

Faculty Development: Social Representations Constructed by Medical School Teachers

Desenvolvimento Docente: Representações Sociais Construídas por Professores de Escolas Médicas

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ABSTRACT

Faculty Development seeks to support educators in a range of functions in the areas of teaching, research, extension, management and evaluation. The aim of this study was to evaluate faculty development based on the social representations constructed by the teachers of a medical course. A qualitative survey was carried out, using the analytical method of discourse analysis and social representation as a theoretical contribution. Twelve teachers were randomly selected, and a semi-structured interview was conducted for the data collection. The responses, recorded in audio, were transcribed and discourse analysis was performed with the aim of mapping the social representations constructed by the subjects. The social representations were grouped into two categories: institutional development and personal development. Within the category institutional development, three subcategories were identified: Guiding principles of Faculty Development Programs, Teaching-learning strategies used in Faculty Development Programs, and Skills to be developed by faculty. Within the category Personal development, two subcategories were identified: Development as a person and as a social being, and Professional development. Over the years, a variety of social representations have been constructed in relation to the nature of teaching in medical education, but it is only in recent decades that managers and teachers of educational institutions have begun to focus more closely on this topic. In the present study, it was observed that for faculty development to be effective, the educator must have a desire to learn; however, institutional support and recognition are also essential. Faculty Development Programs must be flexible and adaptable, to meet the needs of the institution and its professors, and encourage reflection on their practices, though the exchange of experiences, the development of interpersonal relationships, and collaboration. However, it is vital to identify and facilitate the development of leadership skills, and to systematically evaluate the process and the results achieved. This will encourage teachers to develop in their academic careers and thereby increase the professionalization of teaching. Managers and teachers can sustain a shared mission to win resources, adapt to change, strive for excellence in the leadership of the organization in a national and international context, and consequently, provide a quality medical education.

KEY-WORDS

- Faculty development.
- Medical education.
- Social representations.
- Qualitative research.
- Continuing education.

PALAVRAS-CHAVE

- Desenvolvimento docente.
- Educação médica.
- Representações sociais.
- Pesquisa qualitativa.
- Educação continuada.

RESUMO

O desenvolvimento docente visa apoiar educadores em diversas funções nas áreas de ensino, pesquisa, extensão, gestão e avaliação. O objetivo deste estudo foi avaliar o desenvolvimento docente a partir das representações sociais construídas pelos professores de um curso de medicina. Realizou-se uma pesquisa qualitativa, na qual o método de análise utilizado foi análise do discurso e, como aporte teórico, as representações sociais. Foram selecionados doze professores aleatórios e uma entrevista semiestruturada foi conduzida para a coleta de dados. As respostas, gravadas em áudio, foram transcritas e a análise do discurso foi realizada com o objetivo de mapear as representações sociais construídas pelos sujeitos. As representações sociais foram agrupadas em duas categorias: Desenvolvimento Institucional e Desenvolvimento Pessoal. Na categoria Desenvolvimento Institucional, três subcategorias foram identificadas: Princípios orientadores dos Programas de Desenvolvimento docente, Estratégias de Ensino-aprendizagem utilizadas em Programas de Desenvolvimento docente, e Competências a serem desenvolvidas pelos docentes, e em Desenvolvimento Pessoal, identificaram-se duas subcategorias: Desenvolvimento como pessoa e como ser social e Desenvolvimento profissional. Muito embora uma variedade de representações sociais tenha sido construída em relação à docência em educação médica ao longo dos anos, somente nas últimas décadas o desenvolvimento docente se tornou um maior foco nas reflexões dos gestores de instituições educacionais e dos professores. No presente estudo, observou-se que para o desenvolvimento docente ser efetivo, é necessário que o educador queira aprender; no entanto, é essencial ter o reconhecimento e apoio institucional. Os Programas de Desenvolvimento Docente devem ser flexíveis e adaptáveis para atender às necessidades da instituição e dos professores e encorajar a reflexão sobre a própria prática, o intercâmbio de experiências, o desenvolvimento de relações interpessoais e a colaboração. No entanto, é vital identificar e facilitar o desenvolvimento de lideranças e avaliar sistematicamente o processo e os resultados alcançados, a fim de incentivar o desenvolvimento das carreiras acadêmicas dos professores, pois esta pode ser uma forma de profissionalizar o ensino. Portanto, é necessário que os gestores e professores possam sustentar uma missão compartilhada para alcançar recursos, se adaptar às mudanças, buscar a excelência na liderança da organização em um contexto nacional e internacional e, conseqüentemente, favorecer uma educação médica de qualidade.

