Educating the Educator: Supporting Faculty in Time-Limited Clinical Environments While Improving Patient Care and Outcomes

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Abstract

Background: *Faculty in graduate medical education (GME) must balance patient care, administrative responsibilities, and teaching. Traditional faculty development models often rely on mandatory workshops or training sessions that may be disconnected from clinical realities, contributing to cognitive overload and disengagement.*

Innovation: *This Perspective reframes faculty development as an embedded support system that respects faculty time while maintaining educational quality. With efficient teaching expectations, eliminating low-value tasks, and leveraging digital tools, faculty can engage in high-impact teaching without sacrificing patient care. Fresh teaching styles break material into smaller portions for students to comprehend through interaction before moving onto more chunks of information.*

Key Strategies: *Approaches include clarifying essential teaching responsibilities, integrating faculty development into clinical workflows, prioritizing brief, intentional teaching moments, and offering asynchronous digital resources for optional engagement. Key strategies should also include setting realistic goals, streamline documentation, and utilize breaks to avoid burnout, all while leveraging technology to minimize interruptions. Evidence supports the effectiveness of structured, short teaching interactions and technology-enhanced learning in busy clinical environments (Neher et al., 1992; Cook et al., 2008).*

Discussion: *Embedding faculty development into routine clinical practice reduces faculty frustration, maintains learner engagement, and improves consistency across clinical settings. Focusing on essential content, clear structure, and workflow-aligned strategies can enhance teaching efficiency and patient outcomes. Innovative teaching skills are more effective at inspiring participation and holding interest*

Implications: *Educational leaders, program directors, and faculty development teams can adopt these strategies to support faculty as educators, align clinical and educational priorities, and foster a sustainable, high-impact learning environment in GME. A time management training workshop has proven to have a significant and positive effect in the medical field, but it does come with controversial opinions! Obviously, time management is an important part of effective overall patient safety and improves quality of care. By recognizing the time management pitfalls, healthcare professionals can reduce stress and increase the efficiency of tools and techniques.*

Introduction

Faculty members in graduate medical education are asked to balance competing responsibilities, including patient care, scholarly work, teaching, and administrative duties. While most faculty value their role as educators, time constraints and increasing clinical demands can make teaching feel burdensome rather than meaningful (Irby et al., 2010). Medical education leaders have called for system-level redesigns that align educational goals with clinical realities rather than layering additional expectations onto faculty workloads. Respecting faculty time while designing targeted, high-impact educational

systems benefits both learners and patients, creating a “win-win” scenario. Faculty have consistently expressed interest in development related to professionalism, leadership, well-being, and communication.

This article explores strategies for supporting faculty through intentional, time-efficient teaching structures, highlighting the role of digital tools and workflow-aligned faculty development. Workflow-aligned educational systems may also support faculty well-being and sustainability, as inefficiencies and competing demands contribute to burnout risk (West et al., 2016).

Reframing Faculty Development

Conventional faculty development often relies on scheduled workshops or mandatory sessions that may not match faculty availability or real-time instructional needs (Steinert et al., 2006). While designed to improve teaching quality, these models can inadvertently increase cognitive load and disengagement.

An alternative is to embed faculty development within clinical workflows. Key components include:

- **Clarifying instructional priorities:** Identify “must know” versus “nice to know” content.
- **Reducing administrative redundancies:** Streamline documentation and reporting.
- **Targeted, asynchronous resources:** Allow faculty to access digital modules, templates, or repositories on demand.

This approach aligns faculty development with clinical practice, increases engagement, and enhances instructional consistency across clinical environments. Contemporary faculty development scholarship emphasizes workplace-integrated and practice-based approaches that support ongoing professional growth (O'Sullivan & Irby, 2019).

A structured faculty development framework aligned with ACGME competencies is outlined in Table 1 Such alignment may increase faculty engagement and improve instructional consistency across clinical settings.

