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Implementation of Faculty Learning Communities to Support Medical Education Scholarship in a Regional Campus System

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Abstract

Introduction: Medical educators need targeted faculty development programs to give them the skills necessary to produce educational scholarship for promotion and tenure. At the Indiana University School of Medicine, which encompasses a large regional campus system, we implemented Faculty Learning Communities (FLCs) to provide a platform for medical educators to engage in a collaborative, year-long educational research project facilitated by a faculty member well-versed in educational research.

Methods: Eighteen faculty participants were assigned to one of four FLC groups, which met monthly from 2019 to 2020. The participants also attended a series of one-hour monthly educational seminars designed to build foundational skills in educational research. To assess program effectiveness, participants were surveyed at six months and 18 months after the start of the program.

Results: Ninety-four percent of participants completed the six-month survey and 56% completed the 18-month survey. A majority of respondents at both time points (88% and 60%, respectively) agreed or strongly agreed that the FLC process met their professional development needs to help move their educational scholarship forward. At the time of the 18-month survey, 50% of respondents had submitted their work for presentation at a regional or national conference or for publication in a peer-reviewed journal, with the remainder intending to do so.

Discussion: The inaugural offering of this FLC program has established a successful and sustainable model for developing medical educators. By employing the Plan-Do-Study-Act cycle for process improvement, several changes to the program have already been instituted that should further bolster the scholarly productivity of our medical educators.

Introduction

Faculty members at regional medical campuses (RMCs) are often recruited primarily to teach, with minimal priority given to research.[1] Compared to the main medical campus, where research is paramount, RMCs generally lack the research infrastructure and funding necessary to support multiple investigators. In addition, RMC faculty members may be discouraged from participating in traditional forms of research (i.e., basic scientific, translational, or clinical) because of their heavy teaching loads or the demands of their clinical practice. And yet, RMC faculty members are still expected to demonstrate scholarly productivity for academic advancement, which may place them at a disadvantage compared to their main campus peers. How can this potential disparity be remedied? One approach would be to take advantage of the RMC's natural emphasis on teaching and utilize a faculty development program that specifically promotes educational scholarship.

A positive and welcome trend in recent years has been the increasing willingness of medical schools to recognize and reward the work of educators in the

Komal Kochhar, MBBS, MHA; Director, Office of Research in Medical Education
Krista J. Longtin, MA, PhD; Assistant Dean, Office of Faculty Affairs, Professional Development & Diversity
Shawn Wilson, MA, PhD; Assistant Professor, Department of Pediatrics
Monling Ho, BA; Graduate Research Assistant, Office of Research in Medical Education
James J. Brokaw, PhD, MPH; Professor Emeritus, Department of Anatomy, Cell Biology, & Physiology
Paul M. Wallach, MD; Professor, Executive Associate Dean for Educational Affairs and Institutional Improvement
All authors are at the Indiana University School of Medicine
Corresponding author: Komal Kochhar, MBBS, MHA, Director of Research in Medical Education, 410 W. 10th Street, Suite 2100, Indianapolis, IN 46202; email: kkochhar@iupui.edu

promotion and tenure process.[2-5] However, to achieve academic promotion, medical educators must do more than simply provide high-quality instruction to their students. They must also provide evidence of robust educational scholarship, which encompasses skills that few faculty members learned as a student or resident.[6-9] Since the early seminal work of Boyer[10] and Glassick,[11] who laid the foundation for an expanded view of scholarship beyond traditional discovery-oriented research, educational scholarship has come to be viewed as a legitimate pathway for faculty development in medical schools.[2,3] If medical educators are to succeed and thrive, they need targeted faculty development programs that will give them the skills necessary to produce educational scholarship, and more specifically, to publish research in medical education (RIME).

