Implementing the Leadership Development Plans of Faculty Education Fellows: A Structured Approach
Ellen F. Goldman, EdD, Marilyn Wesner, EdD, Ornpawee Karnchanomai, MA, and Yolanda Haywood, MD

Abstract

The literature about medical education faculty fellowship programs, which have grown in popularity, quantifies program characteristics, provides exemplars, and reports on delivery strategies. Evaluation is generally limited to satisfaction measures, with a few longitudinal studies of postprogram achievements, but none on the process of making these changes.

The authors describe the development of faculty members’ postfellowship leadership plans and a structured process to support plan implementation. They also compare the implementation of initiatives specified in individual leadership development plans of two cohorts of faculty. The participants were graduates of a fellowship program at the George Washington University School of Medicine and Health Sciences. One cohort participated in a structured process of monthly reciprocal peer coaching, followed by journaling and quarterly interviews with the program director; a second cohort functioned as a comparison with no structured process supporting them. (Study years are not provided because they could inadvertently lead to the identification of the participants.) Despite similar implementation challenges expressed by both cohorts, the cohort participating in the structured process implemented 23% more of their planned initiatives, including 2 times as many educational leadership initiatives and 3.5 times as many initiatives related to developing new curriculum. The combination of plan development, reciprocal peer coaching, journaling, and interview discussions provided faculty with focus, structure, and personal support. This structured process supporting leadership plan development and implementation can be easily transferred to other fellowship programs in medical education, adapted for use with residents and fellows, and used in similar development programs.

Fellowship programs in medical education are defined as single cohorts of medical teaching faculty who participate in extended faculty development activity. Offered by almost half of U.S. medical schools, fellowship programs focus on enhancing teaching skills, scholarly dissemination, and curriculum design. Despite their growing prevalence, the evaluation of program impact remains limited. Participant satisfaction is the most common form of program evaluation; less than 40% complete peer observations or review portfolios. Although longitudinal inquiries suggest changes in participants’ knowledge, skills, self-perceptions, and social networks, the assessment of the quantity and quality of subsequent educational projects, leadership positions, and scholarship is lacking.

Most fellowship programs require completion of a scholarly project. These are commonly the development of specific curricular material or innovative institutional programs that contribute to quality improvement and patient safety. Few fellowship programs require specific activities of faculty postprogram completion. Less than one-quarter require completion of a career development plan or any other longitudinally focused activity.

Literature outside of medicine advises that the impact of development programs aimed at building skills and changing behaviors is enhanced by individual plan development at completion, followed by implementation experiences with subsequent coaching and reflection through journaling and discussion.

In this article, we describe the development of faculty members’ postfellowship leadership development plans and a structured process to support plan implementation. We compare the implementation results of two cohorts: one that participated in monthly reciprocal peer coaching followed by journaling and quarterly interviews, and a second cohort that received no structured process supporting the implementation of their plans. We provide the participants’ descriptions of the implementation process, its challenges, and its success factors. Finally, we discuss the contributions of each element of the structured process to plan implementation.

The Need to Support Postprogram Completion Activities
Since 2007, the participants in the Master Teacher Leadership Development Program (hereafter, Master Teacher program), which is the faculty medical education fellowship program of the George Washington University School of Medicine and Health Sciences, developed a leadership development plan as their final assignment in the last of six courses. Faculty outline a plan for the completion of a small number of initiatives aimed at enhancing their teaching, educational leadership, and/or educational scholarship (the tripartite goals of the Master Teacher program). Examples of initiatives include changing lecture courses to active learning courses,
developing a new curriculum, leading a task force or committee, and completing a research study. Plan templates and guidance are provided by the course leader, who is also the program director (E.G.). The plans identify the steps and timing required to complete the initiatives as well as the evaluation mechanisms and resources required. Faculty meet with their supervisors, department chairs, and dean to review plan content and revise as needed.

