Faculty development, Leadership and Organizational culture in a rural medical school – a case study

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ABSTRACT

Successful university departments have many facets that need to be considered for effective operation. These include continuing development of faculty, strong leadership and a positive workplace environment. *Faculty development* is professional training for staff aiming to increase their knowledge and skills in their area of work. *Leadership* is the process whereby an appointed faculty member develops, sets and maintains direction for the organization and its employees. *Organizational culture* is the social and psychological environment of the workplace. This thesis in progress is a single, exploratory case study investigating these topic areas.

The Gippsland Medical School (GMS) is a rurally located school in the Faculty of Medicine, Nursing and Health Science (FMNHS) at Monash University in Australia. GMS is an excellent 'case' for research as it is a relatively small school both in number of students and faculty compared to other medical schools.

This case study will provide valuable insight into the faculty development needs, leadership structure and culture of GMS. One outcome will be recommendations for the design of effective faculty development programs, enhanced leadership and an effective organizational culture.

Keywords: Faculty development, Leadership, Organizational culture, case study, medical school

INTRODUCTION

Successful university departments have many facets that need to be considered for effective operation. These include continuing development of faculty, strong leadership and a healthy workplace environment. *Faculty development* is professional training for staff aiming to increase their knowledge and skills in their area of work. *Leadership* is the process whereby an appointed faculty member develops, sets and maintains direction for the organization and its employees. *Organizational culture* is the social and psychological environment of the workplace. This thesis has adopted a 'case study' approach of inquiry to explore faculty development, leadership and organizational culture of a recently established medical school, the Gippsland Medical School (GMS), Monash University, Australia.

Monash University

Monash University is a large university with approximately 7,600 full time equivalent staff and 60,000 students located at nine campuses in Australia and off shore. Monash has ten Faculties and is growing in staff and student numbers. The composition of each Faculty differs and can have up to eleven schools within it.

The Faculty of Medicine, Nursing and Health Sciences (FMNHS) has three medical schools located in Australia and Malaysia. The two schools in Australia are the Central Medical School (CMS) in Clayton, Victoria and the Gippsland Medical

School in Churchill, Victoria. The Jeffrey Cheah School of Medicine and Health Sciences (JCSMHS) is based at the Sunway campus in Malaysia. All medical students spend part of their training at clinical schools located at sites away from their base campus. All graduates qualify with a Bachelor of Medicine/ Bachelor of Surgery (MBBS).

Gippsland and Churchill

Gippsland is a large, rural region in Victoria, Australia, beginning east of the suburbs of Melbourne and stretching to the New South Wales border (Figure 1).

The Gippsland Monash campus is situated 142 kilometers east of Melbourne, Victoria in a small rural town within the Latrobe Valley known as Churchill (Figure 1). The town of Churchill, Victoria was established in 1965, to provide housing for employees working in the region's booming electricity industry.

Medical programs in Australia and GMS

In Australia there are seventeen universities offering medical programs. Of these programs eight are undergraduate and twelve are graduate entry. Three institutions offer both undergraduate and graduate entry programs.

Opened in 2008, GMS is a rurally located school and offers a four-year graduate entry medical degree. The year levels are labeled A, B, C and D. This labeling is to complement the two undergraduate medical programs within the FMNHS, which have a five-year curriculum. The first year of the graduate entry (year A) is comparable to years one and two of the undergraduate programs. From the third year of the undergraduate and second year of the graduate programs (called 3B) students are considered 'equivalent'. Compared to the other MBBS programs, GMS is small with 273 students currently enrolled over the four cohorts. Clayton and the JCSMHS have 1473 and 519 students respectively. At GMS, 87 students are currently in year A and undertake the majority of their studies at the Churchill campus. In years B, C and D students undertake their 'clinical' years at hospitals in the Gippsland region.

The curriculum design at GMS is integrated with four themes; I - Personal and professional development, II - Society, population, health and illness, III - Scientific basis of medicine and IV - Clinical skills. There is a major focus on clinical skills throughout the curriculum.

Although it is the third medical school Monash University has founded, it is the first one to be located in a rural town. The opening of GMS is part of the long-term strategy to address the significant issue of doctor shortages in rural locations in Victoria[1]. There has been deliberate action over the last fifteen years to develop a strong and sustainable rural health workforce.