Faculty Learning Communities (FLCs) provide an ideal platform for medical educators to engage in a collaborative, year-long educational research project facilitated by a faculty member well-versed in educational research.[12-16] FLCs tend to be small (< 12 members) and they can be either cohort-based (e.g., all members same faculty rank) or topic-based (e.g., all members share a common research interest).[13] FLCs set tangible goals at the outset and meet multiple times during the year, usually monthly. Depending on how a particular FLC decides to operate, the participants may work together on a single group project, or they may pursue individual projects related to the FLC topic or theme. The facilitator keeps everyone on task, maintains a supportive environment, and emphasizes the need for a scholarly product at the end of the project (e.g., a publication).[16] Outside of the group-work, the participants are expected to attend special seminars and other activities intended to enhance their understanding of educational research.[13]

Participants in FLCs benefit from the peer-support of faculty colleagues pursuing a common goal.[12] Everyone works collectively to establish priorities, share ideas, distribute the workload, and produce the scholarly product(s). Faculty members with minimal educational research experience can learn from their more experienced colleagues, but everyone gains new knowledge and skills during the collaborative process. Most importantly, participation in FLCs appears to promote scholarly productivity, which is evidenced by the finding that 55% of the 295 faculty participants in FLCs at Miami University produced educational scholarship at the national level, defined as refereed presentations at national conferences or peer-reviewed national publications.[12] Moreover, in a survey of 84 educational institutions with FLCs, 73% reported scholarly outcomes in the form of journal publications.[15]

We describe here the implementation of RIME FLCs at the Indiana University School of Medicine (IUSM), which employs a large, geographically-distributed system of medical education comprised of eight RMCs statewide and the main medical campus in Indianapolis. The RIME FLCs were open to all medical school faculty across our statewide system and were specifically designed to develop faculty competence in medical education research. By participating in RIME FLCs, medical educators from the RMCs and main medical campus were able to effectively collaborate on projects of mutual interest.

Methods

The RIME FLC program was a joint venture between two units: the Office of Research in Medical Education in the Dean's Office of Educational Affairs (RIME) and the Office of Faculty Affairs, Professional Development, and Diversity (FAPDD). Three faculty members, one from RIME and two from FAPDD made up the "FLC Oversight Team," responsible for driving the strategic direction of the program and implementing it. The program was administratively supported by a graduate research assistant from RIME and an event manager from FAPDD. Each FLC group was offered up to $1,000 to support costs associated with their scholarly efforts. The Oversight Team engaged a committee of senior medical education scholars on campus to serve as an advisory committee for the program to provide feedback and to help recruit participants.

In August of 2019, a "call for RIME FLC membership" was widely disseminated via the School's online newsletters (Supplemental Appendix 1). Although the application process was non-competitive, we asked the applicants to complete an online form, provide their reasons to join a FLC, and select their research topics of interest from a drop-down menu

(Supplemental Appendix 2). Four topic areas of particular interest were identified by the 18 applicants. These 18 faculty members were assigned to the following four topic-based FLC groups:

- Competency-Based Clinical Education (three members)
- Curriculum and Faculty Development (five members)
- Interprofessional Education and Professionalism (four members)
- Wellness, Diversity, and Inclusion (six members)

Of the 18 faculty participants, 13 originated from the main medical campus in Indianapolis and five participants came from four of the eight RMCs, thereby providing broad geographic representation. It should be noted that RMC faculty members make-up only 5% of the full-time faculty at IUSM, and yet they comprised 28% of this first FLC cohort, which indicates a disproportionate involvement of RMC faculty members.

One member of each FLC group was designated to be the peer facilitator based on their level of experience with educational scholarship. From November 2019 through October 2020, each FLC group met monthly for one hour via Zoom (Zoom Video Communications, Inc., San Jose, CA) to pursue their own work plan related to their FLC topic. Each FLC group met at least eight times over the 12-month period. All meetings were scheduled by the graduate research assistant, who attended the monthly FLC group meetings and solicited feedback using a brief Qualtrics® survey (Qualtrics, Provo, UT) asking what went well during the meeting and what specific needs the group may have for future meetings (Supplemental Appendix 3).