For most faculty in the Master Teacher program, the development of a plan with a detailed implementation schedule is a new activity. Faculty require assistance focusing their plans on a few initiatives and differentiating objectives, initiatives, and tasks. The original assignment called for three-year plans to be developed; however, it became apparent that this was too ambitious, and the time frames of the plans were scaled back to one year. Faculty are also encouraged to integrate their leadership development plans with their annual goals and objectives. The process of developing those goals and objectives varies across the four institutions that faculty in the Master Teacher program work in, and faculty members' experience with goal setting also varies. Although those of us who administer the Master Teacher program cannot control the institutional processes, we do counsel faculty to work with their supervisors to ensure that the initiatives in their leadership development plans are reasonable, given their other annual goals and objectives.

After three years of informal discussion with program graduates, it became apparent that faculty could benefit from support in implementing their plans. Many initiatives were being delayed; some were not started. Faculty who were implementing changes to their own teaching and conducting scholarly initiatives reported doing so in their “spare” time and said that it required determination to complete their initiatives. Those attempting to implement curricular changes reported numerous challenges. Despite earlier approvals, some departments blocked initiatives; promised resources were not made available, priorities were changed, and faculty were given other assignments that used their time. Discussion with several program graduates, the decanal liaison for the Master Teacher program (Y.H.) and the program director led to a review of the literature on plan implementation and the development of a process to support the fellowship graduates.

A Structured Process of Implementation Support

The program director, while facilitating the development of leadership development plans, presented the process depicted in Figure 1 to the current cohort. The cohort agreed to participate. The process called for three distinct structured activities: reciprocal peer coaching, journaling, and interview-based discussion. (Years of participation are not provided because this information could inadvertently lead to the identification of the participants.)

Reciprocal peer coaching

Peer coaching has been used for the past 25 years in educational settings to provide feedback to graduate students, improve teaching techniques of new and highly experienced teachers, and address the development of specific skills. It is here that reciprocal peer coaching—where peers observe, give feedback, and coach each other—had its origins.

In health care, peer coaching is identified as providing great potential for nurses’ clinical development and is used to promote teaching excellence and scholarship in nursing. Medicine uses peer coaching to enhance clinical teaching while adopting more traditional mentoring of a junior faculty member by an experienced colleague to encourage scholarship.

Coaching related to leadership development is widely used in business to help individuals enhance specific skills, reinforce learning of leadership programs, build confidence and self-awareness, and improve performance. In the little that has been published about peer coaching, it is reported to be less threatening than coaching by an external expert and is credited with providing psychological support and leading to real change. A study of middle managers attending a university-based leadership development program found progressive increases in leadership competencies when the program included strategies...
of goal-setting, experiential learning, reciprocal peer coaching, and reflective journaling. Core elements for successful peer coaching include voluntary participation, training in coaching, selection of one's own coach, coachees' decisions as to what to work on, face-to-face contact, a culture of trust, reflection, feedback, and ongoing participation. All of these factors were present in the plan-implementation support process.

Reciprocal peer coaching for the cohort began during the leadership development plan conceptualization, when members formed coaching dyads to help each other. Some members preferred peers within the same specialty or organization; others preferred those with different backgrounds and/or outside their work environment. Training in coaching was provided by the program director, included techniques of active listening and prompts for exploration, and was practiced in the classroom.

While this was taking place, further discussion between the program director and the decanal liaison led to the design of a static-group comparison study, with the cohort approaching graduation receiving the structured process of implementation support and the cohort that graduated the prior year receiving no support (the historical standard). The two cohorts were similar in size and variety of participants' specialties; the curricula they received were identical. We decided to compare the implementation progress of the initiatives in the leadership development plans of the two cohorts after one year using a Web-based survey; we received institutional review board (IRB) approval for the study. This added a fourth activity—the survey— to the process depicted in Figure 1. Study start-up activities necessitated the addition of an initial interview (Interview 1) with the program director, where each participant's consent was obtained and the process re-reviewed. Per Figure 1, reciprocal peer coaching then proceeded on a monthly basis. Instructions were similar to the in-class practice and are provided in Appendix 1.

Journaling
The second activity in the structured process of support was journaling. This was included to provide faculty an opportunity to reflect on the implementation of their plans and on the reciprocal coaching process. Questions were provided to prompt reflection and are listed in Appendix 1. Faculty were encouraged to journal as soon as possible after their coaching sessions to maximize recall. Journals were forwarded to the program director as data.