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INTRODUCTION

To achieve an education of excellence, it is necessary to ensure qualified teaching and institutional management, and consequently, trained educators with the skills required to facilitate learning conditions that promote quality education¹. Current requirements in the areas of health and education require a change in the role of educators, who no longer have the function of merely transmitting information but also become promoters of knowledge, helping their students learn how to learn, work as a team, consider social realities, and become critical and reflective, with the power to transform the health care model². For this to occur, professors must possess diversified educational skills. However, medical schools rarely provide specific preparation for educators in the area of teaching³.

Faculty Development (FD) seeks to support educators in a range of functions in the areas of teaching, research, extension,

management^{4,3} and evaluation^{4,5}. It comprises activities or programs provided by institutions, such as short courses, series of seminars, workshops, longitudinal programs and fellowships³; individual coaching sessions⁶; communities of practice,⁷ and learning communities⁸. It contributes to the greater involvement of faculty in the teaching-learning process, as it fosters collaboration among educators and promotes academic success in teaching careers. FD is therefore an effective strategy for building a professional identity as a teacher and consequently, the professionalization of teachers and professors⁹.

FD represents an important tool for enhancing teaching, improving skills in curriculum planning, promoting leadership, improving the educational vitality of institutions, and promoting academic excellence¹⁰. It recognizes the need for the continual educational training of teachers^{2,3} and the importance of training all the educators of an institution¹⁰. However,

there is a shortage of motivated and trained teaching professionals for faculty, which has led many medical institutions to invest in the development of their own professors.

Chou *et al.*⁸ states that the significance of advances in FD strategies remains limited, while a systematic review of faculty development initiatives designed to improve the effectiveness of teaching in medical education suggests that the use of qualitative research methods will be of considerable benefit for understanding teachers' perceptions of FD⁹. These results prompted us to evaluate FD through the social representations constructed by the faculty of a medical school.

MATERIALS AND METHODS

Participants

Twelve professors, out of a total faculty of 194 members who practice at the medical school, took part in the study. The participating professors are characterized in Table 1. The group included representatives from all teaching functions in the medical course, and each subject reported that they performed at least two functions.

Feature	N
Sex	
Male	7
Female	5
Graduation	
Medicine	11
Other	1
Postgraduation studies	
Expertise	7
Master	5
Doctorade	0
Graduation time (years)	
≤ 10	3
11 a 20	5
>20	4
Time of teaching (years)	
≤ 10	7
11 a 20	0
>20	5

Participation was voluntary, and all the participants signed a free and informed consent form. The number of subjects was calculated according to the qualitative data, which according to Minayo,¹¹ is sufficient when there is recurrence of information. Therefore, among the teachers who partici-

pated in the course, a random selection was made, drawing by lot the names of the teachers registered in the five departments, in order to ensure at least one representative from each department.

MATERIAL AND PROCEDURES

A qualitative study was undertaken based on the medicine course at State University of Montes Claros - Unimontes. The theoretical and methodological framework was chosen based on the hermeneutic perspective¹². The purpose of this approach was to discover the teachers' perceptions about FD, in order to understand and contextualize the manifest or hidden meanings underlying their discourses, considering praxis, historical-cultural issues, and the contradictions that permeate them.

The analysis method used was discourse analysis, and as a theoretical contribution, social representations (SR), which falls within the hermeneutic tradition and is closely associated with the research objectives. SR, as forms of knowledge, are cognitive-affective structures and must therefore be understood based on their context, and on their functionality in everyday social interactions¹³.

PROCEDURES AND INSTRUMENTS

A semi-structured interview was used for the data collection. Interviews were conducted using a previously prepared script, created based on the proposed objectives, without limiting or restricting the spontaneity of the answers given. The interviews were conducted at previously scheduled times and locations. Dummy interviews were conducted beforehand, to make the script more suitable and restructure it were necessary. The results of the dummy interviews were not included in the study.

The answers to the interviews were audio-recorded and transcribed by the researcher, respecting pauses and other expressions that might help clarify the context. For the data analyses, discourse analysis was applied, seeking to map the subjects' social representations¹³. Exhaustive research into the material was conducted, through transversal readings, while simultaneously returning to the research objectives. The first categories that emerged were classified and grouped into broader categories, according to their meanings.

Empirical categories were compared with analytical categories, seeking to form associations between the two. They were then subdivided into subcategories. The meanings related to the discourse and their effects were verified, going beyond the text and reading between the lines for processes of meaning and convergences and divergences. This enabled

us to build a mind map in accordance with the literature¹³. As such, the discourse segments make up the mind map, as their contents intertwine and interrelate (Figure 1).

The present study was submitted to and approved by the Ethics Research Committee of the State University of Montes Claros, under consolidated report number 85824/2012.

RESULTS

Social representations (SR), as forms of practical knowledge, are more specifically inserted within the study of knowledge of common sense, described here based on Spink¹³ from the perspective of expanding our vision, to see common sense as legitimate knowledge and as a driver of social change. Thus it is, above all, a way of locating knowledge as a web of meanings capable of effectively creating and recreating the social reality¹³. The SR constructed by these subjects in relation to FD was grouped into two categories: institutional development and personal development. These categories are closely intertwined, therefore we presented them in the form of a mind map (Figure 1).

