

## 2022-03-10: Faculty Development in a Post-COVID World

Topic and Questions courtesy of Linda Love, Ed.D.

The following links were shared during the chat:

- [Novel coronavirus, novel faculty development programs: rapid transition to eLearning during the pandemic \(degruyter.com\)](https://degruyter.com)



**MedEd Chat (hosted by ACE)** @MedEdChat8 hours ago

TOPIC 1: How would you describe your [#facdev](#) experience during the pandemic? [#MedEdChat](#) [#meded](#)



**Gary Beck Dallaghan** @GLBDallaghan8 hours ago

T1 Increasingly dissatisfying. Found I do not like doing things online and was distracted too much of the time with work activities. Virtual [#facdev](#) did not do it for me. [#MedEdChat](#)



**Med Student Bot** @MedStudent\_Bot8 hours ago

RT @MedEdChat: We will assume that all of your tweets during [#MedEdChat](#) are your own during this hour unless otherwise stated [#meded](#)



**Med Student Bot** @MedStudent\_Bot8 hours ago

RT @MedEdChat: T1 about to come up in a few moments [#meded](#) [#MedEdChat](#)



**Med Student Bot** @MedStudent\_Bot8 hours ago

RT @MedEdChat: TOPIC 1: TOPIC 1: How would you describe your [#facdev](#) experience during the pandemic? [#MedEdChat](#) [#meded](#)



**Teaching & Learning in Medicine** @TLMedEd8 hours ago

T1. An upside of virtual [#facdev](#) was that it allowed greater outreach. In Dec 2020, TLM editors did a workshop for colleagues at the University of Genoa. [#mededchat](#)



**SDRME** @SDRME\_Med8 hours ago

T1 Pandemic forced [#SDRME](#) to go virtual and it opened doors for [#facdev](#) sessions our international reps could attend. It honestly helped expand our reach. [#MedEdChat](#)



**Deb Simpson** @debsimpson38 hours ago

T1. So amazed and awed by the commitment of faculty to learn via [#facultydevelopment](#) during crazy times. Needed to strategically use short, cogent strategies: 10 Min sessions during mtgs; [#infographics](#); 1 on 1 [#coaching](#) Supporting clinicians emotionally too. An honor. [#MedEdChat](#)



**Deb Simpson** @debsimpson38 hours ago

@GLBDallaghan Really. I found the urgency gave me focus. Can you elaborate? [#MedEdChat](#)



**MedEd** [@TelehealthBot8 hours ago](#)

RT [@SDRME](#) [Meded](#): T1 Pandemic forced [#SDRME](#) to go virtual and it opened doors for [#facdev](#) sessions our international reps could attend. It honestly helped expand our reach. [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh8 hours ago](#)

[#mededchat](#) Sateesh Arja from Avalon University School of Medicine [#meded](#)



**Teaching & Learning in Medicine** [@TLMedEd8 hours ago](#)

[@debsimpson3](#) [@GLBDallaghan](#) T1. When virtual [#facdev](#) is delivered in town hall mode, there's no opportunity for interaction, which is central to learner engagement. [#mededchat](#)



**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)

[@debsimpson3](#) T1 So many activities were talking heads. Great band from days gone by....but not helpful in virtual world. I like your statement about strategic use of virtual time...sessions I attended did not adapt [#MedEdChat](#)



**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)

[@TLMedEd](#) [@debsimpson3](#) T1 The other piece that has been annoying for me is the chat. Sidebar conversations were distracting from the main speaker, making it even harder to focus and learn. [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh8 hours ago](#)

[@MedEdChat](#) [#mededchat](#) T1 At the beginning of the pandemic, all faculty received faculty development activities on training technologies to start online synchronous teaching. Apart from that faculty attending online faculty dev activities and in person activities on campus whenever possible



**Deb Simpson** [@debsimpson38 hours ago](#)

[@TLMedEd](#) [@GLBDallaghan](#) Agree. Needed to use breakouts. I even go down to pairs as so important to let everyone has opportunity to have voices heard. Key was a short, focused 3-4 min task for report outs in chat!! [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat8 hours ago](#)

TOPIC 2: What made the [#facdev](#) sessions during the pandemic good? How about now that we are endemic? [#MedEdChat](#) [#meded](#)