Table 1. Workflow-Aligned Faculty Development Model

Align → Simplify → Support → Sustain

Domain	**Strategy**	**Practical Example**	**Impact**
Align Expectations	Define must-teach content	Core clinical reasoning priorities	Reduces cognitive overload
Simplify Teaching	Use brief teaching frameworks	One-Minute Preceptor, SNAPPS	Efficient learning in clinical flow
Support Faculty	Provide optional digital tools	Asynchronous modules, quick guides	Improves consistency & autonomy
Integrate into Workflow	Teach during patient care	Micro-teaching moments	No added time burden
Sustain & Reflect	Ongoing feedback & refinement	Faculty input & learner feedback	Continuous improvement & engagement

Teaching Effectiveness Within Time-Limited Interactions

Clinical teaching often occurs in brief, opportunistic moments rather than formal sessions. Research demonstrates that structured, short interactions can be highly effective when guided by clear objectives (Neher et al., 1992).

Strategies to maximize impact include:

- Focusing on core clinical reasoning and high-yield concepts.
- Using structured frameworks such as the one-minute preceptor or the SNAPPS model to guide brief teaching interactions (Wolpaw et al., 2003).
- Prioritizing depth over breadth to facilitate meaningful understanding.

Structured frameworks can enhance teaching effectiveness during brief clinical interactions. The SNAPPS model promotes concise case presentation, prioritization of differential diagnoses, and learner-driven inquiry while fostering clinical reasoning and autonomy (Wolpaw et al., 2003). When used in time-limited clinical encounters, SNAPPS supports high-yield teaching without increasing faculty workload (see Table 2).

Table 2

Using the SNAPPS Model to Enhance Teaching Efficiency in Clinical Encounters

SNAPPS Step	**Learner Action**	**Teaching Benefit**	**Time Required**	**Example in Hematology/Oncology**
Summarize	Concisely present the case	Promotes organized thinking	< 1 minute	Fellow summarizes new anemia consult
Narrow	Identify focused differential diagnoses	Encourages prioritization	1 minute	Narrows causes to iron deficiency vs. marrow disorder

SNAPPS Step	Learner Action	Teaching Benefit	Time Required	Example in Hematology/Oncology
Analyze	Compare and justify possibilities	Develops clinical reasoning	1–2 minutes	Discusses lab trends supporting diagnosis
Probe	Ask questions about uncertainties	Promotes active learning	1 minute	Asks about next diagnostic step
Plan	Propose management strategy	Builds autonomy	1–2 minutes	Suggests transfusion threshold & workup
Select	Identify a learning topic for follow-up	Encourages self-directed learning	< 1 minute	Choosing to review anemia in malignancy

By integrating these strategies into routine clinical encounters, educators can enhance learning without increasing teaching time, supporting both education and patient care.

Leveraging Digital Resources

Digital tools can support faculty development by:

- Providing asynchronous modules for self-directed learning.
- Hosting shared repositories of teaching frameworks and quick-reference tools.
- Using virtual meeting platforms for optional engagement.

Evidence supports asynchronous, technology-enhanced learning as effective and flexible for faculty development in busy clinical environments (Cook et al., 2008). Digital tools should support, not mandate, engagement to respect faculty autonomy and workload. Key support includes instructional design professional development, and technical assistance.

These tools can promote instructional consistency, reduce cognitive burden, and support sustainable teaching practices across diverse clinical settings.

Lessons Learned and Implications

Key lessons for implementing workflow-aligned faculty development include:

1. **Less content can be more:** Reducing instructional volume does not compromise learning when objectives are clear.
2. **Structure reduces frustration:** Clear expectations and frameworks help faculty teach efficiently.
3. **Embed development in workflows:** Integration into clinical practice increases adoption and sustainability.
4. **Effective teaching is brief and intentional:** Short, structured interactions can produce meaningful learning outcomes.

Educational leaders and program administrators can use these principles to reframe faculty development as supportive rather than burdensome, fostering sustainable, high-impact teaching practices. Ongoing reflection and feedback are essential to refining faculty development initiatives in dynamic clinical environments

Conclusion

Supporting faculty as educators requires alignment between faculty development, clinical responsibilities, and patient care priorities. Embedding targeted teaching strategies into existing workflows, leveraging digital resources, and focusing on high-impact learning moments can enhance teaching effectiveness, learner engagement, and patient

outcomes. Sharing these practice-informed insights can guide educational leaders in creating sustainable, efficient, and high-quality faculty development models within graduate medical education. The path to teaching excellence requires commitment from individual educators and institutional leadership. Navigating the complexities of modern higher education is an ongoing process, but the heart of this mission is to inspire, engage, and empower the next generation through exceptional teaching.

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