First category: Institutional development

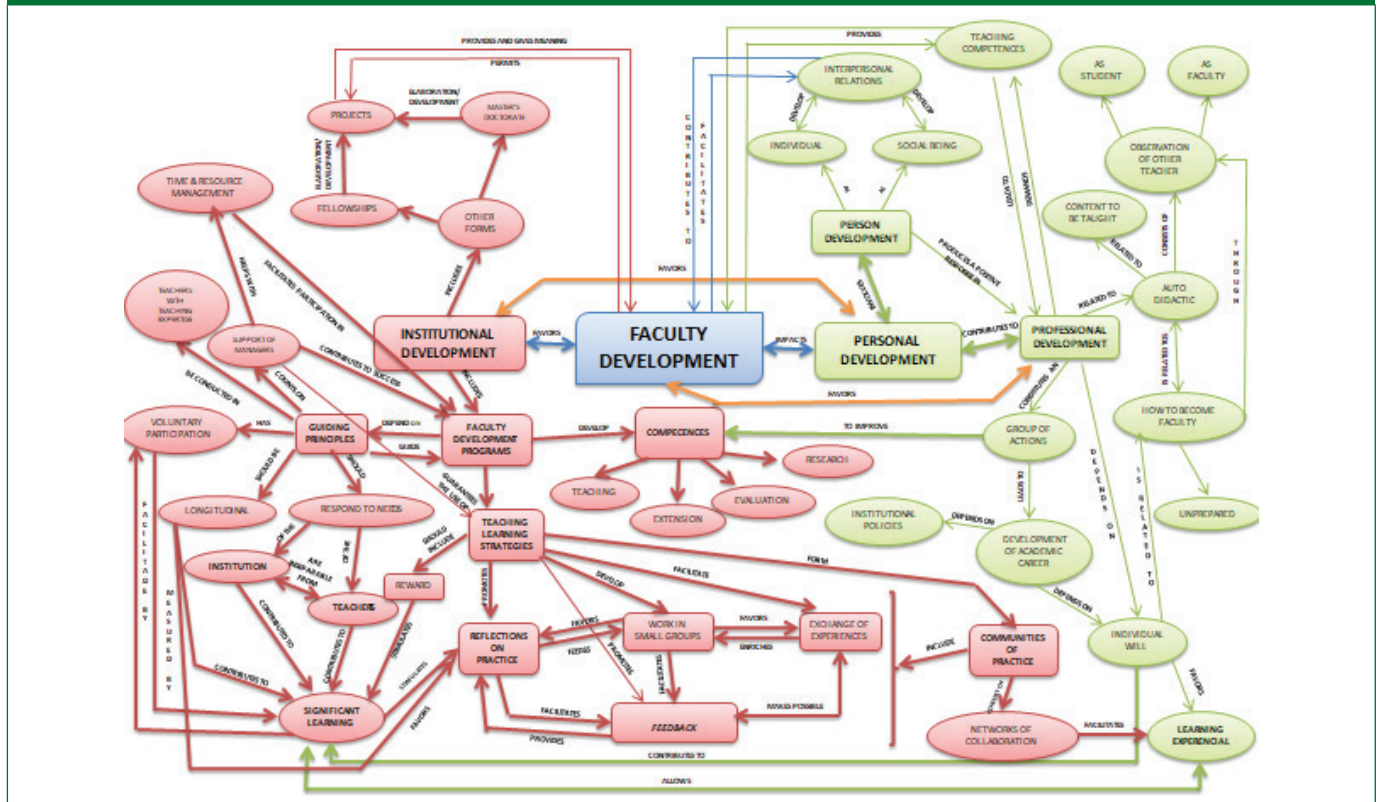
The category institutional development refers to the role of the institution in promoting FD, either through the planning and implementation of Faculty Development Programs (FDPs), which include workshops, seminars, short courses, longitudinal programs and fellowships, or through post-graduate programs such as master’s degrees and PhDs.

The most important form of FD that emerged from the respondents’ discourses was participation in FDPs, with a secondary emphasis on studying for master’s degrees and PhDs. The discourses revealed that the form the FDP takes is important, especially when considering the factors involved in the process. Three subcategories emerged from the category “institutional development”: guiding principles of FDPs; teaching-learning strategies used in FDPs; and the competencies developed by professors.