**Alliance4ClinEd** [@Alliance4ClinEd8 hours ago](#)

[@ArjaSateesh](#) [@MedEdChat](#) T1 This was a nice article describing the pivot to virtual [#facdev](#) <https://t.co/zJR8H4DYXm> [#MedEdChat](#)



**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)

T2 [#COMSEP2021](#) was probably the best virtual conference I attended. The platform they used allowed for interaction and the ability to set up networking on our own. It was exceptional! [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh](#) 8 hours ago

[@GLBDallaghan](#) [#mededchat](#) T1 agree attending conferences or faculty development activities from can be distracting with daily office activities [#meded](#)



**COMSEP** [@COMSEPediatrics](#) 8 hours ago

RT [@GLBDallaghan](#): T2 [#COMSEP2021](#) was probably the best virtual conference I attended. The platform they used allowed for interaction and the ability to set up networking on our own. It was exceptional! [#MedEdChat](#)



**Deb Simpson** [@debsimpson](#) 38 hours ago

T2 key to [#facultydevelopment](#) in crisis? Same principle as always. Practical! Our job is to provide evidence based. But in urgent no time for long winded whys. Supplemental material can do that. Use [#RipOuts](#) drom [@JGME](#) and [#VisualAbstract](#) others? [#MedEdChat](#)



**COMSEP** [@COMSEPediatrics](#) 8 hours ago

RT [@Alliance4ClinEd](#): With restrictions lifting, how should [#facdev](#) adapt in a post-COVID world? Join [#MedEdChat](#) Mar 10th 9PM ET/NYC to discuss! [#meded](#) [@AAIMOnline](#) [@SAEMonline](#) [@Surg\\_Education](#) [@apgonews](#) [@COMSEPediatrics](#) [@STFM\\_FM](#) <https://t.co/Q3AxTlue1q>



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago

T2 The better local [#facdev](#) sessions had multiple breakout room opportunities to interact. Forced me to focus during presentation to participate fully in the rooms. [#MedEdChat](#)



**Deb Simpson** [@debsimpson](#) 38 hours ago

Opps met to say practical meeting learners/faculty where they are. Principles of [#facultydevelopment](#) still hold 1)Evidence based; 2) support and challenge for growth and 3) fun. [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh](#) 8 hours ago

[@MedEdChat](#) [#mededchat](#) T2 breakout room sessions are very interesting and also these sessions were used for networking. Saving expenditures on travel [#meded](#)



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago

[@ArjaSateesh](#) [@MedEdChat](#) T2 But do you feel the networking was as good as it is in person? Sometimes yes, sometimes I didn't....mainly because I wanted to talk to someone 1:1 and not the group. [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

TOPIC 3: Should we spend more time on "grab & go" [#facdev](#) products? How would this impact faculty community? [#MedEdChat](#) [#meded](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh](#) 8 hours ago

[@GLBDallaghan](#) [@MedEdChat](#) [#mededchat](#) T2 it was never good as in person. But something is better than nothing especially in these unprecedented times [#meded](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

RT [@debsimpson3](#) [#MedEdChat](#) Agree [@GLBDallaghan](#) - networking seemed to be with those I knew in some way Pre Covid. Trust and connection seemed critical. Met new folks but I couldn't connect in same way. Ended up reaching out to individuals for 15 min check in.



**Lonika Sood, MBBS MHPE** [@sood\\_lonika](#) 8 hours ago

[@MedEdChat](#) T3: not sure ... feels like a lot of effort to place in...[#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

RT Deb Simpson [@debsimpson3](#) Replying to [@MedEdChat](#) T3 how about reframing this as a "Yes and". Why wouldn't we want to do combo strategy. I love the short, action oriented offerings of [@AcadMedJournal](#) (last page) and [@JournalofGME](#) [#RipOut](#). [#MedEdChat](#)



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago

T3 I agree with [@debsimpson3](#) A Yes and approach to [#facdev](#) makes the most sense. Even with in person sessions, I like to have products participants can take with them. Should be a given! [#MedEdChat](#)



**Radha Nandagopal, MD** [@radha\\_peds](#) 7 hours ago

[@MedEdChat](#) T3: a hybrid strategy seems right. We need to prioritize some synchronous work to bring back relationships and build communities of educators. [#mededchat](#) [#facdev](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh](#) 7 hours ago

