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Reconceptualising faculty development for the future

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Abstract

Faculty development (FD) helps to build educational expertise and capacity among those involved in health professional education (HPE). Informal FD encompasses the learning that health professionals, educators and researchers do outside of formal structures and includes learning through everyday work. This paper reframes learning through work using situativity theory and presents three principles for optimising it: cultivating a learning mindset, leveraging social conditions for learning and (re-)negotiating a social contract. Based on this theorisation, we propose the term *embedded FD* in acknowledgement that learning through work arises in the complex interactions between individuals, groups and their environments. Implications of this reframing include shifting the focus onto helping individuals, groups and organisations develop effectivities to navigate social structures and systems for the purpose of learning, and redefining what success might look like. This reconceptualisation can help health professionals, educators, researchers and organisations optimise embedded FD to meet the educational opportunities and challenges of the next 50 years.

Keywords: faculty development; situativity theory; learning through work

Introduction

Faculty development (FD) refers to any professionally oriented learning undertaken by those involved in health professional education (HPE), including health professionals, educators and researchers, that improves their educational skills and capabilities (Steinert, 2014). FD that occurs outside of formal activities and structures is termed informal FD (King et al., 2021). A key type of informal FD is workplace learning (Steinert, 2020). However, since work and learning are so enmeshed (Steinert et al., 2017), learning through work can be implicit, less planned, less prominent and difficult to evidence (Cantillon et al., 2021). Furthermore, since the workplaces and work practices of health professionals, educators and researchers are complex and demanding, learning in the

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context of work is frequently superseded by other priorities, such as clinical service provision and/or teaching (Cantillon et al., 2021).

As a broad phenomenon, FD has been explored both from a socio-cognitive (Steinert, 2014) and social learning perspective, with a focus on how health professionals, educators and researchers learn through participation in networks and communities (Campbell et al., 2019; de Carvalho-Filho et al., 2018; Wenger, 1999). However, much of the current empirical and theoretical literature focuses on formal FD, while informal FD remains relatively under-theorised. This paper aims to extend the scholarship of informal FD, specifically, learning through work, using theory.

A situativity perspective of informal FD

Situativity theory recognises that complex interactions between an individual and their broader (physical and social) system profoundly shape the human experience (Durning et al., 2011). Key elements of situativity theory, which describe the conceptual relationship between the individual and their environment, are: affordances, constraints and effectivities (Durning & Artino, 2011; Torre & Durning, 2015). *Affordances* are conditions of environments that invite learning (Billett, 2001) and “provide potential for action” (Kennewell, 2001, p. 105). Affordances are, in turn, shaped by *constraints*, which are the conditions and relationships that structure and guide action (Kennewell, 2001). *Effectivities* are the unique skills and capabilities of individuals that shape the way they engage with environmental affordances and navigate constraints (Michaels, 2003).

In a previous study, we used situativity theory to identify the affordances, constraints and effectivities experienced by health professional educators in a university setting in relation to informal FD (King et al., 2021). Our study showed there were three types of affordances for informal FD: *translational* (e.g., related to applying educational evidence and knowledge into practice), *evaluative* (e.g., related to critically appraising and seeking feedback about educational practices) and *communicative* (e.g., related to disseminating and sharing practices). In relation to the constraints for informal FD, translational constraints included the diversity, distribution and conflicting nature of knowledge and evidence, while evaluative constraints pertained to narrow evaluative and feedback processes, and communicative constraints related to the lack of spaces for sharing and disseminating educational practices (King et al., 2021). Our study also showed that individuals’ effectivities in the context of informal FD included curiosity and interest, level of confidence to seek out and engage with others, degree of familiarity with a field or discipline and capacity to critically reflect on and set goals and priorities in relation to professional learning (King et al., 2021).

Key principles to optimise learning through work in health professional education

Based on our previous work (King et al., 2021), we present three situativity-informed principles that can help to optimise learning through everyday work in HPE. These are cultivating a “learning through work” mindset, leveraging social conditions for learning and (re)negotiating a social contract for learning.

