A Map (of the Clinician Educator) World

2009 COMER Retreat
OSU College of Medicine
May 27, 2009

Based on work from the SGIM Education Committee

Schedule of Activities

1. **Personal Reflection: Please review your reflective notes or complete them as others are getting settled.**

2. **Overview of Career Planning**

3. **Small Group Discussions: Removing Obstacles and Planning Next Steps**

4. **Documenting Your Successes: Portfolios**

5. **Innovations from Small Groups/Evaluation of Workshop**

7. **Take Home Assignment**

Section 1: Reflection

Please spend the first 5 minutes of this workshop thinking your personal view of success and your thoughts on how success might be achieved. Consider your total life view of success, not just success in your career.

How do you define success for yourself?

How does this definition compare with your department/division's definition of success?

What goals are you striving for in your career?

What steps have you already taken to increase your chances of success of attaining these goals?

What are the current barriers/obstacles to your success?

Personal:

Work Environment:

What one step could you take in the **next year** to move towards your personal vision of success?

What steps would you need to take in the **next 3-5 years** should you strive for to continue on a successful career path?

Who in your work environment is capable of helping you go to the next level of your career?

What resources outside your work environment might be available to help you achieve your goals?

Section 2: Planning and Problem Solving for Success in Scholarship

Scholarship Categories	**Methods**	**Output**
Discovery	Studies of educ interventions: attitude surveys, Pre and Post Tests, pt satisfaction surveys	Articles: Primary or Secondary
Integration		Workshops
Application	Studies of clinical interventions: outcomes data, pt satisfaction survey	Curricula
Teaching		Multimedia (CD Roms, Videos)
		Standardized patient cases

	Year 1 Goal:	Year 3-5 Goals:
Personal Skills	Existing:	
	Needed:	
	Sources for learning:	
Collaborators	Existing:	
	Needed:	
	Means of Identifying:	
Work Environment	Opportunities:	
	Barriers:	
	Possible Solutions:	
Home Environment	Support:	
	Obstacles:	
	Possible Solutions:	
Mentors	Existing:	
	Potential:	
Metric for Success		

Action Steps after returning Home:

Step 2: Planning and Problem Solving for Leadership Positions

Course Director
Project or Task force Leader
Assistant or Clerkship Director
Associate or Program Director
Division Chief
Major Committee Chair/Associate Chair
National Society Leadership Positions: Meeting Planning/Project Leader/Committee/Officer

	Year 1 Goal:	Year 3-5 Goals:
Personal Skills	Existing:	
	Needed:	
	Sources for learning:	
Collaborators	Existing:	
	Needed:	
	Means of Identifying:	
Work Environment	Opportunities:	
	Barriers:	
	Possible Solutions:	
Home Environment	Support:	
	Obstacles:	
	Possible Solutions:	
Mentors	Existing:	
	Potential:	
Metric for Success		

Action Steps after returning Home:

Section 2: Planning and Problem Solving for Extramural Recognition

Opportunities

Invited Lectures/Workshops
Regional or National Meeting Presentations
Regional or National Committee Work
Mentorship of others
Visiting Professorships

	Year 1 Goal:	Year 3-5 Goals:
Personal Skills	Existing:	
	Needed:	
	Sources for learning:	
Collaborators	Existing:	
	Needed:	
	Means of Identifying:	
Work Environment	Opportunities:	
	Barriers:	
	Possible Solutions:	
Home Environment	Support:	
	Obstacles:	
	Possible Solutions:	
Mentors	Existing:	
	Potential:	
Metric for Success		

Action Steps after returning Home:

Part 2:

Resources for Clinician Educators

Practical Tips on Scholarship for Clinician-Educators

Joyce Wipf, MD
University of Washington

1. **Think of scholarship from the beginning**
   As clinician educators, we may focus predominantly on our busy patient care responsibilities, figuring that we will work on scholarship later. Then a few years fly by and a person is up for promotion with little academic productivity.