[@MedEdChat](#) [#mededchat](#) T3 Any faculty development activities are good as long as they promote the continuing professional development of the faculty and are aligned with the mission and strategic goals of the medical schools [#meded](#)



**Gary Beck Dallaghan** [@GLBDallaghan](#) 7 hours ago

RT [@radha\\_peds](#): [@MedEdChat](#) T3: [@MedEdChat](#) T3: a hybrid strategy seems right. We need to prioritize some synchronous work to bring back relationships and build communities of educators. [#mededchat](#) [#facdev](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 7 hours ago

RT [@radha\\_peds](#): [@MedEdChat](#) T3: [@MedEdChat](#) T3: a hybrid strategy seems right. We need to prioritize some synchronous work to bring back relationships and build communities of educators. [#mededchat](#) [#facdev](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)

TOPIC 4: [@2LindaLove](#) noted a 3-to-1 gender difference in attendance virtually (more female faculty). What about the growing gender divide in [#facdev](#) participation. [#MedEdChat](#) [#meded](#)



**Lonika Sood, MBBS MHPE** [@sood\\_lonika7 hours ago](#)

[@MedEdChat](#) T2: virtual sessions really helped me to meet new folks I would have never met... [#mededchat](#)



**Lonika Sood, MBBS MHPE** [@sood\\_lonika7 hours ago](#)

RT [@radha\\_peds](#): [@MedEdChat](#) T3: [@MedEdChat](#) T3: a hybrid strategy seems right. We need to prioritize some synchronous work to bring back relationships and build communities of educators. [#mededchat](#) [#facdev](#)



**Gary Beck Dallaghan** [@GLBDallaghan7 hours ago](#)

[@MedEdChat](#) T4 I can't honestly say I've paid attention to this. Now that I'm thinking about it, many of our academy of educator sessions were attended by more women than men [#MedEdChat](#)



**Kristina Dzara, PhD, MMSc** [@KristinaDzara7 hours ago](#)

RT [@MedEdChat](#): TOPIC 4: TOPIC 4: [@2LindaLove](#) noted a 3-to-1 gender difference in attendance virtually (more female faculty). What about the growing gender divide in [#facdev](#) participation. [#MedEdChat](#) [#meded](#)



**Kristina Dzara, PhD, MMSc** [@KristinaDzara7 hours ago](#)

[@sood\\_lonika](#) [@MedEdChat](#) Definitely helped with having sessions open to all interested! I loved seeing so many free and open sessions. [#MedEdChat](#)



**Kristina Dzara, PhD, MMSc** [@KristinaDzara7 hours ago](#)

[@ArjaSateesh](#) [@MedEdChat](#) There is also a component of considering what faculty themselves think they need. If we can draw faculty in with topics that interest them, and provide good development, they may be willing to engage on topics which may interest them less, but are still needed. [#MedEdChat](#)



**Kristina Dzara, PhD, MMSc** [@KristinaDzara7 hours ago](#)

RT [@MedEdChat](#): RT Deb Simpson [@debsimpson3](#) Replying to [@MedEdChat](#) T3 how about reframing this as a "Yes and". Why wouldn't we want to do combo strategy. I love the short, action oriented offerings of [@AcadMedJournal](#) (last page) and [@JournalofGME](#) [#RipOut](#). [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)

RT [@KristinaDzara](#): [@ArjaSateesh](#) [@MedEdChat](#) There is also a component of considering what faculty themselves think they need. If we can draw faculty in with topics that interest them, and provide good development, they may be willing to engage on topics which may interest them less, but are still needed. [#MedEdChat](#)



**Kristina Dzara, PhD, MMSc** [@KristinaDzara7 hours ago](#)

[@debsimpson3](#) [@GLBDallaghan](#) I like engaging with colleagues from around the world. From my couch. [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** @MedEdChat7 hours ago  
That's a wrap...I will post the #MedEdChat transcript tomorrow morning on <https://t.co/mJivoKroXx>. Thanks everyone for participating! #meded



**MedEd Chat (hosted by ACE)** @MedEdChat7 hours ago  
Join us again next week at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email #meded #MedEdChat