GMS has experienced significant changes in the five years of its operation. Late 2010 and early 2011 saw the departure of a number of contracted faculty members. This was in response to a broader university attempt to reduce salary funding. The organizational structure of GMS has also been subject to review and development. The School of Rural Health (SRH) within the FMNHS amalgamated with GMS resulting in a new leadership structure and opportunities for sharing of resources between the two schools. These changes are likely to have influenced the underlying culture.

Faculty characteristics

GMS consists of 84 members of staff. The faculty are diverse, comprising academic and professional and teaching staff with full-time, part-time or sessional appointments (Tables 1-4). Some of the faculty have fractional appointments with GMS and also are employed at one of the associated clinical schools or the CMS.

Academic and professional faculty are employed at different levels. The most senior academic faculty is level E through to junior level A. Professional faculty are appointed a Higher Education Worker (HEW) level. Under the HEW classification, level 1 is the most junior and level 9 the most senior.

Case study

Similar to other commonly used qualitative research designs, the case study continues to remain slightly ambiguous in qualitative research literature[2]. Yin[3] and Stake[4] provide separate definitions of case study while Creswell[5] highlights the similarities it has with other qualitative research designs.

Definitions of case study include;

- A unit bounded by place and time[5]
- An empirical inquiry that investigates a contemporary phenomenon in its real life context[6]
- The case study answers why and how questions of a unit of analysis[7]
- A bounded system where the attention is focused on the object rather than the process[4]

Although these definitions differ slightly, case study is commonly described as a single unit of analysis within a larger population.

Types of case study

The focus of case varies. Yin recommends deciding on 'single' or 'multiple' case study before commencing research[3].Yin explains that 'single' or 'multiple' case studies can be 'holistic' or 'embedded' units of analysis. Holistic studies examine the big picture of an organization without looking at specific 'sub units' within it[3]. 'Embedded' case studies examine different units within the overall case. The 'holistic' case study is often preferred as it creates a global picture of the organization. However it may lack the detail of investigating the phenomena at a deep level as the researcher is working to not 'separate' elements of the case. An 'embedded' approach is most appropriate for this investigation as the researcher aims to investigate, faculty development, leadership and organizational culture in depth.

Case studies are classified as;

- *Explanatory* seek to explain the connections between real life phenomena that are too complicated for surveys or experiments[3]
- *Exploratory* investigate situations where there is no pre-established outcome for examining these phenomena[7] or
- *Descriptive* solely aims to describe the phenomena in the real life context [6]

Often case studies are classified as being two or three of the above descriptors due to the complex nature of the inquiry.

In all case studies there is an emphasis on the investigation occurring within its real life context[5, 6, 8] and the participants' environment [9, 10] as the environment is important in developing an accurate and thorough understanding of the studied case[11, 12]. This thesis will provide details of the school's background and current operation by collection and analysis of relevant school documents. Information about major initiatives before the opening in 2008, building structure, and number of classrooms and staff appointments, daily schedules, school meetings and past faculty development programs will give insight to the organizational culture of GMS.

GMS – a case study

This thesis is an 'embedded' 'single' case aiming to *explore* three phenomena while *describing* the context and environment where it is occurring to create a *global picture* of the complexity of the organization.

This will provide valuable insight into the faculty development needs, leadership structure and culture of GMS. One outcome will be recommendations for the design of effective faculty development programs, enhanced leadership and an effective organizational culture. The case will also illustrate how a new graduate entry medical school has evolved, its strengths, challenges and areas for development of the three topic areas. This may be of interest to other medical schools, particularly those in rural areas.

Project aims

The project aims to:

1. Explore faculty development, leadership 'style' and organizational culture within Gippsland Medical School (GMS) the designated unit of analysis
2. Determine and describe any inter-relationship between the embedded units
3. Make recommendations on development programs for GMS that may be extrapolated to medical schools beyond

Research questions

The key research questions are:
In what ways are:

1. Faculty development, leadership and organizational culture related?
2. Faculty development and leadership influenced by organizational culture?
3. Faculty development and leadership influencing organizational culture?

Data collection methods

Semi structured interviews[13, 14] using topic guides (Appendix 1) with past and present GMS faculty will be the primary method of data collection. Document analysis will serve as a secondary source of data.

Participants

Participants include academic and professional staff holding full time, part time and sessional appointments. Ethics approval has been obtained.

Analysis of data

Interviews with faculty will be analyzed thematically using first and second level coding[15] to establish relationships between the data. Throughout the data collection phase of the project the researcher will undertake preliminary data analysis involving coding sections of interview transcript[15]. All data relating to a particular topic will be grouped into an abbreviated code. A method for creating codes is to develop a 'start list' prior to the data collection phase[15]. NVIVO software will assist in the systematic storage of interview data.