2. **Try to preserve an uninterrupted block of time (preferably one day/week, but at least 4 hours) each week for scholarly work**
   Identify a place to concentrate when well rested with without clinical demands or interruptions.
   Example: Avoid planning scholarship time after a busy AM clinic that always goes late. By the time administrative issues, returning phone calls and charting are done, it's 2:30 PM and difficult to have enough energy to dive into reading and research for several hours.

3. **Turn usual teaching responsibilities into scholarship**
   Example: Required journal club presentation to colleagues
   We work very hard on these activities, which often start with a challenging clinical problem of interest to us. They often involve extensive literature search and detailed handout. Plan to write a review article soon after your presentation; work with a more senior faculty member and seek editing advice from others. Over several years you will become a relative expert in numerous topics, which will positively impact your teaching repertoire and your self-confidence.

4. **Get maximum benefit from required work; show your work is useful to others**
   Example: Planned educational intervention in your program – perhaps a pre- and post-evaluation could be designed to assess the impact. This may be reported at regional and/or national mtg and published in educational journal. Dissemination of work and use of syllabi and teaching materials by other programs is important scholarship.
   Example: New clerical support hired to assist residents and reduce workload: we designed a survey of residents before and after, and also conducted a study of the impact of clerical support on how residents spend time.

5. **Try to create scholarship from study of issues you enjoy or are important to you**
   Example: In our institution, C-E faculty noted not enough protected time for scholarship: so we designed and implemented at UW Clinician teacher time study (*Acad Med* 1999) found that faculty with 20% allotted scholarship spent only 12% of their total time on scholarship; half of this was outside the usual 8AM-6PM workday.

6. **Work with individuals from other programs**
Example: You participate in workshops with others at SGIM with similar interests, and get to know individuals through small groups in workshops and precourses, and interest groups. Overtime, you may collaborate on a project, and learn from expertise of those outside your program, as well as sharing resources.

6. **Keep a file for your portfolio**
Example: Save all those thank you letters, evaluation comments, and handouts and teaching materials from the start, then periodically organize into portfolio. Avoid scrambling at promotion time to find these or collect supporting information.

Definitions of Scholarship

Principles:

- **SCHOLARSHIP IS A PROCESS** - almost any activity or product can be scholarly if approached properly
- **SHOLARSHIP IS ASKING QUESTIONS AND SEEKING ANSWERS** in a systematic fashion.
- Scholarship relies primarily on focused **PREPARATION, PEER REVIEW, AND SUBSTANTIVE REFLECTION/EVALUATION**
- **SCHOLARSHIP ALWAYS IMPLIES DISSEMINATION**. Many opportunities to disseminate scholarship exist; the longest lasting and most influential are peer reviewed articles or media projects. Workshops, lectures, seminars and courses are also means for dissemination but their longevity is by nature shorter.

Categories of Scholarship

Boyer, EL Scholarship Reconsidered: Priorities of the Professoriate
Carnegie Foundation for the Advancement of Teaching 1990, Jossey-Bass

Traditional Scholarship = Scholarship of Discovery

SCHOLARSHIP OF DISCOVERY: Creation of new knowledge which contributes to the overall body of knowledge in the field.

SCHOLARSHIP OF TEACHING

Definition: Transmission of knowledge in a way that maximizes learning and understanding as well as encourages further inquiry and knowledge acquisition

Sample Question #1: What is the effectiveness of a teaching session on the approach to patients with acute genitourinary symptoms

- **Methods:** Small Group Clinic Conference or Case Study
- **Measurements:** Pre/post test on knowledge for learners; quality assurance project demonstrating change in adherence to guidelines (patient outcomes measurement) using administrative databases to pull charts coded for symptom in question.
- **Peer Review:** Journal Article
- **Dissemination:** Journal Article, Grand Rounds

Sample Question #1: What is the best way to teach interpretation of the ear exam to medical students?

- **Methods**: Randomized controlled trial of otolaryngology clinic experience vs CD ROMs on ear pathology
- **Measurements:** Pre and Post test student exam on recognizing photos of ear pathology
- **Peer review**: Journal Article
- **Dissemination**: Journal Article

Other examples: implementing and testing a new curriculum, developing standardized patients and cases for assessment.