### Interview-based discussion

The third activity in the structured process of support was an interview-based discussion with the program director. This was done to provide feedback and additional support. The intention was that these sessions take place with other members of the research team. However, time constraints and a preference by faculty to be interviewed by someone they knew led to the program director conducting all of these sessions. The discussion was unstructured. Prompts are stated in Appendix 1. Each audio-taped session was approximately 30 to 45 minutes in duration and professionally transcribed.

### Online survey

The added fourth activity in the structured process of support was the completion of an online survey given about one year after the implementation of participants' plans. The cohort receiving no support took the survey as

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**Table 1**

Stages of Completion of Leadership Development Plan Initiatives for Two Cohorts of Faculty After One Year, George Washington University School of Medicine and Health Sciences Master Teacher Leadership Development Program*

<table>
<thead>
<tr>
<th>Type of initiative</th>
<th>No. of initiatives not started</th>
<th>No. of initiatives behind schedule</th>
<th>No. of initiatives on schedule or completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard cohort</td>
<td>Coaching cohort</td>
<td>Standard cohort</td>
</tr>
<tr>
<td>Teaching enhancement</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>New curriculum</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Educational leadership</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Educational scholarship</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statistics category</th>
<th>No. of initiatives not started</th>
<th>No. of initiatives behind schedule</th>
<th>No. of initiatives on schedule or completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard cohort</td>
<td>Coaching cohort</td>
<td>Standard cohort</td>
</tr>
<tr>
<td>Total in stage/total initiatives</td>
<td>12 of 40</td>
<td>7 of 48</td>
<td>8 of 40</td>
</tr>
<tr>
<td>% of total initiatives*</td>
<td>30.0%</td>
<td>14.6%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

*The standard cohort (n = 9) received no implementation support. The coaching cohort (n = 10) participated in reciprocal peer coaching, journaling, and individual interviews with the program director. (Years of the study have not been provided because they could inadvertently lead to the identification of the participants.)

**Total in stage/total initiatives** indicates the number of initiatives not started, behind schedule, or on schedule/completed of the total initiatives of all cohort members.

*The “% of total initiatives” is the portion of the total not started, behind schedule, or on schedule/completed.
List 1

Quoted Comments Regarding the Implementation of Leadership Development Plan Initiatives in the George Washington University School of Medicine and Health Sciences Master Teacher Leadership Development Program*

Teaching enhancements

**Description**
Fun, creative, easy, rewarding, challenging to coordinate, long ramp-up.

**Challenges**
Time to develop materials and coordinate; competing priorities; setting and managing learner expectations.

**Success factors**
Positive student feedback; faculty, leader, and administrative support.

Educational leadership

**Description**
Frustrating without resources and buy-in, complicated by multiple parties’ involved, a lot of work, exhilarating, rewarding, fun, easy, developmental.

**Challenges**
Competing priorities for time and resources, buy-in from own and other departments.

**Success factors**
Chair’s support, positive feedback from faculty, coaching.

New curriculum

**Description**
Fun, rewarding, enjoyable, good, tedious, challenging, complicated, time-consuming.

**Challenges**
Convincing others, resistance, time, lack of department or financial support, maintaining department commitment; too many involved.

**Success factors**
Reactions of learners, getting others involved, using others’ models and materials.

Educational scholarship

**Description**
Frustration due to rejections, lack of funds or help, bigger project than expected, laborious, difficult to get teamwork, thrilling to have acceptance at national conference.

**Challenges**
Time, lack of resources, being side-lined by other priorities, lack of grant-writing skills.

**Success factors**
Collaboration and excitement of colleagues and with other institutions, financial support.

*This list presents some of the comments of the 10 faculty members who were graduates of the leadership development program and who had participated in a structured process of support described in this article. Teaching enhancements include changes made to teaching methods, formats, and materials of existing courses/curricula. New curriculum refers to courses/curricula not previously offered. Educational leadership includes, for example, being the director of or significantly participating on local, regional, or national task forces and committees. Educational scholarship includes research, publications, and presentations. (Years of the study have not been provided because they could inadvertently lead to the identification of the participants.)*

Soon as IRB approval was granted, just over one year after they completed the program.