First subcategory: Guiding principles of FDPs

It emerged from the interviews that certain principles should guide FDPs, including the need for support and recognition

FIGURA 1
Mind map: Social representations constructed about Faculty Development



from the managers of academic institutions. FDPs should be longitudinal, and should meet the needs of the institution and professors, encouraging more meaningful learning. Participation should be voluntary. Such principles are interconnected, and as revealed in the following discourse, there is the idea that the professor represents the university where he or she works, and that the institution should provide for the growth of the teacher and consequently, of itself: "FD is the university taking an interest in the continuing education of the professors. [...] The faculty represents the university where they work". (P01)

The respondents seemed understand the role of the faculty–institution dyad as a two-way process in the development of the educational training. They also showed an awareness that to be effective, FD should be ongoing throughout the professional cycle; in other words, it should be continuous, longitudinal, and permanent, and is understood as a motivating factor that improves the individual's view of the teaching and learning process:

"I understand development to be continuous, a development of the method, [...] the method itself can and will be developed through the development of the faculty". (P05)

"FD takes place over years, you polish it over time [...] posture within the classroom, attitudes towards the students, how to manage a large number of students". (P02)

"(FD) is a stimulus [...]. He (the teacher) comes out of it much more interested and stimulated. So the desire of those who do it, I think, is uniform, which is for the training be continuous". (P01)

As such, FDPs should assist teachers in their multiple roles, and the time allocated for the program should be planned in such a way that it does not discourage or prevent teachers from participating. The interviewees' discourse revealed how important it is for the themes discussed in the FDP to be chosen according to the needs that emerge in practice:

"Faculty training in all areas is being included in the university: tutoring, construction, abilities, IAPSC (welfare services) so that they are more aware of the (teaching and learning) process and are more interested, as they are more engaged, and not being content just with the knowledge that they have". (P01)

"The courses are very good, they include topics of interest for our work and do not take up a long time, which we don't have anyway. [...] And you will learn something". (P04)

FDPs should also contribute to the development of the teaching: "Development is something that grows. You start at a lower level and cover some things, then you incorporate others". (P10) "Development is something that grows. You start at a lower level and cover some things, then you incorporate others". (P10)

Besides institutional support, the respondents indicated that FD depends on the teacher's enthusiasm, with voluntary participation encouraging greater commitment and more satisfactory results:

"Training courses [...] I've taken part, but I can't remember what happened because I went because I had to go [...] without professional desire, by obligation, it didn't help. [...] Now, this semester, I want to go, I'm going willingly, I have learned a lot, I have learned much more this semester than in the last six years I've worked with this topic. I think that the institution has to offer this, but [...] without the desire of the professional, through obligation, it didn't help me". (P12)

Second subcategory: Teaching-learning strategies used in FDPs

For those surveyed, the teaching-learning strategies used are another important aspect if satisfactory results are to be achieved. They propose that activities be developed in small groups, encouraging and exchanging experiences and ideas, facilitating reflection on the individual's own practice, enabling feedback, and promoting the improvement of communities of practice and reward strategies.

It emerged in the interviews that small-group activities foster the exchange of experiences and ideas and facilitate reflection on practice and feedback:

"At work in professional teams is where you learn most, because you have the viewpoints of other people who change your perspective. Sometimes you are thinking one way, and a person from another professional category says something and changes your way of thinking". (P10)

"FD would be, for example, a biweekly meeting [...] for you to discuss various aspects, how is my practical work, how can I grow, how can I improve, what courses can I do to develop and change, to improve my methodology". (P04)

"I think the things I do in FD that work best for me are the feedback techniques". (P03)

In this context, the subjects' discourses revealed a need to improve the communities of practice, as an important strategy for promoting spaces for discussion and reflection and changing perspective and attitudes: "An FD strategy is the improvement of practice communities, where I can discuss the *how* model, the *do* model, and what can be done better". (P03)

Finally, another strategy revealed in the discourses was rewards. This highlights the advantages and benefits of satisfactory remuneration, which encourages greater dedication among professionals to their academic institution; more available time to devote to preparing teaching activities; the purchase of consumer goods, and consequently, better quality work and results:

"One of the forms of faculty training I know of is called compensation. When you remunerate the faculty well, they work without other worries, and don't have to give a million classes elsewhere, and can prepare their lessons better, because they're paid to do it. I consider fair and just remuneration one of the best ways of training the faculty. You give them a standard of living and they can buy consumer goods, books, go to conferences, and so on [...]". (P09)

Third subcategory: Skills to be developed by faculty

Among the skills to be developed through FD, those that emerged from the discourses of the respondents were skills for teaching, research and extension.