SCHOLARSHIP OF INTEGRATION

Definition: Building on the scholarship of discovery, the integration scholar identifies and builds links across disciplines and provides a context for understanding that goes beyond the original discipline. Taking information developed in one context and applying it to a broader context involves the scholarship of integration.

Sample Question #1: How should one manage lipids in HIV patients?

- **Methods**: Critical review of the literature
- **Measurements:** N/A
- **Peer review**: Journal Article
- **Dissemination**: Journal Article/Grand rounds/ ACP presentation/Visiting Lectures

Other examples: Meta Analysis, proposing an optimal primary care strategies for special populations; Health outcomes research

SCHOLARSHIP OF APPLICATION

Definition: Building on knowledge from teaching or discovery work, the application scholar identifies and evaluates strategies which implement or operationalize new or important scientific concepts. Building bridges between bench and bedside is an apt description.

Sample Question #1: What is the best way to implement the use of practice guidelines for cholesterol management in a resident clinic?

- **Methods**: Cohort study where all residents in a clinic get paper flags on diabetic's charts reminding about guidelines
- **Measurements**: Pre and post intervention compliance assessment through chart review; pre and post metric assessment using HGB AIC from lab data base.
- **Peer review**: Journal Article
- **Dissemination**: Journal Article/Grand rounds

Sample Question #2: What is the best way to teach faculty to accurately evaluate third year students?

- **Methods:** Year long workshop on the RIME method of evaluation
- **Measurements**: Pre and Post intervention opinion survey
- **Peer Review:** Evaluations from workshop attendees
- **Dissemination:** More workshops or journal article summarizing experience

Other Examples: Analysis of established health issues in special populations, clinical treatment trials of established medications, use of new procedures in a general population.

Glassick's Criteria: A recognized framework for scholarship

As a means of comparing the equivalence of scholarship of teaching to scholarship of discovery, this table applies Glassick et al.'s Six Criteria to Evaluate Scholarship in Discovery Traditional Research) and Scholarship in Teaching*

Glassick's Criterion**	Application to Discovery	Application to Teaching
Clear Goals	Clarity of hypothesis; importance of questions	Clear, achievable, measurable objectives
Adequate preparation	Appropriate knowledge; ability to assemble necessary resources	Up-to-date knowledge; identification and organization of an appropriate quantity level of material specific to objectives
Appropriate methods	Proposed study design will answer question; appropriate statistical analysis for design	(1) Selection of appropriate teaching method(s) to meet defined objectives (2) Selection of appropriate assessment measures to evaluate outcomes
Significant results	Hypothesis tested and proved or disproved	(1) Measures of quality/effectiveness of presentation (2) Demonstration of learners' accomplishment of objectives
Effective presentation	Publication or presentation in public opinion	Making results available to colleagues
Reflective critique	Critical reflection on results to guide the direction of relevant additional research	Critical analysis of teaching activity that results in changes to improve

* From Fincher et al., Scholarship in Teaching: An Imperative for the 21st Century. Academic Medicine, Sept 2000.

** From Glassick et al., Scholarship Assessed – Evaluation of the Professiorate. San Francisco, CA: Jossey-Bass, 1997

Tools to document that work is scholarly

Scholarly Teaching Documentation Worksheet: Lecture
Based on Glassick's Criteria for Evaluation of Scholarship

A. Clear goals/objectives

1. Lecture Title

2. Course Title

3. Course Objective(s) addressed by this lecture

4. Lecture Learning Objectives (Knowledge, Skill, Attitude)

5. Questions that the students will answer at the end of the lecture.

Recommendations:
- *Rank the above stated in #4 and #5 in order of relevance/ importance/ presentation.*
- *Make sure that each objective contains the five basic elements needed to make them specific and measurable i.e. who, will do, how much (how well), of what, by when?*
- *Check and ensure that the words that you use in your objectives are precise and unambiguous Terms that are open to fewer interpretations include the following: List, recite, present, define, demonstrate, rank as important, rate as valuable, identify. Terms that are open to more interpretations and are less helpful for good objective writing include: Know, understand, be able, know how, appreciate, learn, and believe.*
- *Have persons not involved in the lecture series review your objectives and accurately describe what your objectives are intended to convey.*

