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## **The Guidebook for Clerkship Directors, 4<sup>th</sup> Edition**

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### **Career Development for Medical Student Clinical Educators**

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# **Chapter 23**

## **Career Development for Medical Student Clinical Educators**

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### **23.1. Introduction**

Becoming a successful medical student educator in an academic institution is not impossible, and is increasingly available as an option to full-time clinical faculty at some medical schools. What one needs is a clear vision of one's career path, drive, and determination to achieve this, unabashed enthusiasm for teaching, a willingness to learn about teaching and learning, an appreciation of the components of a good medical student education program, an ambition and willingness to lead, and writing skills. A friendly personality will also be a useful trait. It also helps to have mentors, including a department chair or dean, who can provide professional and - in the case of chairs or deans - salary support. This chapter, unique to the other chapters in this text, is written with a very personal slant. As a clerkship director, you must be cognizant of the way this will impact your overall career goals.

### **23.2. Ten Overall Points for Successful Career Development in Education**

#### **23.2.1. Know What You Want to Do**

Although this may seem obvious, it is imperative to have a clear personal vision of your optimal future career in academic medicine. This will shape your development, and your colleagues and superiors will respect you for it. Budding medical educators who display ambivalence about their plans (e.g., "I like to teach, but I don't know if I want to make a career of it") are delaying their goals and likely to fail. If medical student teaching is a second career path, the same points and strategies still apply.

#### **23.2.2. Communicate Your Vision Effectively to Your Superiors**

Your mentors, chair, and dean will be unable to support you unless they know exactly what you want to do, and they will be better able to advise you if they do know. Your vision should be well thought out and written down. You should review this periodically, especially during the early years of your career.

### **23.2.3. Be Versatile**

Successful medical educators should be willing and able to wear many hats simultaneously, which makes them valuable to their department chairs and deans. An effective educator must be able to teach at all levels - pre-clinical medical students, clinical students, residents, and fellow faculty, both in and outside your specialty. You should also be comfortable teaching in numerous venues, including one-on-one, small group, and lecture formats. You may not be highly skilled at each immediately, but you will improve with motivation, practice, and guidance from colleagues and mentors, and your own self-directed learning.

### **23.2.4. Become an Able Administrator**

It is imperative that you become an able administrator, and you should strive to run some of the courses in which you participate. In general, it is far superior to tell others what to do rather than to be told what to do. Being an able administrator includes learning how to create and balance budgets for your teaching programs, how to negotiate for what you need to do your job effectively (both money and staff), and how to manage people. The latter is arguably the most important, and includes not only learning how to manage the individuals who report to you but also learning how to manage your bosses, including your dean and department chair. Again, this knowledge and these skills do not simply appear; you must proactively seek out courses, mentors, etc. to make this a reality.

Not only must you wear multiple teaching hats, you must also learn how to survive in the world of academics. Like the residency director, chair, associate deans, dean, and site coordinators, the clerkship director is also a middle manager. In the *One Hat Solution*, Rogers writes: "Unless you one day become a chief executive officer, you will always report to someone who is a slot above you in the organization chart, and you will have people reporting to you."<sup>1</sup> Table 23.1 lists suggestions for success in middle management.

### **23.2.5. Be Patient: Have a Long-Term Time Horizon**

Medicine as a field is famous for the delayed gratification of its participants. Medical education is no different. It takes years to develop skills and a reputation for being an excellent educator. Be patient and persistent as you attempt to achieve your career goal. As long as you are reasonably aware of your strengths and weaknesses, with guidance from a mentor when necessary, you should not be discouraged by setbacks, a few of which are bound to occur. If your ultimate goal is to become a clerkship director, a full professor, a tenured faculty member, associate dean, chair, or dean, occasional rejection or lost opportunities should not discourage you.