The needs highlighted for teaching were the skills needed to work in active teaching-learning methods:

"It is a situation focused on the development of knowledge and techniques, which can enable a teacher to use an increasingly proactive methodology, to instigate the students' knowledge, and encourage the dialectic process of practice and praxis, and discussion to investigate issues. [...] To enable the formation of an increasingly critical student, who is more self-critical of his or her practices and the context around him or her". (P03)

The respondents reported on the importance of obtaining master's and doctorate qualifications for developing skills in scientific research. According to the discourse below, these qualifications led to skills in the use of active teaching-learning methods: "I think that one FD strategy is the instrumentalization of the subject through research techniques, or through a master's degree, or doctorate, so he or she can use more active teaching-learning methods. (P03)

Also in relation to the benefits provided by the survey, the respondents spoke of the importance of carrying out research projects. They believed that the results of these projects can contribute directly to the development of teaching practice, or indirectly, when they produce publications and participate in conferences and other scientific events: "We may be studying a specific subject, publishing an article or publishing something at a meeting or an event, and so we are socializing our knowledge. These are all concrete examples of how these skills I acquired transformed my practical work". (P03)

In addition to the emphasis on education and research, the discourses revealed the importance of development in the area of extension, in which they considered, more specifically, the need for investment in care. There is recognition that this investment is necessary, although still not a priority, as is revealed in this discourse: "I want to dedicate myself more [...] to helping people here in the hospital area. [...] But I don't feel it's time yet, though I have plans to do it one day". (P08)

Yet while some teachers understand the interrelationship between teaching and care, for some, teaching is seen as a simple transfer from medical practice, which does not require training: "But most of my teacher training is care based, I teach what I do, [...] they (teaching and care) are closely linked". (P03)

Second category: Personal development

The category personal development refers to the development of a person as an individual and as a social being. It also includes professional development, which depends on the personal desire to develop. In this category, two subcategories emerged: development as a person and as a social being, and professional development.

First subcategory: Development as a person and as a social being

According to the respondents' discourse, FD can contribute to improving quality of life and, consequently, to professional development, regardless of the competence being developed:

"It was good during the process, as we learnt about people [...]. We could meet people, get to know each other, bond, and develop as individuals and as teachers". (P10)

"What I think makes the difference is that we not only acquire knowledge, we have to develop that knowledge [...] It is a constant search for knowledge development, especially one that will allow us to improve the quality of our personal, professional and social life, and society". (P05)

Second subcategory: Professional development

Professional development is understood to mean developing the set of actions that teachers perform throughout their careers, to improve their competence to carry out their activities. The respondents' discourse indicated that professional development depends on the will of the teachers, and is guided by them, according to their own demands:

"So how do you develop this? Development is personal, depends on each person. It might be that [...] you can develop that very well, [...] or maybe not. It may be that you have more affinity with one area and I with another, so much so that each one of us chooses a specialty, [...] because it doesn't mean that just by letting me to your activity, I will have the ability and interest to grow". (P02)

It also depends on the stage of the teacher's academic career:

"These FD opportunities encouraged me to read up on the subject. So I studied a lot of literature, read about it. Now, it is definitely important. Especially at the beginning where I wasn't familiar with the methodology, it was very important. Now (today), I think any retraining or refresher courses are fundamental". (P09)

However, it appears from the discourse that some of those surveyed had a certain difficulty in dissociating the need for investments in teaching from their own area of expertise. The area of expertise is understood as the profession in which the teacher graduated:

"Because unfortunately [...] we aren't teachers, we are taking a bit of our own time to be teachers. Our pri-

ority is to be doctors. [...] But in the didactic content, the teaching content, there's nothing, you graduate and that's it, I'm a doctor and it's over. [...] And the teacher is on the edge of things, so I never thought of investing in this teacher thing, or saying I'm going to be a teacher". (P04)

Others, meanwhile, understand that being a good doctor does not guarantee good performance as a teacher, and vice versa: "You have to be trained not only in the area in which you operate, but if we, as well as being doctors, are also teachers, in the same way that we search for knowledge and keep up to date in medicine and such, we have to look for this in teaching as well". (P11)

However, there were also those who said they became teachers without any formal preparation for teaching, and did not describe feeling a need to develop:

"I am not a qualified teacher, I'm there, they put me there, I didn't want to teach, but they were short of a teacher, and they needed someone so they threw me in, and there I went". (P07)

"I passed a public application process [...] I didn't have any training. [...] Teaching, I confess, isn't an area that I have invested in lately in my career". (P08)

Others regarded self-study as a form of FD, and said that their preparation for teaching was through the observation of other teachers during their time as students: "I never took a pedagogy course, we learned over the years and by watching the teachers [...] but I never had an institutional focus on FD". (P02)

Others learnt by observing another teacher during their own teaching activities: "When I started in the Problem Based Learning method, I spent some time co-tutoring, before becoming a real tutor. So I watched several sessions before becoming a tutor". (P09)

DISCUSSIONS

As the faculty is a constitutive and inseparable part of the body of an academic institution, it can be said that the success of the institution is closely related to the performance of its teachers. Thus, in the educational process, investments and benefits should be two-way processes, and the demands should be guided by the same goal, namely, academic excellence¹⁰.