Cultivating a “learning through everyday work” mindset

Cultivating a “learning through everyday work” mindset emphasises that health professionals, educators and researchers need to make a deliberate effort to notice (Clement et al., 2023) and be curious about their everyday practices. This involves intention, i.e., demonstrating openness, courage and willingness to reflect on, observe and question their practice, share experiences with others, seek feedback and formally or informally investigate the effects of educational practices. This positions everyday work as a powerful space for learning and growth. This principle resonates with growth mindset theory (Dweck, 2000), which regards that human attributes and abilities can be changed with enough effort and determination.

Individuals and groups require support and guidance to cultivate a mindset of learning through everyday work. For example, they need to be guided on: how to reflect on and critically appraise affordances, constraints and personal effectivities for learning through work; establish professional learning goals and plans to achieve their goals; and identify strategies for seeking input and feedback from others. Coaching is ideally suited for this purpose (Deiorio et al., 2016). Senior colleagues can act as coaches as well as mentors and role models to guide individuals as they navigate the epistemic, discursive and existential discomfort associated with new learning (Kumar et al., 2021). Cultivating a learning mindset also requires the affordance of time and space in terms of setting aside dedicated “learning” time within daily or weekly work schedules.

Leveraging social conditions for learning through everyday work

Learning through work is not a solitary endeavour. It is situated in and enriched by communities and networks that are integral to identity development, sense of belonging and professional growth of all those involved in HPE (Campbell et al., 2019; de Carvalho-Filho et al., 2018; Wenger, 1999). It is at the group level that important values, norms, expectations and attitudes related to learning and teaching, including views about lifelong learning and professional development of health professionals, educators and researchers, are defined, held, maintained and redefined (D'Eon et al., 2000).

As such, we propose that learning through work can be enhanced by focusing on groups and social networks (at the local, national and/or international levels) as the unit of analysis and cultivating psychologically safe spaces for learning characterised by

collaboration, communication and trust (Buckley & Nimmon, 2020). To assist with this, group or network leads can champion the importance and value of experimentation, feedback and adaptation cycles to support individuals and groups to experiment with new ideas, challenge the status quo and engage in new learning without fear of failure. The role of technology as an affordance for learning through work cannot be understated (Scott et al., 2017), as it is a particularly powerful mechanism for connecting health professionals, educators and researchers and engaging them in collaborative just-in-time learning.

(Re-)negotiating a social contract for learning through everyday work

Learning through work occurs within a particular organisational environment incorporating physical and social geography, culture, space and time. At the organisational level, these contextual elements can be expressed in the form of policies and procedures; resources such as financial, technical, technological, physical and social spaces; organisational culture, leadership, networks and communication; and approaches to governance and monitoring (Li et al., 2018). These contextual elements profoundly influence how learning through work is perceived, positioned and undertaken and the outcomes and impacts of such learning (Cantillon et al., 2021; Morris & Swanwick, 2018; O'Sullivan & Irby, 2011; Steinert et al., 2016). It is important for this organisational context and the affordances and constraints within it to be considered when developing any type of strategy or plan for learning through work.

We propose that learning through work can be optimised by the establishment of a social contract (or agreement) that outlines the commitments, responsibilities and accountabilities of various agents involved in the process (e.g., individuals, groups, organisations). In this social contract, the individual health professional, educator or researcher can outline their personal learning goals and how these may intersect with organisational values, priorities and strategy. Groups or networks can define and articulate their shared values and expectations about professional learning and the commitments they make to supporting each other's learning. Organisations can outline clear expectations and returns on investment for learning through work in their professional development strategy and policy (Irby & O'Sullivan, 2018). Importantly, this social contract needs to be regularly reviewed and (re)negotiated to ensure it remains responsive to the individual and the broader environment.

Figure 1 outlines a framework for optimising learning through work that incorporates elements of situativity and the three principles we have discussed above. It highlights the interaction between affordances, effectivities and constraints that influence learning through everyday work in HPE. In Table 1, we present a vignette that practically illustrates how the elements outlined in Figure 1 can be experienced in the context of learning through work.

