louis, CV Mosby, 1981
14. Levinson DJ: The Seasons of a Man's Life. New York, Random House, 1978
15. Gould RL: Transformations. New York, Simon & Schuster, 1978
16. Erickson EH: Childhood and Society, ed 2. New York, WW Norton, 1963
17. Henning M, Jarkin A: The Managerial Woman. New York, Doubleday, 1977