**Project Title:** Driving Change: Addressing Clinician Educator Faculty Development Challenges Across a Geographically Dispersed Health System

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**Background, Significance of the project:**
The Zucker SOM clinical faculty of over 3000 are geographically dispersed across a twenty-three-hospital system in and around the New York Metropolitan area. Faculty are engaged in the training of medical students, residents and fellows numbering over 2000 in over 180 graduate medical education programs. Faculty are the key to success in any educational program. This is especially true at a new medical school with an innovative pedagogy that focuses on a student-centered philosophy with active learning and real-life application. Faculty development of clinical educators currently exists in silos at the different locations, is based on individual programmatic needs and met with disparate results based on feedback from learners. Results from over 2000 trainees on the annual ACGME surveys and local academic affairs surveys are available to help drive a systematic data driven approach.

**Purpose/Objectives:**
The aim of my IAP project is to strategically guide the future direction of clinician educator faculty development across the entire health system. The cornerstone to this project is the creation of a faculty development council with representation from key sites with graduate medical education training programs and across multiple specialties. Representatives to the council will be nominated through service line chairs for their educational expertise and they will act as change agents throughout the health system. Curricular content will be determined through available ACGME annual survey data collected annually from our learners and faculty.

**Methods/Approach/Evaluation Strategy:**
- Partner with the VP of Faculty Development to create strategic mission/vision for a system wide faculty development council
- Interview national/international experts in clinical educator faculty development to explore ideas
- Solicit the support of system wide chairpersons to nominate faculty to the council
- Conduct a needs assessment including the institutional ACGME data to identify areas of needed faculty development

**Outcomes/Results:**
- Successful creation of faculty development council with representation from Western, Central and Eastern Regions and across 15 specialties- both procedural and non-procedural fields
- Alignment of faculty development needs through ACGME data analysis with health system mission/values to gain buy in from clinical enterprise
- Five subgroups of council were created to explore system wide programming in health equity, coaching/mentorship, interprofessional skills, feedback/evaluation, and teaching skills.
- Subgroups each preparing to launch one campaign in value area in 2023

**Discussion/Conclusion:**
Unique obstacles to faculty development exist in medical schools affiliated with large, dispersed health systems, particularly for the clinical faculty. Northwell Health, as the fourth largest academic center in the US with over 180 graduate medical education programs must seek to unite its faculty around ongoing development given the pivotal role they play in the success of our residents, and fellows as well as the accreditation of our GME programs. By uniting key faculty across sites and specialties through a faculty development council, a systematic data driven approach to faculty development can be launched. Careful attention to site engagement and learner/faculty survey data will be key to success.