Figure 1

A Framework for Optimising Learning Through Work in Health Professional Education

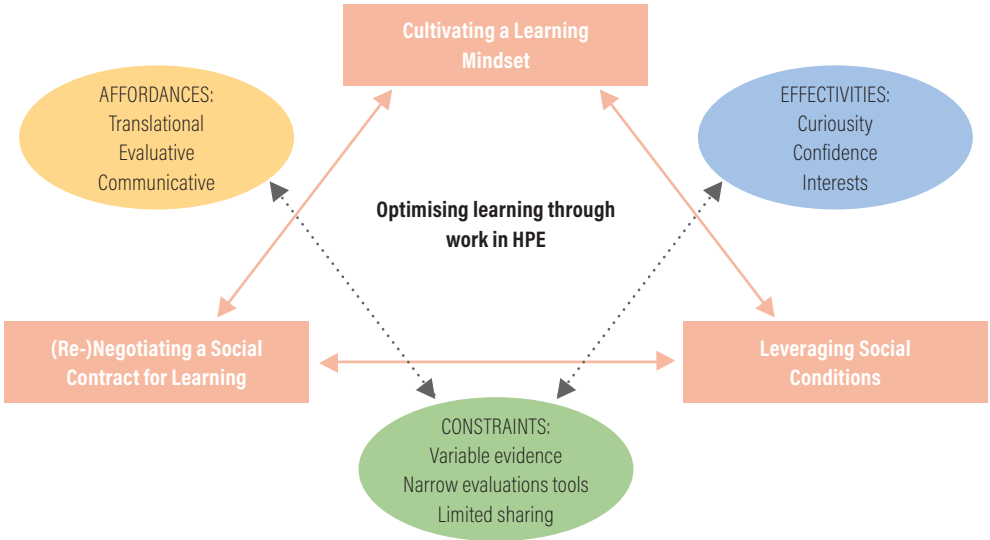


Table 1

Illustrative Vignette and Analysis Using Our “Optimising Learning Through Work” Framework

Leigh is a clinical educator working with culturally and linguistically diverse students on clinical placement. They have noticed these students tend to experience multiple challenges and are overrepresented as “at risk” students requiring remediation, which negatively impacts students and staff alike. In facilitating remediation and liaising with the university work integrated learning team, Leigh becomes increasingly aware that while the issues are relatively commonplace, there is limited understanding of why. Leigh discusses the situation and observations informally with a close colleague who encourages them to meet with the head of department (HoD).

Leigh meets with the HoD to seek approval to further examine the issues and also asks for support to connect with others who can help to progress the project. Although this type of educational project is not a high organisational priority in the busy clinical environment, Leigh is able to make a compelling argument, highlighting the potential risks of not investigating the identified issues further. The HoD approves the project and connects Leigh with Jo, an academic and health professional education researcher at the local university and an ANZAHPE member.

Leigh and Jo meet and discover a mutual passion around cultural safety in clinical education. Jo provides Leigh with some papers to read, and the pair meet over the coming months, working around Leigh’s clinical supervision and Jo’s teaching and research commitments. During this time, Jo introduces Leigh to a university research librarian who connects Leigh with additional literature. With Jo’s support and guidance, Leigh begins a reflective journal to note their clinical supervision experiences and observations, insights from informal conversations with colleagues and students and from the literature. Leigh takes the opportunity to present these reflections and insights at a regular in-service education meeting. The presentation is well received by attendees. This prompts Leigh to work with Jo to develop an evaluation and improvement project to explore and improve cultural safety in clinical education within the health service.