To assess program effectiveness, two Qualtrics® surveys were administered to the FLC participants (n=18). The first was administered six months after the FLC groups started meeting, to provide an interim check on faculty satisfaction and progress towards project completion (Supplemental Appendix 4). The second was administered 18 months after the FLC groups started meeting, to provide a summative assessment of faculty satisfaction and a final accounting of project status (Supplemental Appendix 5). Survey items included questions about stage of project completion, project outcomes in terms of publications or presentations, faculty satisfaction with the FLC process, and suggestions for program improvement.

In addition to the monthly FLC group meetings, all participants were expected to attend a series of one-hour monthly educational seminars designed to build foundational skills in educational research (Supplemental Appendix 6). These seminars were delivered live via Zoom and recorded. The Oversight Team selected seminar topics based on a literature review and recruited local faculty with relevant expertise to deliver these seminars.

Results

We collected data at three different time intervals and used the Plan-Do-Study-Act (PDSA) cycle[17] to evaluate the extent to which the FLC process met our goals.

Monthly Feedback Survey

In this first pilot cohort (2019-2020), 18 faculty members participated in the program. Data were collected from participants after each monthly FLC group meeting. These formative assessments were used to make iterative changes to the program. A graduate research assistant from the RIME unit attended each FLC group meeting, and at the end of the meeting, asked participants for feedback about the progress of the group's scholarship and any needs for additional resources. The graduate research assistant also added their own observations to the feedback report, which was then sent to the Oversight Team for review (Supplemental Appendix 3).

Six-month Survey

Additionally, we collected data six months into the FLC program to provide an interim check on faculty satisfaction and progress (Supplemental Appendix 4). Ninety-four percent of participants completed the survey (n=17). Eighty-eight percent of the respondents agreed or strongly agreed that the FLC process met their professional development needs to help move their educational scholarship forward. Nearly 60% of respondents indicated their scholarly goal was to publish a manuscript in a peer-reviewed journal. At this point in the program, respondents

shared that they had made progress on their scholarship in the following ways: generated a research idea (12%), completed a literature review (29%), received IRB approval (12%), collected data (12%), analyzed data (18%), and drafted a manuscript or presentation (29%). Over one-half (59%) of the respondents rated their FLC experience as excellent to very good and 53% intended to continue participating in FLCs in the future.

The qualitative responses were divided into five main themes: 1) relationships with like-minded scholars; 2) accountability; 3) generating new research ideas; 4) learning about educational research; and 5) support from leadership. A majority (n=12) of the respondents reported that new connections and relationships with colleagues was one aspect of the program they particularly liked and found beneficial. The respondents reported that the structure of FLC helped to establish personal accountability and to generate new research ideas. The FLC program also helped the respondents to learn new medical education research skills and to feel supported by the other group members and the School leadership.

18-month Survey

We administered another survey at 18 months after the FLC groups started meeting, to provide a summative assessment of faculty satisfaction and a final accounting of project status (Supplemental Appendix 5). Fifty-six percent of the participants completed the survey (n=10). Seventy percent of the respondents worked on individual projects, whereas 30% worked on group-based projects. At the time of this survey, 50% of the respondents had submitted their work for presentation at a regional or national conference or for publication in a peer-reviewed journal. The remaining 50% who had not yet submitted their work indicated their intention for doing so. Sixty percent of respondents agreed or strongly agreed with the statement: "Overall, the RIME FLC process met my professional development needs to help move my educational scholarship forward." This survey item was common to both the six-month and 18-month surveys and there was no statistically significant difference noted between the two time points using Chi-square.

PDSA Cycle

After the 18-month survey, the Oversight Team reviewed all available data to decide what changes needed to be made before the second FLC cohort was recruited and admitted. The Oversight Team asked questions such as: What are we trying to accomplish? How will we know if a change is an improvement? What change can we make that will result in an improvement? From there, we used the PDSA cycle to improve our FLC process for the next cohort.[17] The Oversight Team decided that in future years, three changes will be implemented to better meet the needs of the FLC participants: 1) the monthly educational seminar series will become a pre-requisite instead of a co-requisite, so participants will start their FLC groups with a foundational knowledge about medical education research; 2) the FLC groups will be provided with pre-formulated research questions to consider, which they may choose to use if they have difficulty coming up with their own questions to pursue; and 3) experienced educational researchers will be specifically recruited to serve as mentors before the individual FLC groups are formed, thereby providing a pool of highly qualified mentors who can be appropriately matched to each FLC group based on the particular needs and interests of that group.

