DR ASELA M OLUPELIYAWA (Orcid ID : 0000-0002-7665-6458)

Article type : Original Article

Transferability of faculty development resources

Asela M. Olupeliyawa – University of Colombo, Colombo, Sri Lanka

Sunil Venkateswaran – International Medical University School of Medicine, Kuala Lumpur, Malaysia

Nyunt Wai – International Medical University School of Medicine, Kuala Lumpur, Malaysia

Kumara Mendis – University of Kelaniya, Kelaniya, Sri Lanka

Eleanor Flynn – Melbourne Medical School, University of Melbourne, Australia

Wendy Hu – Western Sydney University, Penrith, Australia

Corresponding Author Details:

Asela M. Olupeliyawa

University of Colombo Faculty of Medicine - Medical Education

No 25 Kynsey Road Colombo 08 Colombo

Sri Lanka

E: asela@medarc.cmb.ac.lk

T: +94718329300

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/TCT.13024](https://doi.org/10.1111/TCT.13024)

This article is protected by copyright. All rights reserved

Pullouts:

Adapting educational resources to different cultures requires awareness of the local context

Sharing experiences and knowledge of local support resources with workshop colleagues was particularly valued.

Observer and facilitator observations confirmed the video triggered discussions as the most engaging activity.

When participants stated that scenarios were not locally applicable, discussion was guided towards the underlying concept

co-construction of knowledge can occur through skilled adaptation and respectful facilitation.

signpost the learning issues well and consider co-facilitation by local faculty

scenario-based resources may be effectively used in different contexts provided there is attention to transferability.

ABSTRACT

Background

Adapting existing training resources for clinical teachers is more efficient than creating resources de novo. There is limited evidence on how to effectively use and ensure relevance of resources originally developed for different contexts and audiences. We tested in Sri Lanka and Malaysia the transferability of scenario-based training resources developed for Australian medical schools, to identify those aspects which need adaptation, and make recommendations to enhance transferability.

Methods

Staff involved in student support from three medical schools were invited to participate in five workshops facilitated by an Australian educator. Video discussion triggers of students presenting with concerns were used in workshop activities including written exercises, group discussions and reflection. Quantitative and qualitative data collected included categorical and free text participant responses to questionnaires, and structured field notes by local faculty developers using peer observation.

Findings

Academic and clinician teacher participants predominated in the workshops. Of 66 participant questionnaires (92% response rate), over 90% agreed the workshop was relevant, and over 95% agreed the videos facilitated discussion and sharing of experiences. Field notes confirmed that participants were engaged by the videos, but identified one student scenario and approaches to seeking support in others were not immediately transferable to local contexts. Adaptation of facilitation techniques used in Australian workshops was needed to address audience responses.

Discussion

Our findings confirm faculty development principles of content relevancy and incorporation of reflection. To enhance transferability, we recommend co-facilitation with local faculty, explicit signposting of topics, and re-contextualising key concepts through reflective discussion.

INTRODUCTION

Scenario-based training resources such as audio, videos and simulations are widely used for professional development of clinical faculty.¹ Developing scenarios and videos requires substantial design input, time and finances. Using existing resources may be more cost-effective, especially in resource-constrained settings. The literature on how to effectively adapt faculty development resources is scarce. A systematic review of over 100 faculty development initiatives found that published interventions are largely country-specific, with only one intervention describing an international program.^{1,2} With growth in internationalized medical programs, faculty development resources will likely need to be used in multiple settings.³ Adapting educational resources to different cultures requires awareness of the local context, and of methods which facilitate effective local application.²

Academic and pastoral support is an important teaching role, but clinical teachers are often not trained to provide such support. What is deemed appropriate may be context and institution specific.⁴ Using participatory action research, two authors of the current study (WH, EF) developed aggregated narratives from the real-life experiences of staff in two Australian medical schools to create brief videos depicting student support scenarios commonly faced by professional and academic staff.^{4,5} Participants in workshops at Australian medical school clinical and campus teaching sites evaluated the videos as being authentic and effective in triggering group discussion.⁴ In the current study, we tested the transferability of these training resources to Sri Lankan and Malaysian medical schools. We adopted the four components of a faculty development research framework - the participants, the training program, the facilitator, and the context in which the participants teach⁶ - to identify aspects that promote or limit transferability, and to formulate recommendations.

METHODS

Five faculty development workshops on student support were conducted across four clinical and campus sites at one Malaysian and two Sri Lankan medical schools in December 2016. These medical schools offer undergraduate entry programs in English, enrolling local students from different cultures and international students from other Asian countries. The Malaysian school differed by employing international faculty and being privately funded. All schools shared student cohort features, origins in British educational systems, and overall curriculum

structure with the Australian medical school. They provided sufficiently diverse contexts with common student support needs for exploring transferability of training resources. All teaching faculty and other staff involved in student support were invited to participate. The workshops were facilitated by an experienced Australian medical educator (WH). Workshop length ranged from two to three hours. Participants discussed and noted common concerns seen in their students. Subsequently two videos (see Table 1) were shown, each followed by prompted discussion about scenario authenticity, possible courses of action in equivalent situations and any strengths and gaps thus identified in local student support provision.