**Table 23.1. Suggestions for Clerkship Directors and Other Middle Managers** (modified from Rogers<sup>1</sup>)

<p>I. General Rules:</p> <ul style="list-style-type: none"> <li>A. Reward people for helpful behavior, and you will obtain the results you want. Fail to reward, and you'll obtain the wrong results.</li> <li>B. Productive, successful people work hard, often beyond "assigned" hours.</li> </ul>
<p>II. Communication:</p> <ul style="list-style-type: none"> <li>A. With Your Chairperson:             <ol style="list-style-type: none"> <li>1. Keep your chair posted about what you're doing. Ask what are the routine matters about which s/he does not want to be apprised.</li> <li>2. Keep your chair posted about important developments and problems.</li> <li>3. Do not surprise your chair in public.</li> <li>4. Ensure that you and your chair agree about priorities, and that you and the clerkship faculty are also in accord about priorities.</li> <li>5. Praise your chair when it is merited, but do not engage in idle flattery.</li> <li>6. Let your chair know which faculty are doing top-notch work, and go to bat for them when rewards are in order.</li> <li>7. Do not ask the chair for something important when s/he is in bad spirits.</li> <li>8. Take notes during meetings with the chair.</li> <li>9. Do not make "end runs" around the chair. Complaining about the chair to the dean, or to the clerkship faculty, or committing the department's time without the chair's concurrence, is committing academic suicide.</li> <li>10. If your chair makes a request that you consider excessively demanding or inappropriate, consider the following:                 <ol style="list-style-type: none"> <li>a. Ask for some time to think it over.</li> <li>b. Explain why your honoring the request will hurt the department.</li> <li>c. Suggest a better alternative.</li> </ol> </li> <li>11. Find out what pressures the dean is putting on your chair, and bear this in mind in your planning. "Help to keep your boss's boss off your boss's back."</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>B. With Clerkship and Other Faculty:             <ol style="list-style-type: none"> <li>1. Listen a lot, and take notes. The higher you are in the school's hierarchy, the more you should listen and the less you should talk.</li> <li>2. When you listen, pay attention. Do not doodle or look out the window.</li> <li>3. Let clerkship faculty know that you will meet with them promptly, sometimes on the spur of the moment.</li> <li>4. Do not talk down to anyone.</li> <li>5. If you are talking with one or more colleagues, and someone is not listening - stop talking.</li> <li>6. Be wary if you are discussing important plans and the other person is not taking notes. Ask the person if s/he will remember what you're saying.</li> <li>7. Seek the opinions of people that work with you and for you.</li> <li>8. Admit you're wrong when you're wrong.</li> <li>9. Say you do not know when you do not know.</li> <li>10. Lighten up. Poke fun at yourself.</li> <li>11. Do not overload people with your memoranda or other documents. The more you send memos of minimal import, the less likely that faculty will read your more important communications.</li> <li>12. To persuade others to do what you would like them to do, do so in person, one-to-one, not by mass appeal at formal meetings.</li> </ol> </li> </ul>

<ul style="list-style-type: none"> <li>13. Criticism should be like a sandwich. Slip it in between layers of praise.</li> <li>14. Criticize colleagues in private, not in public.</li> <li>15. Write terse notes of praise.</li> <li>16. When you are praised, thank the person for the compliment. Do not be falsely modest.</li> <li>17. Do not gripe about a situation unless you can offer a better solution.</li> <li>18. Do not threaten people.</li> <li>19. Tolerate the idiosyncrasies of very talented and productive faculty.</li> </ul>
<p>III. Program Direction:</p> <ul style="list-style-type: none"> <li>A. Do not make abrupt changes.</li> <li>B. When you promote someone from within the department (e.g., appointing an assistant clerkship director), do this gradually, by giving progressively more responsibility.</li> <li>C. Do not change a successful program; “If it ain’t broke, don’t fix it.”</li> <li>D. Teach others to do some of your tasks, and then delegate these tasks.</li> </ul>
<p>IV. Problem Areas:</p> <ul style="list-style-type: none"> <li>A. Do not let people disparage you. Say something like, “I know that you have a tough job and lots of pressure, but I must ask you to treat me with respect.”</li> <li>B. If someone continues to spread dissension despite your best efforts, find a way to remove this person.</li> </ul>
<p>V. Entries and Exits:</p> <ul style="list-style-type: none"> <li>A. When you are new in a department, be friendly and introduce yourself around. Approach people in their offices. Do not put on airs.</li> <li>B. When you must leave a job, give considerable advance notice, and try to leave on good terms.</li> </ul>