The preliminary data analysis will identify topic areas that may be a point of exploration in subsequent interviews.

Results

Pilot study

This was conducted to determine the feasibility of undertaking a case study exploring faculty development, leadership and organizational culture in a rural medical school. The pilot study was also useful in trialing potential interview questions for effectiveness. Three interviews were conducted. Two interviewees were members of GMS faculty and one was manager of the recreation center

The interviews revealed a substantial interest in leadership, within GMS and in previous workplaces. Descriptors of effective leadership included someone who is visionary, influential, open and effective in communication. Ineffective leadership was described as 'people who micromanage and display a lack of interest in staff, inflexible and rude'. Leaders within GMS have a 'great deal of knowledge, hold senior posts (professors, associate professors) and are laid back'. An improvement for the current leadership at GMS was greater access as often they are working off site.

Faculty development was defined as 'developing yourself in your professional role'. One participant described it to be the growth of the Faculty of Medicine, Nursing and Health Sciences. Leaders, money and support were facilitators to faculty development and location and leaders who were not supportive were viewed as barriers.

Organisational culture at GMS was deemed 'open, friendly, laid back, relaxed'. Factors contributing to this culture included rural location, the low number of GMS faculty, the personalities of the staff and the broader University, particularly at the Churchill campus.

Main data set

To date, eight individual interviews of between 55-118 minutes duration have been conducted. There were 5 females and 3 males aged between 20 and 68 years. Of these 8 participants, 5 are academic and 3 professional and 7 currently still are employed at GMS. The past faculty member left GMS four months prior to the interview.

Thematic analysis is currently being undertaken.

Figures

1 – Location of Churchill within Victoria, Australia[17]

Table 1: GMS faculty contract appointments

Full time	9
Part time	11
Sessional	63
Honorary	1
TOTAL	**84**

Table 2: GMS faculty classifications

Academic only	1
Professional	8
Teaching	57
Academic and Teaching	15
Research (sessional)	2
TOTAL	**83**

NB: Honorary staff member is not included in classification

Table 3: GMS academic faculty levels

Level E	1
Level D	4
Level C	6
Level B	3
Level A	2
TOTAL	**16**

Table 4: GMS professional faculty levels

HEW 9	0
HEW 8	0
HEW 7	2
HEW 6	2
HEW 5	2
HEW 4	0
HEW 3	2
HEW 2	0
HEW 1	0
TOTAL	**8**

Appendix 1: Topic guide for individual interviews

General

1. How would you describe GMS, what would you say?
2. What is your role here at GMS?
3. Why do you work at GMS?
4. What is the history of GMS?

Faculty/Professional Development

5. How would you define 'faculty/professional development' (FD)?
6. Can you give an example of FD you have participated in before working at GMS?
7. Why is FD important in a medical school?
8. What do you think is required for effective FD programs?
9. Who is responsible for FD in a medical school?
10. Who should participate in FD?
11. What are the main obstacles to FD?
12. What are the strengths of FD at GMS?
13. What are the weaknesses of FD at GMS?
14. What forms of FD have you undertaken at GMS in your current position?
    a. When did you do this?
    b. Where did you complete the FD?
    c. What motivated you to participate in the training?
    d. With whom did you attend the training?
15. Why haven't you participated in any FD at GMS in your current position?
16. What sort of FD would you like to undertake within your position at GMS?

General Leadership

17. How would you define leadership'?
18. What are the qualities of an effective leader?
19. What are the qualities of an ineffective leader?
20. Why is leadership important?

Leadership at GMS

21. Why is leadership important in a medical school?
22. Can you comment on the leadership structure at GMS?
23. Who are the leaders at GMS?
24. What traits/behaviors do these leaders have?
25. What are the strengths of the leaders at GMS?
26. What are the areas of development of the leaders at GMS?
27. What are similarities between leaders at GMS?
28. What are differences between leaders at GMS?
29. What are the similarities between leaders at GMS and other leaders you have worked with?
30. What are the differences?
31. Who should be developed in leadership in a medical school?

Organizational Culture

32. How would you define the culture/atmosphere of GMS?
33. What factors do you believe contribute to this culture?
34. What are the strengths of this culture? Weaknesses?
35. What do you like about working at GMS?
36. What don't you like about working at GMS?
37. To what extent is the culture of GMS supportive of FD?
38. To what extent is the culture of GMS supportive to developing leaders?

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