[insert Table 1 here]

Prior to each workshop, local faculty developers and the facilitator, discussed local contextual issues in student support. These faculty developers (AO, SPV, NW, KM) observed the workshop, collecting field notes through a structured template based on common peer observation of teaching criteria such as content and processes including participant engagement and facilitator style. Detailed reflections were made independently by the facilitator, then all data compared and key points identified through discussion and consensus. The questionnaire used in the Australian study was anonymously administered after each workshop.⁴ As this study explored immediately transferable aspects, particularly resource and training model acceptability, the evaluation focused on participant reactions and understanding. The use of observation and survey data helped triangulate these findings. Informed consent was obtained from all participants and the study was approved by Western Sydney University research ethics [ID H9989]. Institutional review in Malaysian and Sri Lankan sites deemed that separate approval was not required.

FINDINGS

The five workshops were attended by 71 participants (17 to 11 per workshop) including clinical faculty and hospital clinicians with a teaching role (clinical academics), non-clinical academics, and professional staff with roles ranging from administrative support to counselling.

[insert Table 2 here]

Over 70% of participants were directly involved in student support, but more than 60% had not received any specific training. These findings are similar to the Australian study.⁴ However, the proportion of professional staff was lower in Malaysia and Sri Lanka (less than 15%) compared to Australia.⁴

Participant feedback (see Table 3) suggests the workshops were relevant, particularly for junior academics to understand their support roles and recognize when to refer students. Participants commented that one video (See Box 1) and aspects of others were not relevant to their context, and some requested local scenarios. Nevertheless, they valued the discussions triggered by the videos, which was the most highly rated activity. Participants reported greater awareness of issues in student support such as mental health presentations, how concerns are managed in different settings, and about shared principles such as privacy and confidentiality. They identified new strategies to complement faculty development such as involving professional staff, and training students to seek support. Sharing experiences and knowledge of local support resources with workshop colleagues was particularly valued. The most common request was for more workshop time or follow-up sessions to develop strategies for the issues raised.

[insert Table 3 here]

Observer and facilitator observations confirmed the video triggered discussions as the most engaging activity. The scenario with a depressed student voicing possible self-harm elicited much discussion about student concerns in each setting. Sri Lankan participants discussed difficulties adapting to English language instruction in medical school for students whose secondary education was in a native language. The scenario on sexual harassment elicited quiet reflection in Sri Lanka; participants acknowledged that this occurred but was not openly discussed, while Malaysian participants at one site animatedly described immediate actions which should be taken.

Both scenarios showed a professional staff member talking further to the student about their concern “over a coffee” in a quiet space. Malaysian professional staff agreed that this was an established practice, but this was deemed inappropriate by Sri Lankan academic staff, who cited the need to maintain professional boundaries. Nevertheless, in both countries, referring

students with mental illness to the psychiatrists who were faculty was accepted practice. The scenario which participants rejected as unrealistic is described in Box 1.

[insert Box 1 here]

Several facilitation strategies were used to enhance transferability. At the start of the workshop, local expertise and experience were acknowledged, and that workshop materials focused on Australian practice. Activities were framed as opportunities to exchange experiences and learnings, rather than to depict ideal practice.

Knowledge of local issues gained in faculty pre-briefings and initial workshops was referred to in subsequent workshops. The variety of written and discussion activities promoted reflection and sharing of experiences. When participants stated that scenarios were not locally applicable, discussion was guided towards the underlying concept (e.g. limits of confidentiality), drawing upon local knowledge as to how it would manifest, to re-contextualise the concept.

DISCUSSION

Our findings suggest ways in which the four components of faculty development⁶ can be strengthened to enhance transferability.

The participants

Early or pre-identification of the professional backgrounds and roles of participants is required when implementing resources developed in a different setting. In Sri Lanka, students first contact academic staff, while in Malaysia what may be considered fraternising with students was accepted if adequately safeguarded (e.g. meeting students only in public, open areas). If participants reject scenarios as inauthentic, the learning point about providing a conducive environment for students to voice grievances may be lost. Relevance of content to participants' clinical and educational responsibilities, a key feature of effective faculty development,¹ is critical for transferability.