### 23.2.6. Concentrate on Excellence Locally

As Tip O’Neill said: “All politics is local.”<sup>2</sup> One’s national reputation for excellence in education should be based upon local excellence. You should continue to teach extensively at your local institution, while simultaneously developing a national reputation as an educator (see Section 23.2.7). This will set the right example for your colleagues, benefit your students, ensure that you continue to hone your teaching and administrative skills, and develop ideas and programs that you can present nationally. Conversely, the adage that familiarity breeds contempt may also apply. It is not unusual for your reputation to be better accepted outside of your home institution.

### 23.2.7. Get to be Known Nationally

Local success depends to some degree upon national success (certainly promotion does). You should share, with a national audience, the talents and expertise that you develop locally. Giving presentations at national meetings, becoming involved in national committees, publishing education-related papers in medical and medical education journals (see Chapter 24, “Educational Scholarship”), and being invited as a grand rounds speaker or visiting professor are several avenues for developing national prominence. You must also be able to travel to gain national exposure as an educator, and to enhance your own tool kit.

In order to become known nationally, you must go out of your way to meet your colleagues at national meetings and inquire about volunteering on national education committees (see Chapter 5, “Understanding, Navigating, and Leveraging U.S. Medicine”). Your chair, deans, or mentors can help by introducing you to key education leaders in your region and/or your field. If you are asked to participate on a committee, agree to do so with enthusiasm and participate fully. If you turn down too many opportunities for whatever reason, you will likely be bypassed for national leadership positions.

**Table 23.2. Contents of a Successful Senior Educator’s Portfolio**

<p>Section 1. GENERAL SUMMARY:</p> <ul style="list-style-type: none"> <li>Curriculum vitae.</li> <li>Summary of my teaching and educational research program.</li> </ul>
<p>Section 2. EDUCATIONAL LEADERSHIP:</p> <ul style="list-style-type: none"> <li>National specialty award recommendation letters and list of past winners.</li> <li>Ratings of the department’s residency program when I was department chair.</li> <li>Reviews of medical school’s courses in preparation for LCME visit when I was curriculum committee chair.</li> </ul>
<p>Section 3. OUTSTANDING TEACHING:</p> <ul style="list-style-type: none"> <li>Student ratings and narrative comments about my teaching in our second-year course:                             <ol style="list-style-type: none"> <li>1. Academic year 2007-2008.</li> <li>2. Academic year 2008-2009.</li> <li>3. Academic year 2009-2010.</li> </ol> </li> </ul>
<p>Section 4. EDUCATIONAL INNOVATIONS:</p> <ol style="list-style-type: none"> <li>1. Table of my innovations.</li> <li>2. Sample of innovation 1, a detailed self-study module for my basic science course and clerkship.</li> <li>3. Summary of innovation 2, using feature films to teach American culture to international medical graduate residents.</li> <li>4. Summary of innovation 3, a student group’s summary of my live patient interview in my basic science course.</li> <li>5. Sample of a page in my course’s section of the university intranet.</li> </ol>
<p>Section 5. EDUCATIONAL EVALUTATION AND RESEARCH:</p> <ol style="list-style-type: none"> <li>1. Sample of a patient-vignette-based, USMLE-style 110-item multiple-choice test using Case-Swanson standards for my basic science course.</li> <li>2. Rating forms for supervision of a student’s or resident’s initial interview.</li> </ol>

**23.2.8. Be Persistent**

These rules apply regardless of your gender or ethnicity, even though some of us are still subject to discrimination. Glass ceilings, however unethical, are real.<sup>3,4</sup> The roles of clerkship director, residency director, and associate dean are quite open to and frequently attained by women and members of minorities. Half of the members of the Executive Council of the Alliance for Clinical Education, who are national leaders in clinical education and sponsors of this

guidebook, are women. It is possible, although harder, to be successful in an educator's track if you begin in a part-time position, as long as you assert - right away and consistently - what career path you want to take.