B. Adequate Preparation

6. List the resources you used to develop your lecture

Recommendations
- *Make sure that your resources are as recent and accurate as possible.*
- *Explain the interpretation, synthesis and modification of the above sources to fit your learner level and lecture objectives e.g. included more pathophysiology to fit the needs of second year medical students*
- *Be able to demonstrate command of the basic concepts in your lecture as judged by peer-review.*
- *Be able to demonstrate command of current thinking discussed in your lecture as judged by peer review.*

7. **Mention any faculty development activities that you participated in or resources you used to become a more effective lecturer**

C. Appropriate Methods

8. **Lecture Concept Outline**

> ***Recommendation:***
> – *Match each point in your outline to a specific lecture goal/objective as listed above. (This will demonstrate that the material you are presenting in your lecture is relevant to the goals of the learner.)*

9. **List the major conclusions of your lecture.**

> ***Recommendations****:*
> – *Make sure your learners arrive at the above conclusions logically at the end of your lecture as judged by peer-review. (This will ensure that your lecture is organized and logically presented.)*
> – *Practice delivering your lecture to ensure adequate time allotment.*

D. Significant Results

10. **Include a summary of learners evaluation of your lecture (Use numerical data)**

> ***Recommendations:***
> *Use your standardized lecture evaluation form –OR—*
> *CME evaluations from outside lectures you have given*
>
> *Is standardized data available to evaluate the improvement in learner knowledge as it relates to your lecture? Possibilities include shelf exams, inservice training exams, pre and post test exams*

E. Effective Presentation

12. **List any special teaching techniques unique to your presentation**

13. **Have any other faculty adopted these techniques to help his/her teaching?**

13. **Have you published this lecture or offered to share it locally? Regionally? Nationally?**

F. Reflective Critique:

14. **After delivering the lecture and reflecting on all of the above information, what lessons did you learn and how will you change future iterations of this lecture to incorporate this newly learned lessons?**

15. **What general lessons about lecturing have you learned from delivering this lecture and how will you make use of those lessons learned in future lectures that you deliver?**

References

1. Fincher RE, Simpson DE et al. Scholarship in Teaching: An Imperative for the 21st Century. Academic Medicine 75: 9; 887-894
2. Kern DE, Thomas PA, Howard DM, Bass EB. Curriculum Development for Medical Education. A Six-Step Approach. 1998. Baltimore: The Johns Hopkins University Press.

Mentorship
Catherine Lucey, MD

Mentor: from the Greek
Mentor was asked by Odysseus to care for his family and guide the education of his son, Telemachus, while Odysseus was off fighting the Trojan wars. Often, Athena, the goddess of wisdom, assumed the form of Mentor to give counsel to Telemachus and Odysseus.

Essential Functions of Good Mentor
SUPPORT: Offers the big picture view when the immediate picture seems daunting or discouraging.
ADVOCACY: Provides or recommends opportunities for growth; if in the correct position can protect the protégé from non-value-added work
GUIDANCE: Recommends strategies or routes that are compatible with successful development on the part of the protégé.

Role Model vs Mentor
All Mentors are role models—they are chosen because you think they have been successful in a way that you would like to be successful. However, not all role models are mentors. Role modeling is passively 'setting a good example'. Mentoring is actively coaching someone to success.

Essential Characteristics of a Mentor
EXPERIENCE: Your mentor should be someone who has done some aspect of what you want to do, whether it is successfully achieve promotion, publish a paper, do an educational study, balance work and home life.
TIME: Your mentor should have time for discussions, listening, advice.
LISTENING SKILLS: Successful mentors are able to hear what you have to say—both the overt message and the meta message.
FEEDBACK SKILLS: Mentors should be able to give both reinforcing and corrective feedback in an effective manner.
GENEROSITY: Mentors share common interests with their mentees and often work on projects with them; the goal of the project should be primarily to further the career of the mentee, not the mentor.
OBJECTIVITY: Your mentor should be able to help you make decisions that are the best for you, even if it means a move which may change your relationship.