Comparison of the Cohorts’ Implementation Progress

All 10 faculty of the cohort participating in the structured process of support (the “coaching cohort”) and 9 of 11 faculty of the cohort receiving no support (the “standard cohort”) completed the survey. Faculty accessed survey questions through individual Web addresses, with a statement of consent at the onset. Each survey was preloaded with the individual’s leadership development plan initiatives. For each initiative, a series of questions were asked to ascertain the status of its implementation. Questions are provided in Appendix 1.

The initiatives were coded by the program director as to their type (teaching enhancement, new curriculum, educational leadership, and educational scholarship) and checked by another author (O.K.). The median number of initiatives per faculty in both cohorts was five; the range was four to six for the standard cohort and three to seven for the coaching cohort. Developing a new curriculum was the major focus of both cohorts and of over one-third of all initiatives. All initiatives related to teaching accounted for 54% to 58% of each cohort’s total initiatives. The coaching cohort had two times as many initiatives related to educational leadership as did the standard cohort; initiatives related to educational scholarship were equal in number.

No attempt was made to evaluate the potential ease or difficulty of the initiatives; the nature of the initiatives appeared to be similar across the two cohorts.

Table 1 shows the stage of completion of each initiative as reported by the faculty. The standard cohort collectively had 40 initiatives, of which 20 were completed or were on schedule (some initiatives required more than one year to complete; those are reported in the table under the heading “No. on schedule or completed”). The coaching cohort collectively had 48 initiatives, of which 35, or almost 73%, were completed. In addition to completing fewer initiatives, the standard cohort had not started significantly more initiatives than the coaching cohort had not started. Implementation progress also varied with the type of initiative. The standard cohort completed only 28.5% of their initiatives related to a new curriculum, whereas the coaching cohort completed 77.8%. The standard cohort did not start half their new curriculum initiatives.

Comments related to implementing the initiatives were summarized (by O.K.) and analyzed (by O.K., M.W., and Y.H.). The coaching cohort reported making more modifications to their initiatives as they were implemented than did the standard cohort. Modifications ranged from clarifying objectives to refocusing and reducing the scope of activity.

List 1 presents comments describing the implementation process. There were few comments regarding the initiatives not started or behind schedule, and what was said was similar to comments regarding the completed initiatives. The comments did not vary by cohort, although the coaching cohort generally provided more verbiage and made a greater number of positive comments. “Challenging” and “frustrating” were terms used to describe implementation of every type of initiative. Specific challenges related to lack of time and/
or resources, competing priorities, and—with initiatives related to new curriculum and leadership—lack of support (including active resistance) within and outside of the department. Positive terms were used to describe all types of implementation but were less frequently mentioned in relationship to educational scholarship.

The two main factors needed to help faculty implement initiatives were time and money. In response to the question regarding success factors, faculty indicated how they knew the initiative was successful and also what caused implementation to be successful. Feedback from learners and the excitement of colleagues buoyed the faculty. Leadership, administrative and financial support, and the use of publicly available materials contributed to implementation success.

**Contributions of the Support Mechanisms**

**Identification of themes**

The journals and interview transcripts provided an understanding of the value received from the elements of the structured process of support. These were analyzed together using phenomenological techniques. Three of us (E.G., M.W.) read the data multiple times, identified relevant comments of each faculty member in chronological order, and entered them verbatim on forms. She also made notes of her emerging themes and entered them verbatim on forms. Another faculty member said that "he is able to see around my obstacles ... suggested a few things I've been able to try." Developmental support included building self-confidence to address barriers and helping to clarify issues. One faculty member stated, "I felt more confident and organized after our discussion." Another described it as "mind-opening," indicating that a similar situation relayed by his peer and how he handled it were "encouraging to hear and gives me confidence in taking the next step."