### **23.2.9. Develop an Educational Portfolio**

For academic physicians specializing in medical education, developing and presenting an educational portfolio, akin to an artist, architect, advertiser or schoolteacher's portfolio, is relatively new. Produced on a Web site or in a loose-leaf binder, it is a priceless way to maintain and document one's accomplishments. It is more palpable and "alive" than a curriculum vitae, better organized than a scrapbook or memorabilia "drawer," and more attractive than a cabinet of documents waiting to be "trotted out" for future projects. A sizeable minority of medical schools requires it, and more will require it in the future. Even if one's school does not require it, it is worthwhile to prepare one if time permits. Because of the volume of portfolio contents that one acquires over a multi-decade career, it is best to begin early in one's career. We estimate that it requires roughly ten hours for each decade of one's career to produce one, which includes finding and organizing the components. Gathering these components provides equal doses of pleasure and drudgery; akin, say, to collecting stamps or baseball cards or maintaining a scrapbook. Table 23.2 lists the table of contents of one senior medical educator's portfolio, presented as part of an application for membership in a master teacher's guild. Your institution may have a preferred format for these portfolios; if not, additional templates can be easily found online, using common Internet search engines.

### **23.2.10. Recognize, Appreciate, and Communicate to a Future Spouse or Partner that You Will Probably Not Become Wealthy**

The joys that accompany successful teaching and program development, the local and national professional respect that you receive as an academician, and the pleasures of collaborating with bright, caring, and like-minded people, is counterbalanced by the fact that your income as a medical educator will probably be considerably lower than that received by more entrepreneurial colleagues. Do not build up your hopes, your partner's hopes, or your family's hopes, for your wealth.

## **23.3. Four Phases of Career Development**

It is helpful to consider the development of a career in medical education as a stepwise process, with specific and discrete goals for applicants for faculty positions (senior residents or fellows), instructors and assistant professors, associate professors, and full professors. These are detailed below.

### **22.3.1. Applicant for Faculty Position (Senior Resident or Fellow)**

The beginning years of a career in medical education should be focused on



defining your goals, identifying some early mentors, communicating your goals to your mentors, and finding the right people with whom to work.

#### **22.3.1.a. Apply Preferentially to Programs that Value, Reward, and Pay for Teaching and Educational Administration**

Economic realities have resulted in many medical school and medical center administrators being less willing and able to pay and protect the time of physician teachers and medical educators to teach, run courses and clerkships, and conduct unfunded educational research.<sup>5</sup> In deciding to which medical schools and medical centers to apply, ascertain the extent to which your teaching time will be paid for or “protected,” compared with working in a situation where these academic endeavors have to be piggybacked onto patient care and grant responsibilities or conducted late at night or on weekends. As much as possible, have this addressed in writing in whatever contract you negotiate. Optimal support of your educational time is discussed below.

#### **23.3.1.b. Communicate Your Career Plan to Your Superiors**

Tell your prospective chair and program director that you want a career as a medical educator.

#### **23.3.1.c. Surround Yourself with Good People**

Accept a faculty position only if your prospective immediate supervisors are ethical people who care about your career; who, right off the bat, will support your development as a medical educator; and who will protect at least 25% of your time for teaching, educational administration, and research.

#### **23.3.1.d. Know Exactly What Will be Expected of You**

Ask what students and residents you will supervise, what classes you will teach, and what programs you will run.

#### **23.3.1.e. Characterize Your Practice and Academic Habits**

If, during your residency, you were efficient and tended to finish work early or, alternatively, you tended to work late and work on weekends, expect that this will be the case in your academic practice. Tell your partner or prospective spouse to expect these habits and, simultaneously, ensure that you will be available to your family to their satisfaction.