Responsibilities of a Mentee/Protégé
PREPARATION: Use your mentor's time wisely; know what issues are troubling you or what goals you would like to accomplish. Come prepared with some research into what strategies might be available.
LISTENING SKILLS: Mentees need to be able to listen to advice, both desired and corrective (just because you didn't want to hear it doesn't make it bad advice!!)
OPENNESS: The person you have chosen as your mentor has been successful in an area in which you would like success. Be open to their ideas, even if they seem too challenging.
FOLLOW THROUGH: Develop an action plan with your mentor and then act upon it. Do not come back to your mentor the next month with the same concerns having not acted upon the agreed upon steps.

MYTHS ABOUT MENTORS

Mentors are the key to success

Fact: While mentors are often useful, they are not always necessary. Several senior clinician educators with whom we spoke felt that they did not have a mentor. Mentors are one tool that may be useful when faced with decisions about career progress.

Mentors are life long

Fact: Most people interviewed identified that their mentors changed throughout their career; furthermore, many identified that they used 'mentoring' from many different people at the same time to help make decisions about different aspects of their career. Your boss may be a great mentor in deciding whether to take on a new committee responsibility; s/he might not be objective in helping you to decide whether to move on. A good mentor eventually puts him/herself out of business—the protégé moves on to become a colleague and to mentor others.

Where can I find a mentor?

Mentors are everywhere—you just need to look for them. Occasionally a mentor-mentee relationship will start with a mentor offering his/her services; more often the relationship develops when the junior person repeatedly seeks the advice of the senior person over a period of time.

Should they be assigned?

Mentors can be assigned; this will occasionally result in a long term successful relationship. When it does, it is because both parties share something in common—goals, life experiences, etc.

Who Should I Approach for Mentorship?

Hazzard W. Mentoring Across the Professional Lifespan in Academic Geriatrics. JAGS 47:1466-1470

Career Stage	Likely Issues	Mentor Possibilities
Junior	Increasing Clinical Skills	**Division Senior Faculty**
	Improving Teaching Skills	**Program director, respected teacher, Clerkship Director**
	Understanding role as faculty	**Division director, Chair or Vice Chair of Department**
	Development of leadership skills	**Division director, Chair, Vice Chair of Department**
	Participation in research	**Research project director**
	Personal/Professional balance	**Senior Colleague at a more advanced life-work stage**
	Job Search	**Your former Program Director/Fellowship Director/trusted Senior Faculty**
Mid Level	Concern about Routineness of Teaching/Clinical Work (Is this all there is?)	**Senior Role Model** **Program or Clerkship Director** **Dean's Office**
	Desire for wider impact	**Colleague with success in educational or clinical investigation** **Non physician educators in your setting (i.e. PhDs, EdDs)** **Faculty from faculty development programs (either local or national)** **SGIM**
	Desire for Independence in Research	**Successful Investigators in your field, either in or out of institution**
	Promotion Issues	**Designated Representative for P and T (if available)** **Division Director** **Chair or Vice Chair** **Colleagues at a higher academic level**
	Job Change	**Who do you trust to be generous, objective? Some Division Directors/Chairs will be , others won't**

Opportunities for Professional Development and Skill Acquisition for Clinician Educators

Organized programs that support the professional development of the clinician educator come in many different formats, with opportunities to devote as little as one to two months time or as long as two to three years. Programs can be "part time", enabling the participant to remain active in their current position at their home institution, or "full time" as in a traditional fellowship program. All such programs try to satisfy a number of goals, common to the needs of clinician educators, but many have rather unique objectives that relate to a particular niche in the spectrum of roles, responsibilities and career paths a clinician educator may pursue. These include leadership training, work with underserved populations in urban or rural areas, or international experiences.