The program

Co-construction of knowledge by learners in their faculty development community of practice⁶ promotes transferability, so program design should facilitate such shared learning. The videos were based on research evidence from Australian staff experiences,⁴ and the facilitator had prior knowledge of local support needs from previous collaborations with local faculty developers, providing a robust basis for testing transferability. Ideally, co-development of resources should ensure transferability. In practice, using existing resources is more feasible in resource-constrained settings, and co-construction of knowledge can occur through skilled adaptation and respectful facilitation. The video triggered discussions were the most highly rated activity by Australian participants,⁴ and participant ratings in Malaysia and Sri Lanka were similar despite reservations about scenario authenticity. Such engagement can energise discussion and motivate participants to volunteer and share their own experiences, which can further small group work and self-reflection. Multiple learning methods to promote feedback and reflection are two key features of evidence-based faculty development,¹ and their strategic use should enhance transferability. Similar to Australia,⁴ workshop activities to develop referral pathways were curtailed due to time, with participants requesting more time and additional sessions. Longitudinal program design rather than isolated activities is a recommended feature of faculty development¹.

The facilitator

The facilitator's role is rarely addressed in faculty development research,⁶ but is a vital consideration in enhancing transferability. We have described strategies used by the Australian facilitator. Table 4 suggests facilitation practices to enhance transferability of faculty development resources, based on our observations and literature to date.

[insert Table 4 here]

The context

"Context" may mean at the level of teaching site, institution, education system, and culture. We recommend being clear on the level at which contextualization occurs in faculty development. Research suggests many differences between learners in different Asian countries.⁷ Similarly, we found that cultural assumptions (e.g. about "international" students), and support practices differ widely between Malaysia and Sri Lanka. Concerns related to depression raised at one Sri Lankan site due to recent tragic events were not emphasized in

the other. Responses to the sexual harassment video differed between clinical and on-campus teaching sites in Malaysia. Conversely, concerns raised in Asian workshops such as parental pressure, typically assumed to be culture dependent, were also raised by participants in Australia.

CONCLUSION

Our experiences suggest that scenario-based resources may be effectively used in different contexts provided there is attention to transferability. Our workshops supported referral pathway development in one Sri Lankan school and we are conducting further country comparison faculty development research based on our findings. Significant contextual differences may exist between sites, institutions and cultures, but all teachers share the desire to support students to learn and develop.

REFERENCES

1. Steinert Y, Mann K, Anderson B, Barnett BM, Centeno A, Naismith L, Prideaux D, Spencer J, Tullo E, Viggiano T, Ward H. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. *Med Teach* 2016;**38**:769-786.
2. Burdick WP, Diserens D, Friedman SR, Morahan PS, Kalishman S, Eklund MA, Mennin S, Norcini JJ. Measuring the effects of an international health professions faculty development fellowship: The FAIMER Institute. *Med Teach* 2010;**32**:414-421.
3. Waterval DG, Driessen EW, Scherpbier AJ, Frambach JM. Twelve tips for crossborder curriculum partnerships in medical education. *Med Teach* 2018;**40**:1-6.
4. Flynn E, Woodward-Kron R, Hu W. Training for staff who support students. *Clin Teach* 2016;**13**:63-68.
5. Hu WC, Flynn E, Mann R, Woodward-Kron R. From paperwork to parenting: experiences of professional staff in student support. *Med Educ* 2017;**51**:290-301.
6. O'sullivan PS, Irby DM. Reframing research on faculty development. *Acad Med* 2011;**86**:421-428.
7. Marambe KN, Vermunt JD, Boshuizen HP. A cross-cultural comparison of student learning patterns in higher education. *High Educ* 2012;**64**:299-316.

Table 1. Video scenarios topics

Country	Site	1 st scenario	2 nd scenario
Malaysia	Clinical School workshop	Sexual harassment ambiguous presentation	Adjustment to living away from home
	Campus based workshop #1	Sexual harassment ambiguous presentation	Depression and possible self-harm
	Campus based workshop #2	Depression and possible self-harm	Sexual harassment ambiguous presentation
Sri Lanka	Combined campus and clinical school based workshop	Depression and possible self-harm	Sexual harassment ambiguous presentation
	Combined campus and clinical school based workshop	Depression and possible self-harm	Adjustment to living away from home
See Box 1 and Flynn et al 2016 (4) for full description of scenarios			

Table 2. Participant Characteristics

N = 66, response rate = 92%						
Country	Gender	Participant background			Direct student support role	Received previous training
		Clinical academic	Non-clinical academic	professional		
Malaysia (n=39)	Female	10	6	6	16 (73%)	6 (27%)
	Male	11	6	1	16 (89%)	4 (22%)
Sri Lanka (n=27)	Female	6	11	2	14 (74%)	6 (32%)
	Male	4	4	0	6 (75%)	3 (38%)