#### **23.3.2. Early Phase - Instructor and Assistant Professor**

The early years of a medical education career should focus on achieving local stature as an excellent teacher. Consider the following points during this phase:



### **23.3.2.a. Obtain Training in a Sub-Specialty**

If this is professionally necessary for your specialty, additional fellowship training will allow you to develop an area of expertise in your primary specialty, and will also allow you to gain additional scholarly expertise in a supervised setting.

### **23.3.2.b. Get Involved Teaching Clinical Students and Residents**

Opportunities abound for junior faculty to teach in clinical settings, whether on rounds, at clinical conferences, or at grand rounds. Junior faculty interested in careers in medical education should teach often and well. Medical schools are required to evaluate faculty teaching efforts, and positive student evaluations can help to launch an educator's career. Request all written feedback that is available about your teaching performance, read it carefully, use it to improve your teaching, save it in your own teaching portfolio, and ensure that it is appropriately filed in your chairperson's performance folder. Identify master teachers in your institution and seek them out as mentors.

### **23.3.2.c. Meld Your Clinical Work with Your Education Goals**

Use your initial clinical assignment as a laboratory for your leadership and teaching and clinical skills. Likely your first job will include at least a significant patient care assignment. This job should include having students and residents assigned to you whenever you are at the clinical location.

You should make time not only to model excellent patient care, but also to assign students and residents the maximal amount of clinical responsibility that their abilities permit, observe these trainees caring for patients, give them ample, prompt feedback, and generalize beyond each case. If you teach with care, the trainees will be glad to do as much of your routine work as they are permitted (though there are, of course, real limitations to this now, based upon coding and documentation requirements and the advent of electronic health records). All meetings in which you and the trainees participate should include a teaching component, should further a teaching culture, and should never be purely perfunctory. During this initial assignment, you might also seek to serve as an education site director for your department.

### **23.3.2.d. Develop Time Management Skills**

It is crucial that you learn how to multitask and manage your time efficiently. The most effective leaders are those who minimize time spent on mundane daily tasks such as reading e-mails and correspondence, and save valuable time for creativity, including preparing lectures, organizing courses, and writing syllabi and manuscripts. Some latitude in your schedule, increasingly a luxury, also allows time for you to meet with people on the spur of the moment when necessary.

It is also imperative that you develop lifelong organizational skills and practices, including a logical filing system for presentations, course schedules, course memos, other course materials, etc. It is much more time-efficient simply to update previous work rather than to create new ones from scratch.

#### **23.3.2.e. Teach in a Basic Science Course**

Pre-clinical basic science courses, such as pathophysiology, are excellent venues in which to learn effective lecturing techniques, small group instruction, writing multiple-choice questions, and grading and evaluation techniques. Teachers in such courses are exposed to large numbers of medical students, and positive feedback from such courses can have a profound impact on one's stature as a teacher. In addition, these courses often have line item budgets that may be a source of salary support.

#### **23.3.2.f. Get Involved in Local Education Committees**

Being a member of a local curriculum committee, a student evaluation and promotions committee, and/or your department's education committee will help you to understand the political climate of education. In the case of school-wide committees, being a member allows you to develop professional relationships with faculty outside your own discipline and may allow you to participate in school-wide curricular reform.

Before accepting an appointment, ask one or two current committee members, including perhaps the committee chair, and a mentor, what will be expected of you, and how you might benefit from - and enjoy - committee membership. Be careful not to accept too many committee assignments, either now or later in your career. Controlling your time is always critical.

During the first several months of your initial committee membership, do not be overbearing. While expressing your views frankly and taking a stand when necessary is essential, there is nothing that annoys senior committee members more than a know-it-all new junior faculty member.