Institutional support is considered fundamental for the success of FDPs^{4,5} as evidenced in various ways. One of these is through the institutionalization of FDPs in the workplace itself¹⁴. According to Abid,⁴ this is one way of managing time and resources, especially when well planned and executed, a factor that was also highlighted by respondents.

FDPs are seen as a tool to meet both the demands of the faculty and of the institutions where they work^{4,15}. Teachers training in the workplace must be inspired by the demands of their practice, without being drained or overwhelmed by their immediate reality¹⁶.

FD should be continuous and longitudinal¹⁴, as the confidence built up over time allows for increasingly challenging learning⁸. And as a form of continuing education, it is defined as an educational process that places day-to-day work and/or training under analysis, deals with concrete realities, and allows the construction of collective spaces for reflection and evaluation of the events of daily life¹⁷. It therefore addresses real and current needs that emerge in practice, and provides meaningful learning, which is the best path to changing attitudes at an institutional level⁴.

For those surveyed, voluntary participation in FDPs should be mediated by the search for meaning by each participant. Therefore, it is important that these programs correspond not only to the curricular demands and the conditions of the institution, but also to the teachers' specific interests¹⁸. In other words, there must be a willingness to learn, and the content to be learned should have potential significance. However, it is necessary to examine the issue of voluntary participation in FDPs, and in many contexts, participation should be compulsory in order to achieve progress in education³.

FD that is solely volunteer-based raises questions about explicit and implicit values, and about the culture of the institution. It is the responsibility of the institution to require that their teachers participate in FDPs. But these institutions should also use strategies to raise awareness among teachers and promote a willingness to take part, by facilitating this participation. Another aspect highlighted as important by the respondents is whether the expected results are achieved satisfactorily in terms of the teaching-learning strategies used in the FDPs. The proposals that emerged from the respondents' discourses are consistent with studies that claim that small-group activities are necessary for the success of the educational process, as they favor the exchange of experiences and ideas and allow reflection on practical day-to-day situations^{8,14}.

By using shared processes of reading and guided reflection, FDPs contribute to sharing beliefs, attitudes, opinions and emotional reactions; and the atmosphere of trust created

promotes reflection, a questioning of assumptions and, finally, learning through experience¹⁵. Thus, critical reflection on practice is a fundamental part of the teacher's continual training⁸.

Thus, feedback is an important tool that contributes to reflection on practice and subsequently encourages the achievement of results, as it is through knowledge of an action and reflection on and about the action that know-how is manifested¹⁶. However, to be effective, feedback should be structured and guided by clear and consistent goals, and anchored in effective, validated and observable measures, based on actual teaching practices¹⁹. To employ it satisfactorily, it is important for those involved to develop good communication skills^{6,8}.

In this context, there emerged from the discourse of respondents a need to implement communities of practice (CPs), defined by Wenger *et al.*²⁰ as a group of people who share a concern, problem, or passion about a topic, and maintain this common interest to deepen their knowledge and experience in this area through continuous interaction. According to these authors, learning occurs more satisfactorily by means of social relations than through merely acquiring knowledge. CPs can create the opportunity and the means to address and reform the rules of the institution and change teaching practice, not by imposition, but through a collectively built understanding¹⁵.

The use of CPs as a professional development strategy has increased in recent years, and in their studies, the formation of a CP enabled reforms and promoted transformational changes both in teachers and in those who led the change¹⁸. The benefits of learning communities whose purpose is common to that of communities of practice, is that they contribute to building networks of educators who support interpersonal relationships of support and cooperation in an intellectual and social context⁸.

Others studies^{3,15} aligned with these proposals, albeit without mentioning the term "community", have highlighted the benefits and importance of exchanging information and ideas and the formation of networks of colleagues, emphasizing the benefits of peer relationships⁸, including peers from different institutions. However, the environment must be collaborative and non-threatening. Thus, to establish cohesive and efficient teamwork, and the collaboration and involvement of all, the construction of a shared vision is needed. In this relationship of complementarity and interdependence, and at the same time relative independence in acquiring one's own knowledge, teamwork is indispensable²¹ in faculty training.

Another strategy that emerges from the discourses is rewards. Although teachers are the pillars of academic medicine, it is difficult to attract and retain the best teachers, considering the practical appeal of their technical area of expertise. Allied

with this factor, there is little recognition involved in teaching, and salaries tend to be low, so that many teachers are obliged to undertake other professional activities, compromising the FD².