The clinician educator affiliated with either university or community academic centers requires formal instruction and support in the following areas:

1. **Learning to be a skillful teacher**: General internal medicine faculty spend a larger proportion of their time teaching students and residents as compared with other academic internal medicine faculty. Acquisition of new teaching skills, understanding of educational principles and techniques, and learning how to develop educational programs that enhance the practice of general internal medicine through education of medical students and residents are critical. Developing methods of program and learner evaluation and the use of appropriate instructional techniques in various settings also comprise basic curriculum needs.
2. **Professional development needs**, including: Time management, leadership, issues surrounding promotion and role negotiation, keeping current with medical practice, networking, role modeling for residents and students.
3. **Improvement in investigative skills**, understanding the fundamentals of health services research, identification of a research agenda within the professional role of the clinician educator.
4. **Development of administrative expertise**: Due to the varied roles clinician educators play in academic institutions, some of which involve administration and management of academic or teaching practices, the emphasis here becomes management skill acquisition, quality assessment and improvement, and health promotion activities.
5. Medical informatics, information processing skills, written communication.

Faculty Development Programs

National Meetings offer an opportunity for both professional development activities and to showcase your academic work. A full listing of meetings that are educator friendly can be found at: **http://medicine.osu.edu/facultyandstaff/scholarship/2547.cfm**

Below is a sample of faculty development program configured to allow faculty to work full time and, through either away meetings or distance learning, continue their professional development. Most are short courses, the final set are formal degree based courses

Focus	Program	Website	OSU COM Faculty Contacts
Women	ELAM: Executive Leadership in Academic Medicine (women)	http://www.drexelmed.edu/elam/index.html	Judy Westman Catherine Lucey Deb Larsen
	AAMC Mid Career Women Faculty Program	http://www.aamc.org/meetings/start.htm	
	AAMC Early Career Women Professional Development Seminar	http://www.aamc.org/meetings/wim/ewim/2009/start.htm	
Evidence Based Medicine	McMasters Course	http://clarity.mcmaster.ca/	Deb Givens Troy Schaffernocker Jon Davis
	Duke EBM	http://www.mclibrary.duke.edu/training/courses/ebmworkshop/	
Career Educators in Health Professions	Harvard Macy Program for Health Professions Educators	http://www.harvardmacy.org/programs.asp?DocumentID=1	Sorabh Kandelwahl
	Harvard Macy Program for Comprehensive Assessment	http://www.harvardmacy.org/programs.asp?DocumentID=46	Dan Clinchot
Teaching Skills	Stanford faculty development in clinical teaching	http://www.stanford.edu/group/SFDP/	
Quality	Intermountain Health Quality Improvement Course	http://intermountainhealthcare.org/xp/public/institute/courses/	
	Institute for Health Care Improvement Professional Development Fellowships	http://www.ihi.org/IHI/Programs/ProfessionalDevelopment/FellowshipPrograms.htm	
Palliative Medicine	EPERC Palliative Care On line Course (through September 2009)	http://www.mcw.edu/display/docid513/PalliativeCareOnlineCMECourse.htm	Cynthia Ledford
	Stanford End of Life On Line Curriculum	http://www.stanford.edu/group/SFDP/	
	Harvard Program in Palliative Care Education and Practice for Physicians and Nurses	http://www.hms.harvard.edu/cdi/pallcare/pcep.htm	
	International Conference on Communication in Health Care ENRICH conference for faculty development	http://www.aachonline.org/	
URM Faculty	Harvard University Fellowship in Minority Health	http://www.mfdp.med.harvard.edu/fellows_faculty/cfhuf/index.htm	
	AAMC Minority Faculty Career Development Seminar	http://www.aamc.org/meetings/minfac/2009/start.htm	Gloria Fleming Pat Nana Sinkum Yaulanda Thomas
Research Education Faculty	AAMC Group on GREAT (Graduate Research Education and Training)	http://www.aamc.org/meetings/great/mdphd/2009/start.htm	
Teamwork	AAMC Teamworks	http://www.aamc.org/meetings/teamworks/start.htm	
Med Ed Research	AAMC MERC (Medical education research certificate) program	http://www.aamc.org/members/gea/merc.htm	
Degree	Univ of Illinois Masters in Health	http://www.uic.edu/com/mcme/	