#### **23.3.2.g. Get Involved in National Organizations**

This is the time to start developing national exposure for your teaching, curricular development, and educational administration efforts. In addition to national clerkship directors' organizations, many other regional and national organizations have a significant interest in education and are looking for junior faculty to join their ranks. Belonging to committees in such organizations allows one to meet colleagues with similar interests from other geographic areas and, in some cases, from other specialties. This network of your peers and senior colleagues will include fellow educators who will eventually write "national" and "outside" letters of recommendation for your promotions and tenure.

### **23.3.2.h. Publish on Education**

Dissemination of your work in education is important for career advancement, as it is in research tracks. It is scholarly; it provides a national audience and reputation for one's education interests and research; it creates valuable new knowledge; and it answers key questions for yourself and for the field of medical education. Many academic centers require a certain number of publications in education to satisfy promotion requirements for academic education tracks.

If you are inexperienced at research and are deciding on a research question or topic, you will be surprised to learn that most questions you already have about medical education or clinical care are fine starting points for a study.<sup>6</sup> The vast majority of these questions have not been answered decisively in the medical education or patient care literature. Yager, for example, published a sizeable list of education topics worth studying.<sup>7</sup> Recognize that some efforts may have already been made to address your questions. A skilled librarian or a mentor may be necessary to help you perform a review of the relevant literature. Such a review is critical to starting an educational research project.

Although extensive research has established that there is zero correlation between publishing research articles and being a good teacher,<sup>8-10</sup> doing both simultaneously is personally gratifying and professionally important. There are examples of academicians who have simultaneously published extensively in the clinical (as opposed to the educational) arena and run major education programs successfully, but this is not a typical track for a medical educator.

### **23.3.2.i. Start a Personal Library of Key Articles**

Throughout your career, you (and other successful academicians) will refer to or assign key articles for reading. Keep them available in an organized fashion, in your computer or a hard-copy file. Many articles that you regard as classic and unusually helpful early in your career will remain so for the rest of your career. You need relatively prompt access to them.

### **23.3.2.j. Sign Up for Your University's Retirement Annuity Program**

Perhaps the best financial investment you will ever make is in your institution's retirement program, for which your school will likely contribute a matching share to some extent.<sup>11</sup> Later in your career, when you contemplate your retirement, you will appreciate this immensely. If you have children, start investing money into a fund devoted to their college and graduate education.

## **23.3.3. Middle Phase - Associate Professor**

Faculty members who have been successfully promoted to associate professor in an education track typically have an outstanding local, as well as

regional, reputation for teaching excellence. At this point in your career, you may have recognized that many clerkship directors aspire to remain in this role for the rest of their careers,<sup>14</sup> and can be promoted to professor and become tenured. As an associate professor, you should concentrate on obtaining national stature as an outstanding educator. In this regard, consider the following points:

**23.3.3.a. Become a Course, Clerkship, or  
Program Director in Your Medical School**  
(if you have not already done so)

By being in a position of authority, you have the ability to effect change fairly easily in the program that you direct. In many medical schools, these faculty positions come with some salary support. Recent position statements from clerkship and program director organizations<sup>12,13</sup> suggest that these positions are a 25%-time effort, plus an additional 25% for classroom and conference teaching, and should provide a similar amount of salary support. Specific line-item salary support should be part of your negotiations before accepting one of these positions. When assuming one, do so with enthusiasm, with a several-year commitment to it, and with a specific plan to improve the course, clerkship, or residency program. Being a course, clerkship, or program director also allows you to become active in national directors' organizations, which provides another opportunity for national prominence.

Every once in a while, when a residency director leaves his/her post through resignation or promotion, the clerkship director is offered the position of residency director, in addition to or instead of being the clerkship director. Working in both roles simultaneously can be difficult; so for career development and in consideration of one's family, it is generally best to be either one or the other. Appreciate that, although many of the same skills and personality traits are valuable in both roles, on balance the two positions are quite different, as depicted in Table 23.3. That said, it is possible to assume successfully the added responsibilities of program director, as long as your clerkship is running well and you have excellent administrative support for each position. Taking on both roles clearly demands renegotiation with your chair, as time, salary, and resources will henceforth be much more complicated.

