

APM Perspectives

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AAIM Report on Master Teachers and Clinician Educators Part 2: Faculty Development and Training

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The Alliance for Academic Internal Medicine (AAIM) is composed of key internal medicine-based professional bodies committed to the preservation, growth, and refinement of the specialty. Member organizations include the Association of Professors of Medicine, the Association of Specialty Professors, the Association of Program Directors in Internal Medicine, Clerkship Directors in Internal Medicine, and Administrators of Internal Medicine.¹ A primary mission of AAIM is to foster change in medical education to best meet the needs of future practitioners, academicians, and leaders in internal medicine. To this end, AAIM in 2006 chartered the Education Redesign Task Force, composed of representatives of the member organizations and of the American College of Physicians and American Board of Internal Medicine, to address several topics critical to the mission of internal medicine education.² A sec-

ond task force was similarly chartered in 2008 and charged to examine and make recommendations on 3 additional issues: defining the essence of internal medicine; formulating a pathway toward competency-based medical education; and describing and examining issues related to clinical medical educators, specifically the master teacher (MT).

The history, evidence sources, and specific goals of this report have been elucidated in a previous APM Perspectives,³ which described in detail the perceived needs for these specialized teacher-educators and the skill sets anticipated to meet these needs. Part 2 will examine the types of training and faculty development programs clinician educators need to obtain and grow these skills. Future APM Perspectives will address financial resourcing, scholarship and faculty role (as well as tools available for achievement documentation), and academic promotion and tenure.

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FACULTY DEVELOPMENT FOR MASTER TEACHERS

Master Teachers will be expected to achieve the same high competency level as other faculty.⁴ Because newly recruited clinician educators (CE) rarely have expertise in this broad and deep skill set when initially appointed, future MTs will require additional training and dedicated formal mentorship.^{5,6}

Training Programs for Master Teachers/Clinician Educators

Formal faculty development programs include a range of activities that impart or renew faculty skills in teaching, research, administration, career planning, and decision-making.^{7,8} Focused programs are often necessary for institutions to affect curricular change and the improvements in instructional and evaluative methods essential to maintaining educational quality.^{9,10} Because of the heavy time demands on CEs and MTs, they will need access to a broad range of development activities. Fortunately, available options are many and varied.¹¹ Topics of faculty development activities typically include:⁴

- Orientation to the profession, institution, and their cultures
- Teaching skills: clinical teaching, large and small group teaching, lectures, and Socratic methods
- Networking and mentoring
- Educational leadership and administration
- Adult learning theory
- Curriculum design
- Program evaluation
- Educational research and scholarship
- Learner assessment
- Career advancement

Most programs are designed to enhance teaching skills throughout the educational continuum (undergraduate, graduate, and continuing medical education) and broadly foster academic success (techniques and opportunities to conduct educational research and network with other medical educators). Some programs may target specific faculty subpopulations; be offered at local, regional, or national levels; and/or employ a broad array of teaching methods.

Workshops and seminars are generally 1-3 hours in duration, address a narrow topic, and often involve audience-facilitator interaction. When conducted locally, they may be presented by that institution's faculty or invited extramural experts. Similar faculty development workshops are often included in regional or national meetings of professional organizations.

Certificate programs are primarily for individuals who cannot commit to the time and expense of a master's degree program but have learning needs broader than can be satisfied with workshops and seminars. Typical target audiences are chief residents, fellows,

course directors, and others who might desire formal educational credentials.

Educational fellowships are longitudinal programs that provide training to a cohort of individuals without requiring them to be off-site for extended periods of time. They are typically 1-2 years long and usually require participants to have protected time to complete an educational project. Most fellowships are sponsored by medical schools, intended to develop educational leaders within the institution. Some fellowships offer enrollment to CEs or MTs from outside institutions.¹²

Master's degree programs offer formal, credit-accruing course work; provide a broad foundation in educational theory and practice; and confer an academic degree upon successful completion. Master's degrees in health professions fields are increasingly viewed as necessary to attain the depth and breadth of knowledge and

skills needed for medical education leadership, particularly for deans of education or curriculum. Programs offering national enrollment use primarily web-based formats to limit in-residence requirements.

In addition to these educator-specific programs, several national courses focus on general leadership development, strategic planning, conflict resolution, budget analysis, and other topics relevant to the MT role.¹³ The **Table** (available online) presents examples of the described programs.

Faculty development programs have increased in scope and number in recent years. As of 2008, 48% of North American medical schools had active medical education fellowships (personal communication, N. Searle, July 17, 2009), while 36 had established academies of educators.¹⁴ Reviews of these initiatives found that participants self-reported high satisfaction, felt them useful and relevant to their objectives, and experienced greater motivation and enthusiasm for teaching with enhanced awareness of personal strengths and weaknesses.^{8,15} In addition, they perceived increased knowledge of educational principles, reported improved teaching and assessment skills, described positive changes in their teaching behaviors, and noted an enhanced sense of efficacy as educators. Faculty development initiatives also may lead to more peer-reviewed publications by participants¹⁶ and positively affect faculty recruitment and retention.¹⁷ In general, programs that include experiential learning, emphasize feedback

PERSPECTIVES VIEWPOINTS

- Master teachers will be career-dedicated clinician educators with enhanced skills in all areas of clinical medical education.
- Focused faculty development will be required throughout their careers, as well as innovative resourcing models to support them.
- Master teachers will be measured in part by redefined scholarship and tenure criteria to become full contributing members of medical school and academic medical center faculty.

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