When discussing the skills required to develop teaching, research and extension through FD, it is important to assess the teachers' context as they work with active teaching and learning methods in which the process is student-centered. In this context, teachers use a variety of scenarios and strategies, and they should be actively involved in this process, as they deal with a variety of situations in their daily working lives. The demands on teachers are greater and more complex today; besides concerning themselves with the content to be taught, teachers must also consider aspects such as teamwork, interpersonal, multi- and interdisciplinary skills, and a greater commitment to the pedagogical proposal of the course, evaluation, research, management and orientation². There is therefore a need to develop skills that will enable them to perform well in their multiple roles in teaching, research and extension work, as revealed in the discourses of those surveyed, and in the study by ten Cate *et al.*²².

Interestingly, the research skills developed are also necessary for teaching practice, especially when it comes to the use of active methods. Such cross-skills including active information searching from various scientific sources, instilling knowledge with greater critical capacity, integrating knowledge, and evaluating and being evaluated, all of which were highlighted by many respondents as a weakness in their training process.

Also in terms of the benefits provided by the survey, the respondents stressed the importance of projects originating from their undergraduate and graduate studies. These findings corroborate the studies by Simpsons *et al.*²³, who discuss the importance of the development of academic projects through FDPs. These authors point out that among the main factors that motivate and help teachers to complete their projects is an alignment between the focus of the project and the needs of the institution and the participants' interests; and the development of feasible projects with clear goals and deadlines, which are appropriate to the participants' reality, combined with continuous guidance and feedback from instructors. Working on projects helps the participants put the knowledge and skills learnt into practice, giving them visibility within the institution and acting as a motivational factor²³.

It appears from the discourses that FD impacts the individual's personal growth, which according to Balmer & Richards¹⁵ contributes to the transformation of interpersonal relationships and, interestingly, makes teachers more critical and reflective. Chou *et al.*⁸ agreed with these findings and stated

that development as a person and as a social being produces positive results in professional development; the benefits of personal development encourage learning and are increasingly related to the results of longitudinal FD experiences²².

In terms of professional development, the discourses revealed that, especially in the medical field, the teacher is expected to be an good practical experience in the subject being taught, which, according to ten Cate *et al.*²², contributes to the lack of educational qualification and teaching professionalization. Teaching has long been considered a low priority when compared to clinical needs²⁴.

While some discourses revealed an understanding that working as a teacher is intrinsically linked to working as a doctor, it was found that there is a deficiency in expertise in the area of education in terms of the performance of higher education teachers³, and that many medical school educators have not been prepared to teach in the traditional sense, having taken on this role due to their knowledge of content and their own experience of being taught. However, medical education has evolved in the last thirty years, along with changes in the standard of health care, the impact of new technologies, and advances in educational theory. As a result, teachers cannot base their practices solely on what they were taught by their own teachers²².

Thus, it is essential for medical schools to offer teacher training, even making this a compulsory component of their courses³. There is a need for investment in teaching, over and above the investments in the teacher's technical area, since teaching performance requires good pedagogical and didactic skills²².

FD is considered a stimulus for teaching development¹⁴, and can also be an important factor in redefining teachers and changing the professional profile of faculty, as something that is increasingly demanded by universities, funding agencies and society.

CONCLUSIONS

Although a variety of SR have been constructed in relation to the nature of teaching in medical education over the years, it is only in recent decades has managers and teachers of educational institutions have begun to focus more closely on FD. In the present study, it was observed that while teachers should have a desire to learn, if the FD is to be effective, it is also essential to have the support and recognition of the management of the institution, a factor that can assist with resource and time management, allowing teachers to commit themselves more effectively to the FD process and be responsible for its results, and enabling the institution to achieve its proposed goals.

It was found, based on the discourses, that the SR constructed by the teachers surveyed are in line with what is being discussed and studied around the world. However, of the aspects currently most discussed in literature, those related to the development of leadership through FD were absent from the discourses. This might indicate a weakness in how the university where this study was carried out has contributed to the career development of its teachers. It should be remembered, however, that change in health education requires leadership, which, together with organizational development, is the best way to improve the conception and promotion of education. It is therefore vital to train leadership skills and systematically evaluate the process and the results achieved through FD, in order to encourage the development of teachers' academic careers, as a way of professionalizing teaching.

It is noteworthy that none of the respondents' discourses emphasized the actual results achieved by the FD. This suggests a need to create programs with well-defined goals and follow-up strategies, as well as effective evaluation of the process and its results. FDPs should be flexible and adaptable enough to respond quickly to the demands of the institution and faculty. Therefore, it is necessary for managers and teachers to sustain a shared mission to achieve resources, adapt to change, strive for excellence in the leadership of the organization in a national and international context, and consequently, provide a quality medical education.

The limitations presented by this study include the small sample size, given that it is a qualitative study that reached saturation with the small number of interviewees; it included only the two opposites among the groups in terms of teaching time: below 10 years and above 20 years. Another limitation is the fact that it was conducted in a public university. Therefore, the results should be used sparingly when extrapolated to other medical schools. However, this study points out possibilities for advances in medical education, and it is hoped that it will serve to motivate similar studies, in other contexts.

