Cracking the Clinician Educator Code in Gastroenterology

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For gastroenterologists who enter academic medicine, the most common career track is that of clinician educator (CE). Although most academic gastroenterologists are CEs, their career paths vary substantially, and expectations for promotion can be much less explicit compared with those of physician scientists. This delineation of different pathways in academic gastroenterology starts as early as the fellowship application process, before the implications are understood. Furthermore, many community gastroenterologists have appointments within academic medical centers, which typically fall into the realm of CEs.

A review of all gastroenterology and hepatology fellowship program websites listed on the American Gastroenterological Association website showed that 33 of 175 (18.8%) programs endorse distinctly different tracks, usually distinguishing traditional research (ie, basic science, epidemiology, or outcomes) from clinical care of patients (ie, clinician educator or clinical scholar). One of the most common words appearing in descriptions of both tracks was "clinical," highlighting that a good clinician educator or researcher is, first and foremost, a good clinician.

With clinical duties requiring the majority of a CE's time and efforts, a reasonable assumption is that CEs are clinicians who teach trainees via lectures, clinic, endoscopy, and/or inpatient rounds. Although such educational endeavors form the backbone of a CE's scholarly activities, what constitutes scholarship for CEs is much more diverse than many people realize. The variability in what a career as a CE may look like can be both an obstacle and an opportunity. Included in the category of clinician educator are community clinicians who have a stake in the education of residents and fellows and play an important role in trainee learning. Sherbino et al[1] defined a CE as "a clinician active in health professional practice who applies theory to education practice, engages in education scholarship, and serves as a consultant to other health professionals on education issues."

Because we recognize that many community and academic gastroenterologists spend the majority of their education efforts teaching trainees, we have made every effort to ensure that the 5 recommendations listed later are equally pertinent to all gastroenterologists who devote any portion of their careers to educating trainees, colleagues, allied health professionals, as well as patients. For example, a CE who primarily teaches trainees still can benefit from learning how to better document their efforts, receive mentorship as an educator, take everyday activities and convert them into scholarship, share teaching materials with broader audiences, and learn new teaching techniques without ever opening a book on education theory. For community-based physicians, this can assist in obtaining recognition from the academic centers for their teaching efforts. We hope that the 5 recommendations that follow will serve to guide those just setting out on the CE path, as well as for those who have trodden it for some time.

Number 1: Maintain a Current Curriculum Vitae and Teaching Portfolio

All CEs must have 2 critical instruments to document their accomplishments to their institutions and to the field: a curriculum vitae (CV) and a teaching portfolio. These items also are very important when the time comes for promotion because they validate one's accomplishments, both quantitatively and qualitatively. Knowing the criteria for promotion as a CE is critical for shaping one's career, and we recommend checking with an individual's institution for its specific requirements regarding formats for both the CV and the teaching portfolio, which typically are available from the academic promotion committee. Because most fellows and faculty are familiar with the format of a CV, we will focus on the teaching portfolio.

For most fellows and many faculty, the teaching portfolio is a new and/or less well understood entity. Unlike a CV, the teaching portfolio presents teaching activities not only as a collection or list, but also provides

Abbreviations used in this paper: CE, clinician educator; CV, curriculum vitae.

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evidence of the influence the work has had on others, in a much more personal way. A few tips are listed on putting together a teaching portfolio. However, the most important advice we can offer is this: one should save all evidence of teaching including unsolicited letters and e-mails from learners and colleagues.

If your institution does not have a teaching portfolio template, we recommend using a pre-existing format. Several examples from academic medicine can be found on the Internet or on MedEdPORTAL, an open-access repository of educational content provided by the Association of American Medical Colleges. One such tool is the Educator Portfolio Template of the Academic Pediatric Association's Educational Scholars Program (available: https://www.academicpeds.org/education/educator_portfolio_template.cfm). The Association of American Medical Colleges Group on Education Affairs held a consensus conference in 2006, from which 5 educational categories were defined: teaching, learner assessment, curriculum development, mentoring and advising, and educational leadership and administration.[2] These categories can serve as an arrangement for a teaching portfolio. We also recommend that you include both educational research/scholarship and web-based educational materials such as online learning modules, YouTube videos, blogs, and wikis as a part of a teaching portfolio. For each project highlighted in the teaching portfolio, we recommend reflecting on and writing down how the project shows the quantity and quality of the work.

Quantity of work in the teaching portfolio refers to more than a mere cataloging of published peer-reviewed articles and book chapters, courses taught, presentations given, and so forth (which should be included in the CV). Instead, it documents time spent in teaching activities, how often teaching occurs, the number and types of learners involved, and how the activity fits into a training program.

Quality of work can include how innovative methods were crafted and implemented to customize teaching in creative ways to accomplish specific learning objectives. This description renders the contents of the teaching portfolio more than merely a sketch of work activities documented by numbers, and tells a story about what occurred. When documenting evidence of quality, provide comparative measures whenever possible. Quality of teaching also can be illustrated by evaluations, pretests and post-tests, and as complimentary e-mails and letters from learners and other faculty members. The description of teaching activities also shows one's flexibility as an educator, and the greater the breadth of experiences, the better. A CE also must document within the portfolio how the teaching activity drew from existing literature and best practices and/or contributed to the medical education field and its body of knowledge. Above all else, we recommend collecting evidence on teaching to both provide evidence of one's teaching skills and to gather data on which to improve.

The teaching portfolio templates begin with a personal statement outlining why one teaches (ie, teaching philosophy). In a teaching portfolio, it is important to include details of how *impact* was defined or determined with regard to teaching endeavors, how the feedback from formal evaluative processes was used to mold one's future activities as an educator, and what strategies will be implemented to improve teaching to meet the needs of diverse and changing groups of learners.

Both the CV and teaching portfolio should be updated continually—we recommend at least quarterly (or as articles are published, courses are taught, abstracts are presented, and so forth)—to ensure that nothing is overlooked or forgotten.

Number 2: Mentors and Mentees

Every CE needs to have a primary mentor, typically a more senior faculty member with an interest in and experience with mentoring, as well as a commitment to fostering the mentee's professional growth. It may be difficult to find a mentor when starting out as a junior faculty member or when changing academic institutions. Once you have a mentor, take ownership for the success of the relationship by managing-up, by organizing all the meetings, exceeding (not just meeting) deadlines, and by communicating needs and information in a way the mentor prefers. Rustgi and Hecht[3] wrap up their article on mentorship with a pathway that highlights the following components for a successful mentoring relationship: regular meetings, specific goals and measurable outcomes, manuscript and grant writing, presentation skills and efficiency, and navigating the complexities of regulatory affairs such as institutional review boards. Although many of these tenets hold true for both clinician researchers and clinician educators, Farrell et al[4] offer 4 steps to finding a mentor for clinician educators, as follows. Step 1: self-reflection and assessment: critically assessing one's competence as a teacher, educational administrator, or researcher; determining what prior education projects have been successful and why; and defining career goals and the current relationship to them. Step 2: identification of