Discussion

Faculty development programs at RMCs often focus on enhancing the teaching skills of volunteer clinical faculty.[18] Although such programs are vital to sustaining the teaching mission of RMCs, it is equally important to provide career RMC faculty members with the training necessary to enhance their scholarly productivity for academic advancement. Cathcart-Rake and Robinson[19] have argued that the definition of scholarship needs to be expanded to recognize the accomplishments of RMC faculty in the scholarship of teaching. We fully agree. To this end, we created a faculty development program to explicitly promote educational scholarship across our statewide system of eight RMCs and the main medical campus. The use of readily available video technology (Zoom) enabled the participants to bridge the distances across our multicampus system and form cohesive FLC groups.[20]

Our goal was to increase faculty competence in medical education research, which should ultimately lead to greater scholarly productivity by IUSM's

medical educators. To accomplish this goal, we developed three strategies for the RIME FLC program: 1) a monthly educational seminar series, to provide faculty with the foundational skills needed to be successful medical education scholars; 2) topic-based FLCs, to provide faculty with collaborative environments in which they can pursue year-long educational research projects; and 3) networking opportunities, so that faculty can interact both formally and informally with others interested in educational scholarship.

We believe the inaugural offering of the RIME FLC program was a success, as evidenced by the survey results. A majority of survey respondents indicated a strong and sustained satisfaction with the FLC process over the 18-month survey period, by which time one-half of the respondents had submitted their work for presentation at a regional or national conference or for publication in a peer-reviewed journal. We are hopeful that future iterations of this program will further bolster the scholarly productivity of our medical educators, including those at the RMCs.

During this first iteration of the RIME FLC program, we learned important lessons about the infrastructure needed to support faculty success in educational scholarship. When designing our FLC program, we faced two main challenges: 1) many medical educators do not receive the training and mentoring needed to successfully produce educational scholarship, and 2) most clinical faculty members do not have the protected time needed to conduct scholarship, although it is an expectation of the promotion and tenure process. The RIME FLC program allowed us to combine the human and financial resources between our educational affairs and faculty affairs offices to overcome these two challenges.

As with many faculty development interventions, we used feedback from the first year of the program to improve the second year. Three primary process improvements were implemented based on the survey feedback: 1) During the first offering of the program, participating faculty members started working in their topic-based FLC groups at the same time as they attended the monthly educational seminar series. However, we discovered that many of these faculty members lacked the necessary foundational skills (e.g., designing a survey) to effectively contribute to their group's research effort, so the educational series has now become a pre-requisite for joining an FLC group. 2) We noted that some of the FLC groups in the first year had difficulty narrowing down their research questions. To help get them started, we now share with the FLC groups pre-formulated research questions about medical education topics of particular interest to the administration, to use or not as they see fit. 3) We found that the FLC groups in the first year sometimes lacked clear direction and focus which hindered their progress toward project completion. So, in the second year of the FLC program, we have now assigned a senior faculty member with relevant experience in educational research to serve as a mentor for the less experienced group members and guide their activities to a successful conclusion.

Our RIME FLC program is not without limitations. First, faculty members in the FLC program technically do not receive protected time to conduct educational research. However, by requiring faculty members to seek the support of their regional campus deans or department chairs before joining the FLC program, we have raised an awareness about the need for protected time. Additionally, our FLC program was conducted with a relatively small group of faculty members (n=18) at one medical school. Each medical school and faculty member faces unique challenges, and our experiences shared here may not be generalizable. That said, our data and process improvement outcomes support previous literature[2,3] that the primary barriers to producing educational scholarship for faculty lay at the nexus of limited skills, logistical challenges, and lack of time. By soliciting feedback from the FLC participants at regular intervals, we were able to tailor a program to better meet the needs of the participants and mitigate these barriers.