REFERENCES

- Cunha MI. A qualidade e ensino de graduação e o complexo exercício de propor indicadores: é possível obter avanços? *Avaliação: Rev Avaliação Educ Superior* 2014; 19 (2) 453-62.
- Almeida MTC, Batista NA. Ser docente em métodos ativos de ensino-aprendizagem na formação do médico. *Rev Bras Educ Med* 2011; 35 (4) 468-76.
- Steinert Y, Mann K, Centeno A, Dolmans D, Spencer J, Gellula M, et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education, BEME Guide, n. 8. *Med Teach* 2006; 28 (6) 497-526.
- Abid K. Faculty development: a need in time for educators in healthcare. *J Pakistan Med Assoc* 2013; 63 (4) 428-31.
- Almeida MTC, Maia FA, Batista NA. Gestão nas escolas médicas e sustentabilidade dos programas de desenvolvimento docente. *Avaliação: Rev Avaliação Educ Sup* 2013; 18 (2) 299-310.
- Perron NJ, Cullati S, Hudelson P, Nendaz M, Dolmans D, Vander VC. Impact of a faculty development programme for teaching communication skills on participants' practice. *Postgrad Med J* 2014; 90 (1063) 245-50.
- Singh T, Grave W, Ganjiwale J, Supe A, Burdick WP, Van der VC. Impact of a fellowship program for faculty development on the self-efficacy beliefs of health professions teachers: a longitudinal study. *Med Teach* 2013; 35 (5) 359-64.
- Chou CL, Hirschmann K, Fortin AH, Lichstein PR. The Impact of a Faculty Learning Community on Professional and Personal Development: The Facilitator Training Program of the American Academy on Communication in Healthcare. *Acad Med* 2014; 89 (7) 1051-6.
- Venturelli J, Fiorini VM. Programas Educacionais Inovadores em Escolas Médicas: Capacitação Docente. *Rev Bras Educ Med* 2001; 25 7-21.
- Wilkerson L, Irby D. Strategies for improving teaching practices: a comprehensive approach to faculty development. *Acad Med* 1998; 73 387-96.
- Minayo MCO. *O Desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec, 2004.
- Habermas J. *Dialética e hermenêutica*. Porto Alegre: LPM, 1987.
- Spink MJ, Lima H. Rigor e visibilidade: a explicitação dos passos da interpretação. Em: Spink MJ, org. *Práticas discursivas e produção de sentido no cotidiano* 2ª ed. São Paulo: Editora Cortez, 2000. p. 93-122.
- Moore P, Montero L, Triviño X, Sirhan M, Leiva L. Logros más allá de los objetivos: evaluación cualitativa de un programa de formación en educación médica. *Rev Med Chile* 2014, 142 (3) 336-43.
- Balmer DF, Richards BF. Faculty development as transformation: Lessons learned from a process-oriented program. *Teach Learn Med* 2012, 24 (3) 242-7.
- Schon D. *Formar professores como profissionais reflexivos*. Em: Nóvoa, A, org. *Os professores e a sua formação*. Lisboa: Dom Quixote, 1992.
- Cecim RB. Educação Permanente em Saúde: desafio ambicioso e necessário. *Interface Comunic Saúde Educ* 2005, 9 (16) 161-77.

18. Armstrong EG, Doyle J, Bennet NL. Transformative professional development of physicians as educators: assessment of a model. *Acad Med* 2003, 78 (7) 702-8.
19. Mookherjee S, Monash B, Wentworth KL, Sharpe BA. Faculty development for hospitalists: Structured peer observation of teaching. *J Hosp Med* 2014, 9 (4) 244-50.
20. Wenger E, McDermott RA, Snyder W. *Cultivating communities of practice*. Boston, MA: Harvard Business School Press 2002.
21. Aguiar-da-Silva RH, Scapin LT, Batista NA. Avaliação da formação interprofissional no ensino superior em saúde: aspectos da colaboração e do trabalho em equipe. *Avaliação: Rev Avaliação Educ Sup* 2011, 16 (1) 167-84.
22. ten Cate O, Mann K, McCrorie P, Ponzer S, Snell L, Steinert Y. Faculty development through international exchange: The IMEX initiative. *Med Teach* 2014, 36 (7) 591-5.
23. Simpson D, Marcdante K, Morzinski J, Meurer L, McLaughlin C, Lamb G, et al. Fifteen years of aligning faculty development with primary care clinician-educator roles and academic advancement at the Medical College of Wisconsin. *Acad Med* 2006, 81 (11) 945-53.
24. Thampy H, Agius S, Allery LA. The motivation to teach as a registrar in general practice. *Educ Prim Care* 2013, 24 (4) 244-50.

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CONFLITO DE INTERESSES:

Não há conflitos de interesses.

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