Key Principles to Optimise Learning Through Everyday Work in Health Professional Education		
Cultivating a "learning through everyday work" mindset	Leveraging social conditions for learning through everyday work	(Re-)negotiating a social contract for learning through everyday work
<p>[A] Routine educational practice can provide a context for inquiry, learning and improvement.</p> <p>[A] Educators are well-positioned to identify issues and areas for inquiry and improvement in their everyday educational practice.</p> <p>[E] Leigh demonstrates curiosity about their everyday educational practice.</p> <p>[E] Leigh adopts a systematic approach to documenting their observations and reflections.</p> <p>[C] Unclear processes to initiate and develop a scholarly project connected to everyday work.</p> <p>[C] Educational projects are not a high organisational priority.</p>	<p>[A] Colleagues connect Leigh to others and extend their professional network.</p> <p>[A] Opportunities are available to present work and receive feedback from others.</p> <p>[E] Leigh has the confidence and skills to engage with colleagues across work settings to explore issues of interest.</p> <p>[E] Leigh has a desire to improve educational experiences for students and staff.</p> <p>[C] Identifying collaborators is made difficult due to the limited visibility of expertise.</p> <p>[C] Developing collaborative and reciprocal projects takes time and effort.</p>	<p>[A] Supportive leadership facilitates investigations of routine workplace practices.</p> <p>[A] Capitalising on colleagues' existing networks enables access to expertise and infrastructure beyond the local context.</p> <p>[E] Leigh communicates a persuasive argument about the need for the project to the HoD.</p> <p>[E] Leigh collaborates with others to develop a mutually beneficial project.</p> <p>[C] Organisations do not clearly communicate expectations about educator professional development.</p> <p>[C] Organisational infrastructure and support (e.g., time and space) is required to promote inquiry, learning and improvement.</p>

Legend:

[A]—Affordances (e.g., using educational evidence in practice and evaluating and sharing educational practice)

[E]—Effectivities (e.g., individual curiosity, motivation, confidence and ability; critical questioning, feedback, impact and motivation for change; collaborating for professional development; learning and developing educational practices of self and others)

[C]—Constraints (e.g., conflicting/contrasting sources of evidence; variable frames of reference, needs and abilities; limited opportunities to share practice and expertise)

Discussion

Applying a situativity lens yields a more comprehensive view of the complex dynamic and interdependent elements that influence learning through everyday work. Based on the theorisations in this paper, we propose the term *embedded FD* instead of informal FD as this more accurately reflects the interconnectedness of learning and work (Steinert et al., 2017) and how learning through work arises in the interactions between individual health professionals, educators, researchers and groups and their environments (Durning & Artino, 2011; Durning et al., 2011; Torre & Durning, 2015). Conceptualising learning through work in this way has two main implications.

First, embedded FD emphasises the importance of taking a whole-of-systems approach.

This involves understanding that the dynamic interactions between agents (i.e., individual health professionals, educators or researchers and groups) within context leads to emergent learning outcomes that are dependent on the agent's effectivities (Sanger & Giddings, 2012; Woodruff, 2019) and, indeed, the social conditions within a particular environment. It highlights the importance of helping agents build their effectivities for navigating systems and adapting to contextual influences for the purpose of learning. Through understanding this system, individuals and groups can be supported to understand how inherent constraints can be minimised and affordances amplified. What it also means is that learning through work can be conceptualised as a truly shared and reciprocal enterprise (Irby & O'Sullivan, 2018). HPE networks, such as the Australian and New Zealand Association for Health Professional Educators (ANZAHPE), have a vital role to play in supporting individuals and groups to appreciate and navigate the intersection between affordances, effectivities and constraints in the context of embedded FD and their professional development and career trajectories in education, research and clinical service.

This reframing also provides an opportunity to redefine what successful learning looks like. For individuals, success in the context of embedded FD can be understood as becoming better at developing their personal effectivities for learning, identifying and navigating the affordances and constraints of environments and adapting learning strategies in response to individual or environmental factors. For organisations, success can be understood as getting better at recognising and leveraging the organisational affordances and constraints that have a powerful impact on individual and group outcomes. Once again, networks such as ANZAHPE can add value by supporting individuals, groups and organisations to develop evaluative frameworks to evidence and demonstrate the outcomes, impact and influence of learning through work.

Conclusion

This paper presents a framework for embedded FD that is informed by situativity theory and incorporates three key principles: cultivating a learning mindset, leveraging social conditions for learning and (re-)negotiating a social contract. This reframing highlights the complex interrelationships between individuals, groups and organisations and helps to support a whole-of-system approach to FD, including embedded FD. This reconceptualisation can help health professionals, educators, researchers and organisations to optimise their capacity to remain responsive to disruption and change over the next 50 years.

Conflicts of interest and funding

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