**23.3.3.b. If Available, Take a Sabbatical Focused on Education**

Seasoned educators widely agree that too few - rather than too many - faculty members take sabbaticals. Good university sabbatical committees, chairs, and deans support well-planned sabbaticals rather than provide roadblocks to them. Eighty percent of faculty members who have taken sabbaticals perceive them as strongly positive experiences.<sup>15</sup> The early years of associate professorship are an ideal time to take a sabbatical in medical education.

Sabbaticals allow one to refocus academic interests, and to develop research, or curricular reform, projects that can be brought back to one's own institution. In applying for a sabbatical, convey to your chair and your colleagues that you want to do this to enhance your career in your department's interest, not to escape from the department. In the latter case, your stature in your department would decrease. Also try to envision, for when you complete your sabbatical, (1) what will change about your role when you return, and (2) whether you will have time protected to continue projects that you began during your sabbatical. After a productive sabbatical, your subsequent opportunities and obligations (e.g., papers in progress, collaborations begun) will probably increase.

**Table 23.3. Comparison of Clerkship and Residency Education**

<b>Characteristics</b>	<b>Clerkship; Clerkship Director</b>	<b>Residency; Residency Director</b>
Full-service programming.	No. School has separate offices, and is responsible for admissions, student affairs, curriculum planning, and promotions standards. More help is available from outside the department.	Yes. Residency handles admissions, record keeping, promotion standards, curriculum planning.
Continuity of Relationships.	Intense but relatively brief contacts (e.g., four to twelve weeks for a third-year clerkship), relatively little longitudinal continuity with the majority of students.	Continual, longitudinal responsibility for trainees' development.
Trainee characteristics. Trainee-director relationships.	Only a minority of clerks plans careers in the clerkship specialty. Many have to be convinced of the specialty's importance to their eventual practices. More salesmanship is required. Clerkship director must enjoy teaching the unconverted.	Residents have committed themselves to the specialty, and the residency director can expect this.

### **23.3.3.c. Get Education Grants**

Although these are difficult to obtain since they are few in number, they can provide salary support, justification for an educational research project, and national exposure.<sup>16</sup> Additional training in medical education research can help make you competitive as you seek these awards.

### **23.3.3.d. Network with Other Medical Educators**

Meeting and working with national and international colleagues who are interested in education, both within your specialty as well as in other specialties, should be a key area of focus for medical educators in their middle years.

### **23.3.3.e. Increase Your National Involvement in Education Committee Work**

At this phase of your career, you will have a track record of helping your colleagues nationally, and will naturally assume more and more leadership positions in national education societies. This provides you with an opportunity to foster and disseminate innovations in medical education at a national level.

If you have been successful and collegial during your associate professorship, some of your colleagues nationally will ask you for letters of recommendation for their promotions. Write these letters as if the letter were being written for you. Do not hesitate to use superlatives if they apply. Statements like “Dr. A is one of the best academic public speakers I ever heard”; “Dr. B contributed a wonderful chapter - terse, thoughtful, superbly referenced - to a book I edited”; “Doctors like her are the heart and soul of every medical school department” are very helpful and much appreciated. When it comes time for you to be promoted to professor, or to become tenured, these recipients of your prior support may be equally helpful to you.

### **23.3.3.f. Get Involved in Education in Other Medical Specialties**

Collaboration with education colleagues in other medical specialties increases one’s own effectiveness as a medical educator, and increases one’s stature as a teacher.

### **23.3.3.g. Get Involved in International Medical Education**

In many ways, the future of American medical education is international medical education. European and Asian medical schools are undergoing curricular reform similar to that in our own schools, and collaboration with international medical schools on educational projects will allow senior faculty to gain international prominence in their field. This may be necessary in some medical centers to achieve promotion to a full professor in an education track. Perhaps more importantly, the rich experiences gained from such international collaboration may be their own reward. Setting up a successful international exchange program in education for residents and medical students is another gratifying aspect of international exchanges.