Journaling provided an additional reflective opportunity for the half of the coaching cohort who embraced it. Reflections generally concerned the plan implementation process. One faculty member who questioned whether he had progressed in implementation reported that he "went back and looked at everything, and I felt more positive about stuff after actually looking at it and thinking about it." Another noted that he was "journaling about a lot of things ... about how I'm feeling about things and how I'm accomplishing what I want to accomplish ... not just work."

The interview discussions with the program director helped faculty grow as peer coaches and offered the opportunity to make sense of the leadership development plan process. Faculty discussed issues they were encountering with coaching, such as sessions being one-sided (i.e., one faculty member dominating), feeling that they were pressuring their peers when making suggestions, and wondering if they were really providing any help to their peers. Several faculty also discussed changes they thought they should make to their plans but were not sure how to accomplish. Over time, the interview discussions helped faculty optimize the use of their leadership development plans. One faculty member described his learning process:

"I wish I had spent more time on my plan in the beginning ... putting a lot more thought into it ... probably the most beneficial part was laying out the steps and putting dates with them to really learn budgeting my time ... the other process feature is that it needs to be a living document ... wanting to change it but not wanting to change it too ... trying to figure out how much to change it ... new things came my way but it's challenging to remember that they're going to need to modify the plan ... my updating was something I picked up halfway through.

Another faculty member indicating similar benefits reported that he now requires six-month development plans of his residents:

"I basically took some of the skeleton of what the leadership plan is and superimposed it upon what used to be our elective day goals and objectives ... a good way [for the residents] to crystallize: Hey, these are the things I want to do."

More ambition was expressed by another faculty member:

"I need to expand [my plan] for the next five to ten years down the road as to some of the things I want to do."

Other faculty articulated benefits of the entire structured process of support:

"It forces you to look at your leadership development plan often."

And

"Left to my own devices inertia would take over ... I would not have accomplished each of the things I have ... it's not because I couldn't, but because [the plan] just gets lost in the day-to-day activities."

**Benefits Beyond the Numbers**

We have described a structured process of supporting postfellowship activities. The process quantified the educational projects, leadership positions, and scholarship completion and provided a better understanding of the implementation process. Faculty participating in this process completed 23% more of their planned initiatives than those receiving no support, including 2 times as many educational leadership initiatives and 3.5 times as many initiatives related to developing new curricula, despite similar challenges expressed regarding implementation. We were disappointed that there was no difference in the scholarly activity of the coaching cohort and have recently added resources to support this.

The combination of plan development, reciprocal peer coaching, journaling, and interview discussions provided...
faculty with focus, structure, and support to improve teaching, develop new curricula, and lead others in educational activities. The adage that “it takes a village” may be appropriate in describing the support required, but it is also true that all involved gained from the process. Faculty not only completed their planned activities but also gained lifelong skills in coaching and in using development plans; some have already passed on these skills to their students. Program administrators are convinced that a postprogram support process is essential. Unfortunately, continued funding for the conduct and transcription of interviews, journal collection, and the analysis of both is not available. Current fellowship program graduates are encouraged to form peer coaching dyads, review their implementation plans on a monthly basis, and keep a journal. The program director offers faculty the opportunity to informally discuss their implementation experiences quarterly with her. A learning community of program graduates has been established and currently meets quarterly to share teaching and curriculum development ideas and implementation progress.

The structured support process we have described here includes a number of resources (coaching guidelines, journaling prompts, interview discussion prompts, and survey questions) that may be useful for other medical school faculty fellowship programs with minimal modifications. Of greater value may be the applicability of completing leadership development plans and providing structured support for their implementation. These concepts may be useful to other faculty development programs and adapted for use with residents and fellows.

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Previous presentations: A description of this process was presented at the Organizational Behavior Teacher’s Conference (of the Organization Behavior Teaching Society) on June 9, 2011, Milwaukee, Wisconsin.

Dr. Goldman is associate professor of human and organizational learning, George Washington University Graduate School of Education and Human Development, and director, Master Teacher Leadership Development Program, George Washington University School of Medicine and Health Sciences, Washington, DC.