Table 3. Participant questionnaire responses

Statement	Participants rating the statement as Agree/strongly agree on a five-point Likert scale		Illustrative quotes on useful aspects of the workshop/areas for improvement, and on any planned changes to practice following the workshop (Malaysia – MY, Sri Lanka - SL)
	Malaysia (n=39)	Sri Lanka (n=27)	
The workshop was relevant to my student support role	36 (92%)	26 (96%)	[I now] understand my boundaries and limitations and when to get help. (MY) As a young academic, as a responsible academic, it was useful for me. (SL)
The video trigger facilitated discussion	38 (97%)	27 (100%)	The videos and discussion of real life experiences after [was useful]. (MY) Use more culturally relevant triggers; discussions on videos [was useful]. (SL)
Developing a student support flowchart helped to clarify roles and responsibilities	27 (69%)	11 (41%)	[I will try to] get the university to come up with a standard flowchart ... (MY) Due to time limitations could not discuss response pathways. (SL)
I am now more aware of the issues for staff who provide student support to students	37 (95%)	25 (93%)	In future when I see such problems I will try to dig out more. (MY) [Have a] wider understanding of how other countries handle issues. (SL)
I am now more aware of the student support resources and processes	33 (85%)	17 (63%)	[Found] how to and where to report and refer. (MY) Sharing with others so I could compare my decisions/ actions [was useful]. (SL)
The workshop provided ideas to improve staff training in student support	31 (79%)	27 (100%)	Conduct a workshop to normalise the stigma of seeing a counsellor. (MY) I will try to get the non-academic [professional] staff involved ... (SL)

Table 4. Facilitation strategies to enhance transferability of faculty development

Strategy	Description
Gain knowledge of the local context	An awareness of participant backgrounds, curriculum structure of the institution, institutional academic practices, and the local student culture may be gained prior to the faculty development activities through discussions with local faculty developers.
Consider co-facilitation by local faculty	Local faculty developers can provide input on which learning methods work best with local faculty and contribute when participant behaviour or queries need clarification by the primary facilitator. Co-facilitation may also promote sustainability of initiatives planned by participants.
Gather support of the institutional leadership	Using the resources to address the priority needs of the local institution with the support of the institutional leadership is likely to result in tangible outcomes and sustainable initiatives.
Use appropriate teaching/ learning methods	Sharing of participant experiences is critical for transferability. Teaching/learning methods that support group discussion, peer feedback and self-reflection based on the transferable resources should be used in combination.
Acknowledge the participants' experience	Make explicit that the resources are a platform to share ideas of each other's experiences and ideas on improvement rather than to introduce a particular way of doing things.
Signpost the learning issues well	Commence with the intended learning outcomes and signpost the learning issues clearly before introducing the faculty development resource. Stop midway if necessary and check participants' understanding.
Re-contextualise concepts to the local setting	Participants may identify gaps between the original context of the resource and its application in own setting. This is an opportunity to highlight the principles illustrated by the resource and co-construct its application in the local context.
Consider longitudinal programs	Resources introduced from another setting require time for familiarity and reflection, especially if these resources challenge participants' own beliefs or deal with sensitive issues. Follow up faculty

	development with structured activities may be useful.
--	---

Box 1. A problematic scenario: adjusting to living away from home

A female student (“Preeti”) of Sri Lankan background who has recently moved for a long-term rural placement approaches a professional staff member to tearfully report that the shared accommodation washing machine is broken. The issue is revealed as an opening for the student to express being homesick, missing family and Sri Lankan community events and her anxieties about fitting in with peers.

What we found: Participants in both Malaysian and Sri Lankan workshops rejected the event – a broken washing machine – as being unrealistic. Sri Lanka participants stated that students handwashed their clothes by themselves. While “Preeti” elicited strong recognition in Australia, especially in rural clinical schools, the character may have unintentionally been interpreted as a cultural stereotype in Sri Lanka, whereas the intent in Australia was to illustrate the strong bonds in some communities. With direction, the workshop discussion was re-focused on the issues of students adapting to living away from home, and adjustment of international students.

What can be done during workshop preparation: Alerting the facilitator to likely responses by showing the resources to local faculty and co-developing strategies to focus learning on the

intended outcomes should occur in the workshop facilitator pre-briefing. If possible, resources should be developed with implementation in different settings in mind. Co-development and authorship of scenarios may assist.

What can be done during workshop facilitation: Clearly signposting issues to be further discussed or directing participants' attention to aspects of the scenario that best illustrate the underlying concept, prior to showing the video, could promote transferability.

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Olupeliyawa, AM;Venkateswaran, S;Wait, N;Mendis, K;Flynn, E;Hu, W

Title:

Transferability of faculty development resources

Date:

2020-02-01

Citation:

Olupeliyawa, A. M., Venkateswaran, S., Wait, N., Mendis, K., Flynn, E. & Hu, W. (2020). Transferability of faculty development resources. CLINICAL TEACHER, 17 (1), pp.86-91. <https://doi.org/10.1111/tct.13024>.

Persistent Link:

<http://hdl.handle.net/11343/285871>