## **23.3.4. Late Phase - Professor**

The main focus at this stage should be to mentor junior educators, both locally and nationally. The following points may help in this regard:

### **23.3.4.a. Continue to Teach, Both Locally and Nationally**

One would hope that most professors who have focused on medical education are, in fact, master teachers by this point, and should continue to share



their wealth of knowledge by teaching frequently. You should continue to teach extensively at your local institution, and not focus on being a “traveling celebrity.”

#### **23.3.4.b. Continue Your Clinical Work**

Teachers must have a basis from which to teach, and cannot teach in a vacuum. By maintaining a clinical practice, senior educators continue to be challenged by new clinical material as a substrate for their teaching. It is not known how much clinical practice is necessary to keep up-to-date as a teacher.

#### **23.3.4.c. Become a Mentor**

This is perhaps the most important responsibility for senior educators. By virtue of your position, you act as a mentor to and role model for medical students, residents, and junior faculty members. Becoming a mentor also allows senior educators to refocus their reward systems, such that they derive pleasure from seeing their students succeed, rather than from their own success.

#### **23.3.4.d. Start Grooming a Junior Faculty Member**

Begin identifying and mentoring a junior faculty member to become your assistant director, and perhaps to replace you eventually in your directorship. Such succession planning is critical. Eventually you will cede your positions, and the skills that you impart and the support that you give will facilitate that person’s performance. If your mentee leaves your institution, your mentoring will help him or her obtain a desired role at another school. You should help some past graduates of your medical school and residency program to obtain good positions at either your own or another school.

#### **23.3.4.e. Remain a Model “Citizen” in Your Institution**

Senior educators have an amazing amount of influence locally with their students, their residents, and fellow faculty members. You can use this influence in a positive sense to facilitate curricular reform, build consensus, and effect administrative changes that favor education. The respect that is accorded to senior educators by their local institutions is a privilege that has its own responsibilities. A major blunder or indiscretion could seriously damage a hard-earned reputation.

#### **23.3.4.f. Remain Enthusiastic**

Enthusiasm for teaching is a key quality for medical educators that must be maintained, especially in the latter years of your career. If you lose enthusiasm for your work (and you are not clinically depressed), it is time to retire.



### **23.3.4.g. Travel - Be a Visiting Professor**

By virtue of your national stature, you may be invited to speak at other institutions. This is an excellent opportunity in which to be an ambassador for your own institution, for medical education, and for your specialty.

### **23.3.4.h. Plan for Your Retirement**

Several years before you are eligible to retire, size up your reasons to retire, semi-retire, or not to retire when you become eligible, and contemplate what you would do in retirement. There is less and less such a thing as a “traditional” retirement, in which one stops working, takes it easy, lives frugally, has fewer expenses and - with good luck - passes on a large sum of money to one’s middle-aged children upon one’s death.

Like each person’s youth and middle age, each elderly person’s decision to retire or continue to work is unique. As we age, we vary dramatically in vigor, health, aspirations, needs for intellectual challenge, exercise, and income. In an era of recession and near-recession, some of us may be financially unable to retire and may even have to work more (we hope enjoyably) in response to events.

In considering straight, flat-out retirement, ask yourself how will you spend your time? Not working can be a bore. If you have been enjoying and thriving in your work, what will replace that? Some have sought low-key second careers, others have volunteered in or outside medicine and medical education.

Semi-retirement is an intermediate option. If you still love your work but want to take it easier and cut down on unpleasant aspects of your job, semi-retire by drawing some of your retirement income right away while continuing to work at aspects of the job that you love. The latter will require advance planning and negotiations with your chairperson.

## **23.4. Conclusion**

Requirements for a successful medical educator are conviction and enthusiasm: conviction in knowing what you wish to accomplish in your career, and unabashed and persistent enthusiasm in pursuing that conviction. It is important to stay focused on education and to be patient in achieving success. Support and advice from a respected mentor are invaluable along the way.

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