Next Steps

After our positive experience with the inaugural offering of the RIME FLC program, we were committed to recruiting a second FLC cohort (n = 18). Currently underway, this new cohort consists of three FLC teams, each led by an experienced mentor. The

preliminary results for this cohort are promising. Thirteen of the 18 participants (72%) completed the six-month survey. Ninety-two percent of those responding agreed or strongly agreed that the FLC process met their professional development needs to help move their educational scholarship forward; and 54% had already submitted their work for presentation at a local or national conference. We are optimistic that this second iteration of the FLC program will prove even more successful than the first.

Ultimately, the goal of the FLC program is to increase the scholarly productivity of medical educators across our regional campus system. Although anonymous survey data can provide useful insights into the faculty satisfaction and scholarly activities that result from FLC participation, we believe the best evidence of scholarly productivity will be in the form of tangible products, like peer-reviewed publications. Therefore, to better assess program effectiveness, we will periodically contact former FLC participants and solicit citations for those scholarly products (e.g., journal publications and conference presentations) that they regard as being wholly or partly attributable to their FLC participation. In this way, we can create a bibliography of FLC-linked scholarly products, searchable by faculty name and campus. This will help us determine how well the FLC program is serving the RMC faculty in particular and whether any adjustments are necessary.

References

1. Mallon WT, Liu M, Jones RF, Whitcomb M. *Regional Medical Campuses: Bridging Communities, Enhancing Mission, Expanding Medical Education*. Association of American Medical Colleges; 2006.
2. Simpson D, Fincher RM, Hafler JP, et al. Advancing educators and education by defining the components and evidence associated with educational scholarship. *Med Educ*. Oct 2007;41(10):1002-9. doi:10.1111/j.1365-2923.2007.02844.x
3. Irby DM, O'Sullivan PS. Developing and rewarding teachers as educators and scholars: remarkable progress and daunting challenges. *Med Educ*. Jan 2018;52(1):58-67. doi:10.1111/medu.13379
4. Dickinson BL, Deming N, Coplit L, et al. IAMSE member perspectives on the recognition, reward, and promotion of medical science educators: An IAMSE sponsored survey. *Med Sci Educ*. 2018;28(2):335-343. doi:doi.org/10.1007/s40670-018-0548-z
5. Hoffman LA, Lufler RS, Brown KM, et al. A review of U.S. Medical schools' promotion standards for educational excellence. *Teach Learn Med*. Apr-May 2020;32(2):184-193. doi:10.1080/10401334.2019.1686983
6. O'Loughlin VD. A "how to" guide for developing a publishable Scholarship of Teaching project. *Adv Physiol Educ*. Jun 2006;30(2):83-8. doi:10.1152/advan.00027.2005
7. Crites GE, Gaines JK, Cottrell S, et al. Medical education scholarship: an introductory guide: AMEE Guide No. 89. *Med Teach*. Aug 2014;36(8):657-74. doi:10.3109/0142159X.2014.916791
8. Tavakol M, Sandars J. Quantitative and qualitative methods in medical education research: AMEE Guide No 90: Part I. *Med Teach*. Sep 2014;36(9):746-56. doi:10.3109/0142159X.2014.915298
9. Tavakol M, Sandars J. Quantitative and qualitative methods in medical education research: AMEE Guide No 90: Part II. *Med Teach*. Oct 2014;36(10):838-48. doi:10.3109/0142159X.2014.915297
10. Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate*. Carnegie Foundation for the Advancement of Teaching; 1990.
11. Glassick CE. Boyer's expanded definitions of scholarship, the standards for assessing scholarship, and the elusiveness of the scholarship of teaching. *Acad Med*. Sep 2000;75(9):877-80. doi:10.1097/00001888-200009000-00007
12. Cox MD. Fostering the scholarship of teaching and learning through faculty learning communities. *Journal on Excellence in College Teaching*. 2003;14(2/3):161-198.
13. Cox MD. Introduction to Faculty Learning Communities. In: Cox MD, Richlin L, eds. *Building Faculty Learning Communities*. 1st ed. Wiley Periodicals; 2004:5-23:chap 1.