Dr. Wesner is assistant professor of human and organizational learning, George Washington University Graduate School of Education and Human Development, Washington, DC, and director, Masters’ Program in Human Resource Development at the Hampton Roads, Virginia, campus of the graduate school.

Ms. Karnchanomai is a management consultant with Aon Hewitt, Bangkok, Thailand. At the time of the development of the process reported in this article, she was program coordinator, Master Teacher Leadership Development Program, George Washington University School of Medicine and Health Sciences, Washington, DC.

Dr. Haywood is associate dean for student and curricular affairs and associate professor of emergency medicine, George Washington University School of Medicine and Health Sciences, Washington, DC. Dr. Haywood is the decanal liaison for the Master Teacher Leadership Development Program at that school.

References


Appendix 1

Instructions, Questions, and Prompts Used in the Implementation of Leadership Development Plans in the Master Teacher Leadership Development Program, George Washington University School of Medicine and Health Sciences*

Instructions for Peer Coaching

Coaching sessions should occur monthly, for at least 30 minutes. They can take place in person, via telephone, or via skype. They should not be recorded. Written notes are at the discretion of the peers involved; they will not be collected as data for this study. The following is provided to help guide the coaching activity.

The person being coached:
1. Decide what initiatives in the leadership development plan you want to focus your time on.
2. State your success and challenges in implementing the initiative.
3. Describe the help you would like.

The coach:
1. Use active listening.
2. Question for clarity, exploration and to help your peer determine alternative courses of action.
   - Start by exploring: Let your peer talk.
     Possible questions: Tell me what’s going on. How can I help? Can you give me examples?
   - Move to help the peer diagnose the situation: Ask about feelings, rationales/causes, actions.
     Possible questions: How did you feel? Why do you suppose X happened? What did you do?
   - Share your ideas: Stimulate the identification of alternatives.
     Have you considered? Could you have done X? Did you? Could you?
3. Offer your honest, objective and constructive feedback.

Questions to Prompt Journaling
(The original materials used the term “objectives.” We found “initiatives” to be more appropriate and have used that here.)

Implementation of the initiatives:
1. State the initiative that you are implementing. Briefly describe the activity related to the initiative: What did you do? Who else was involved? How much time did it require?
2. Did you modify the activity from your original intent? How so? Why?
3. Did you modify the activity while you were implementing it? How so? Why?
4. What benefit did you receive from the activity?
5. What barrier did you encounter in implementing the activity? How were these addressed?
6. Based on the above, what suggestions would you make to the organization’s leadership?

On giving coaching:
1. What was it like to give coaching to your peer?
2. What was easy for you about giving the coaching?
3. What, if anything, was difficult for you about giving the coaching?

On receiving coaching:
1. What was it like to receive coaching from your peer?
2. What were the benefits of the peer coaching for you?
3. What, if anything, was difficult about the peer coaching process for you?

Interview Discussion Prompts

Thank you for submitting your journal. It looks like you have had successes and challenges.
1. Let’s talk about your successes.
2. Let’s talk about your challenges.
3. Let’s talk about what it was like to give coaching.
4. Let’s talk about what it was like to receive coaching.

(Appendix continues)
Appendix 1 (Continued)

Survey questions (“initiatives” was also substituted for “objectives” here)

The following were the initiatives in your leadership development plan (repeated for each):

1. What is the status of implementation (not started, on schedule, completed)?
2. Have you had to modify this initiative? What did you do to modify the initiative? Why did you modify the initiative?
3. What words would you use to describe what it was like to implement this initiative?
4. What successes did you have? What factors contributed to the successful implementation?
5. What was challenging about implementing this initiative? What factors made it difficult to implement this initiative?
6. If not fully implemented, what could have been done to assist you with implementation of this initiative?

* Instructions for peer coaching were practiced in class and then provided to the coaching cohort participants again at the first interview (the start-up session) after their consent to participate in the study was received. Questions to prompt journaling by the coaching cohort were also provided at the first interview. Interview discussion prompts were used during interviews 2 to 4 with the coaching cohort participants. Survey questions were administered to both cohorts online one year after program completion. (Years of the study have not been provided because they could inadvertently lead to the identification of the participants.)