**Kristina Dzara, PhD, MMSc** @KristinaDzara7 hours ago  
@GLBDallaghan @MedEdChat @AcadMedJournal Those are some of my favorite types of scholarship to put together. #MedEdChat



**Kristina Dzara, PhD, MMSc** @KristinaDzara7 hours ago  
@MedEdChat Yes, 100%, absolutely. #MedEdChat



**Lauren Mazzurco** @LaurenMazzurco7 hours ago  
RT @GLBDallaghan: T3 I agree with @debsimpson3 A Yes and approach to #facdev makes the most sense. Even with in person sessions, I like to have products participants can take with them. Should be a given! #MedEdChat



**The NOMAD Doctor** @Medical\_Nomad 4 hours ago  
God bless. He had a little longer than some. He did his part for science and humanity. #MedTwitter #MedStudentTwitter #mededchat <https://t.co/P9AOJih0Kn>



**Lidiano con la Encefalomiéltis Miálgica** @Tobalilla3 hours ago  
Repíte conmigo, @seneurologia, @SEMG\_ES @SEPsiq @SEPsiqLegal: Las patologías #NeuroInmunoMetabolicas no son nuevas El #covidpersistente podría haberse evitado si hubierais sido más humanos, más profesionales y menos comerciales #COVID19 #MedTwitter #MedEdChat #MedEd #Neurologia



**CALL ME ZONA** @Zoya623363 hours ago  
First year nibba's nibbi's after falling in love "Hospital Bhi Saath Main Kholenege" Sirf College Tak Ishq Nahi Hai Hamara.. #MedTwitter #MedStudentTwitter #MedEdChat



**Med Student Bot** @MedStudent\_Bot3 hours ago  
RT @Zoya62336: First year nibba's nibbi's after falling in love "Hospital Bhi Saath Main Kholenege" Sirf College Tak Ishq Nahi Hai Hamara.. #MedTwitter #MedStudentTwitter #MedEdChat



**Indian doctor** @Indian\_doctor2 hours ago  
After new curriculums ! Failing percentage of mbbs students are increasing in every university. Kindly look into this matter also  
...2/2 #MedStudentTwitter #MedEdChat #MedTwitter. @NMC\_IND @PMOIndia @Drsarika005 @FAI  
MA\_INDIA @FordIndia



**Gary Beck Dallaghan** [@GLBDallaghan](#) hour ago  
RT [@KristinaDzara](#): [@debsimpson3](#) [@GLBDallaghan](#) I like engaging with colleagues from around the world. From my couch. [#MedEdChat](#)

## The #MedEdChat Influencers

### Top 10 Influential



[@MedEdChat](#) 100



[@debsimpson3](#) 87



[@GLBDallaghan](#) 84



[@AriaSateesh](#) 71



[@radha\\_peds](#) 48



[@sood Ionika](#) 45



[@AcadMedJournal](#) 44



[@TLMedEd](#) 43



[@JournalofGME](#) 41



[@KristinaDzara](#) 36

### Prolific Tweeters



[@MedEdChat](#) 10



[@GLBDallaghan](#) 10



[@KristinaDzara](#) 7



[@AriaSateesh](#) 6

 [@debsimpson3](#) 5

 [@MedStudent\\_Bot](#) 4

 [@sood\\_lonika](#) 3

 [@COMSEPediatrics](#) 2

 [@TLMedEd](#) 2

 [@SDRME\\_MedEd](#) 1

### Highest Impressions

 [@MedEdChat](#) 94.0K

 [@KristinaDzara](#) 51.0K

 [@GLBDallaghan](#) 18.3K

 [@debsimpson3](#) 5.1K

 [@Medical\\_Nomad](#) 4.0K

 [@MedStudent\\_Bot](#) 3.7K

 [@TelehealthBot](#) 3.5K

 [@TLMedEd](#) 3.5K

 [@COMSEPediatrics](#) 3.3K

 [@sood\\_lonika](#) 2.8K

## The Numbers

195.695K Impressions

58 Tweets

18 Participants

7 Avg Tweets/Hour

3 Avg Tweets/Participant

Twitter data from the [#MedEdChat](#) hashtag from Thu, March 10th 2022, 9:05PM to Fri, March 11th 2022, 5:05AM (America/New\_York) – Symplur.