14. Yonge OJD, Davidson SJ. Promoting scholarship and faculty development through faculty learning communities. *Quality Advancement in Nursing Education*. 2017;3(2):Article 5. doi:doi.org/10.17483/2368-6669.1120
15. Richlin L, Cox MD. Developing Scholarly Teaching and the Scholarship of Teaching and Learning Through Faculty Learning Communities. In: Cox MD, Richlin L, eds. *Building Faculty Learning Communities*. 1st ed. Wiley Periodicals; 2004:127-135:chap 11.
16. Ortquist-Ahrens L, Torosyan R. The role of the facilitator in faculty learning communities: Paving the way for growth, productivity, and collegiality. *Learning Communities Journal*. 2009;1(1):1-34.
17. Deming WE. *Out of the Crisis*. The MIT Press; 1986:507.
18. Hoffmann-Longtin K, Torbeck L, Nalin P, Cico SJ. Tailoring the professional development of volunteer clinical faculty at regional medical campuses: A needs analysis and targeted interventions. *J Reg Med Campuses*. 2019;1(6)doi:https://doi.org/10.24926/jrmc.v2i1.1635
19. Cathcart-Rake W, Robinson M. Promoting scholarship at regional medical campuses. *J Reg Med Campuses*. 2018;1(1)doi:https://doi.org/10.24926/jrmc.v1i1.999
20. Kay D, Teal CR, Crites G, et al. "Being There" - Building productive scholarly teams across distance and over time. *J Reg Med Campuses*. 2018;1(2)doi:https://doi.org/10.24926/jrmc.v1i2.995

Supplemental Appendix 1
Call for RIME FLC Membership

IU School of Medicine Office of Educational Affairs and FAPDD are sponsoring faculty learning communities (FLCs) on educational scholarship in medical education research. An FLC is a peer-led group of faculty members who engage in an active, collaborative, year-long program, structured to provide encouragement, support, and reflection.

Join a community of four to six faculty members with a shared interest in medical education research in such areas as:

- Competency-Based Clinical Education
- Curriculum Development
- Diversity, Equity, and Inclusion
- Faculty Development
- Interprofessional Education
- Professionalism
- Wellness

Applicants will be assigned to an FLC group based on their preference. One member of each group will be designated as the peer facilitator to guide the group's efforts.

Goals

- Produce scholarly products such as peer-reviewed journal articles, MedEdPORTAL publications, and conference presentations
- Network formally and informally with other IU School of Medicine faculty interested in educational scholarship

Why join?

- Create a support network of faculty interested in conducting educational scholarship
- Collaborate with other faculty interested in conducting research on these specific research topics
- Improve your skills in educational scholarship
- Learn more about available institutional resources to conduct educational scholarship

Monthly Education Sessions

FLC members will be required to participate in monthly education sessions on fundamentals of medical education research. These sessions will be held January-June and July-December. These sessions are a co-requisite for participating in the FLC groups.

- Purpose: To build research and scholarship skills
- Available online via Zoom and recorded
- The educational sessions are open to members from all the FLCs
- The meetings are planned by the Office of Educational Affairs and FAPDD

Topics selected for these monthly meetings will provide basic guidance in medical education research. The topics covered will include:

- Introduction to medical education research
- Institution Review Board (IRB) approval
- Quantitative research methods
- Qualitative research methods
- Program evaluation
- Survey design

Monthly FLC Group Meetings

After being accepted into the FLC program, members will be assigned to an FLC group based on their area(s) of interest. These FLC groups will meet approximately once a month via Zoom.

Purpose: Each FLC group may conduct short writing sprints, check-in on goals, data analysis, or other project tasks.

Membership Roles

FLC Oversight Team:

- Representatives from the Office of Educational Affairs and FAPDD
- Will arrange topics and speakers for the monthly education sessions
- Will provide support for the individual FLC groups

FLC Facilitator:

- One member of each FLC group with prior experience in educational scholarship
- Will facilitate conversations with the other group members about setting goals and expectations
- Will work with the other group members to develop agendas and action items
- Will guide discussions and activities among the group members
- Will serve as a liaison to the Oversight Team

FLC Member:

- Will attend the monthly education sessions and the FLC group meetings
- Will actively participate in FLC group meetings and commit to work in between meetings to advance the project
- Will work collaboratively with their facilitator and other group members to brainstorm ideas on their scholarly project
- Will assume responsibility for completing assigned action items
- Will communicate with their facilitator about specific project needs
- Will work with the FLC coordinator on timeline and assigned tasks

FLC Coordinator:

- Graduate research assistant from the Office of Educational Affairs
- Will attend the monthly FLC meetings
- Will manage FLC group communications (including scheduling meetings, sending reminders)
- Will keep time, track action items from previous meetings, and follow-up on task assignments
- Will maintain a project plan and timeline for the FLC's group project
- Will facilitate quick reflection during the last five minutes of the FLC group meetings with facilitator and members

Time Commitment

Participation in an FLC group will take approximately four to seven hours per month.

- One to two hours per month will be spent between the monthly education sessions (if not already completed) and the FLC group meetings.
- Members should expect to spend about three to five hours a month (outside of the meeting time) working on RIME FLC-related scholarship.

Because of this time commitment, all applicants are encouraged to seek support from their department chair/division director. FLC activities and outcomes can be an important part of the annual report documentation, as well as for the purposes of promotion and/or tenure.

Funding
The Office of Educational Affairs and FAPDD will provide a small amount of professional development funds for each of the FLCs, as needed.

Supplemental Appendix 2
RIME FLC Application Form

Name: _____

Email: _____

Rank (select from dropdown list):
- Assistant
- Associate
- Full
- Other

Department (select from dropdown list):
- All basic science departments
- All clinical departments

Degree (select from dropdown list):
- MD
- PhD
- MD/PhD
- Other

Regional Campus Dean, Chair, or Division Director Name: _____

Regional Campus Dean, Chair, or Division Director Email: _____
Note, we will send your regional campus dean, department chair, or division chief an email confirming their support of your application, so please let them know you are applying.

I would be interested in serving as a Facilitating Member: Yes / No

Rank the following statement from 1-5, where (1) is the MOST true for you, and (5) is the LEAST true for you:
- I have developed an existing curricular product, and I am ready to submit it to MedEd Portal
- I need a writing/scholarship accountability group
- I have an idea and I am ready to work on a manuscript
- I have a lot of education work done, but I don't know how to publish
- I want to mentor early career colleagues with an interest in med ed scholarship

Check all of the following topics that are of interest to you:
- Competency-Based Clinical Education
- Curriculum Development
- Diversity, Equity, and Inclusion
- Faculty Development
- Interprofessional Education
- Professionalism
- Wellness

Supplemental Appendix 3
Monthly Feedback Survey

Q1. Name: _____

Q2. E-mail: _____

Community Group Name (number of respondents)				
	Respondent A Name	Respondent B Name	Respondent C Name	Respondent D Name
Q3. What went well at the meeting today?				
Q4. Do you have any specific need(s) from the Planning Committee to help move your project forward?				

Graduate Research Assistant's Observations:

_____

_____

Supplemental Appendix 4
Six-month Survey

1. The FLC process met my professional development needs to help move my educational scholarship forward.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree

2. What do you hope to achieve at the completion of your small group project? Please mark all that apply.
    a. Publish scholarly manuscript in a peer-reviewed journal
    b. Submit to MedEdPORTAL
    c. Present at a regional or national conference
    d. Other (please specify): _____

3. At what stage of completion is your small group project? Please mark all that apply.
    a. Idea generation
    b. Literature review
    c. IRB approval
    d. Data collection
    e. Data analysis
    f. Drafting manuscript or presentation material
    g. Other (please specify): _____

4. If you have submitted your project for presentation or publication, please provide a citation. _____

5. List 3 things you liked about the FLC process.
    a. _____
    b. _____
    c. _____

6. List 3 areas for improvement in the FLC process.
    a. _____
    b. _____
    c. _____

7. Overall, I rate my RIME FLC experience as:
    a. Excellent
    b. Very good
    c. Good
    d. Fair
    e. Poor

8. Once your current project is completed, would you be interested in participating in future RIME FLC groups?
    a. Yes
    b. No
    c. Maybe

9. Do you have any suggestions for topics to be covered in future monthly educational seminars?

_____

_____

10. Other comments/suggestions:

_____

_____

Supplemental Appendix 5
18-month Survey

1. Of which RIME FLC team were you a member?
    a. Competency-Based Clinical Education
    b. Curriculum and Faculty Development
    c. Interprofessional Education and Professionalism
    d. Wellness, Diversity, and Inclusion

2. Was your RIME FLC project:
    a. Individual-based (I worked on my project alone)
    b. Group-based (I worked with my team members)

3. Has your project in the RIME FLC team come to completion?
    a. Yes
    b. No
    c. Other (please specify): _____

4. Have you submitted your project for publication or presentation?
    a. Yes
    b. No
    c. Other (please specify): _____
    d. Does not apply

5. Where did you submit your project? *Mark ALL that apply.*
    a. Peer-reviewed journal
    b. MedEdPORTAL
    c. Regional or national conference
    d. Other (please specify): _____
    e. Does not apply

6. What is the status of your project? *Mark ALL that apply*.
    a. In preparation
    b. Under review
    c. In press
    d. Published
    e. Presented
    f. Other (please specify): _____
    g. Does not apply

7. If your project was accepted for publication or presentation, please provide a citation(s).
    _____
    _____

8. If you have NOT yet submitted your project for publication or presentation, do you plan to?
    a. Yes
    b. No
    c. Does not apply

9. Overall, the RIME FLC process met my professional development needs to help move my educational scholarship forward.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree

10. Do you have any comments/suggestions about your RIME FLC experience?
    _____
    _____

Supplemental Appendix 6
Monthly Educational Seminar Series and Learning Objectives

Session 1: Introduction to Educational Research
Learning Objectives:
- Organize your approach to starting your next project
- Develop a focused research question
- Identify resources to advance your project
- Align your aims and methods
- Consider ethical and IRB issues
- Find potential dissemination outlets

Session 2: How to Obtain Institutional Review Board (IRB) Approval for Education Research
Learning Objectives:
- Know when IRB review is necessary (research vs. assessment)
- Understand basic overview of level of IRB review for research on educational practices
- Appreciate the student-instructor power dynamic and additional requirements to protect students
- Identify common problems seen by the IRB on these types of protocols and how to think about these research procedures
- Understand how FERPA may impact educational research
- Examples of the types of documentation that may be requested during review

Session 3: An Introduction to Quantitative Methods in Education Research
Learning Objectives:
- Understand quantitative research (in education specifically)
- How to collect data and find an analysis tool
- How to interpret basic results of statistical analysis and hypothesis testing
- Identify resources that can help (statistical help, data analysis software)
- Understand the institutional policy for sharing student data

Session 4: An Introduction to Qualitative Methods in Education Research
Learning Objectives:
- Explain the differences between qualitative and quantitative methods
- Explore uses of qualitative research in medical education
- Identify qualitative research data gathering methods
- Discuss criteria for judging quality and credibility of qualitative research
- Recognize the multiple types of qualitative research (e.g., case study, grounded theory, mixed methods)

Session 5: Methods for Evaluating Educational Programs
Learning Objectives:
- Collect evidence about educational programs to demonstrate their impact
- Consider an evaluation plan that can be used across multiple programs
- Explore the four-step Kirkpatrick Evaluation Model
- Develop strategies for turning evaluation work into scholarly outputs and funding opportunities

Session 6: How to Design an Educational Survey
Learning Objectives:
- Improve survey design skills with a focus on data quality
- Introduce a few basic psychometric concepts and approaches

- Provide strategies for writing questions that reduce biased language
- Discuss the advantages/disadvantages of confidential and anonymous surveys
- Know where to go for feedback and support