Focus	Program	Website	OSU COM Faculty Contacts
programs in Medical or Health Professions Education	Professions Education	mhpeweb/	
	USC Master of Academic Medicine	http://www.usc.edu/schools/medicine/departments/medical_education/keck_macm.html	
	U Cincinnati Master of Medical Education	http://www.cech.uc.edu/programs/docs/CI_Medical_MEd_2008.pdf	

Guidelines and Opportunities for Participation in National Organizations

Carol Bates, MD

Rationale

1. Meet colleagues at other institutions with similar interests
    a. Learn from their successes and challenges
    b. Develop networks for collaboration
    c. Develop a regional and national reputation
2. Attend offerings that provide faculty development
3. Broaden awareness of new programs and new ideas
4. Present your work; experiment with new roles

Venues

1. Regional organizations
    a. Closer geographical collaboration
    b. Minimize travel!
2. National organizations
    a. Larger network
    b. Larger impact

Organizations to Consider

1. Specialty Societies and Boards
2. AAMC
3. USMLE (exam writing committee)
4. ASE (Association for surgery education)
5. IAMSE (international Association of Medical Educators)
6. Generalists in Medical Education
7. ACGME

Getting involved

1. Attend meetings
2. Network at workshops/precourses, etc.
3. Capitalize on opportunities to find mentors
    a. i.e. one-on-one mentoring
4. Attend interest groups
    a. Meet others with similar jobs/interests
        i. Collaboration on projects
        ii. Might more senior members of group serve as mentors?
    b. Volunteer to work on activities – i.e. developing workshops/precourses for future meetings
    c. Start an interest group if one does not already exist in your area of interest
5. Volunteer to peer review submissions for future meetings
6. Join a committee

Take Home Assignment

Take a few minutes to write your statement of teaching philosophy. It should be no more than one page long.

Questions to get you started:

- How do you view your role in a variety of teaching situations and with a variety of learners?
- How do your methods reflect that view of your teaching world?

JA Centra (1993) also recommended:

- What motivates your students and how to you influence them?
- What are your general goals of instruction for individuals? For courses?
- How do you develop rapport for students and groups?
- How have you evaluated different teaching strategies ?
- What recent innovations have been described and have they been useful

Bibliography

Must Reads

- Hurst JW. The itch to write (a personal account). Archives of Internal Medicine. 2001; 161:643-7.
- Levinson W, Rubenstein A. Integrating clinician-educators into Academic Medical Centers: challenges and potential solutions. Academic Medicine. 2000; 75:906
- Beasley BW, Wright SM, Cofrancesco J, Jr., Babbott SF, Thomas PA, Bass EB. Promotion criteria for clinician-educators in the United States and Canada. A survey of promotion committee chairpersons.[comment]. Jama. 1997; 278:723-8.
- Branch WT, Kroenke K, Levinson W. The clinician-educator--present and future roles. Journal of General Internal Medicine. 1997; 12:S1-4.
- Sheffield JV, Wipf JE, Buchwald D. Work activities of clinician-educators. Journal of General Internal Medicine. 1998; 13:406-9.
- Simone JV. Understanding Academic Medical Centers: Simone's Maxims. Clinical Cancer Research. 1999; 5:2181-2185. http://clincancerres.aacrjournals.org/cgi/reprint/5/9/2281
-

Career Development: General

- Glick TH. How best to evaluate clinician-educators and teachers for promotion? Academic Medicine. 2002; 77:392-7.
- Nora LM. Academic medicine gets a poor report card--what are we going to do?[comment]. Academic Medicine. 2002; 77:1062-6.
- Yedidia MJ, Bickel J. Why aren't there more women leaders in academic medicine? the views of clinical department chairs. Academic Medicine. 2001; 76:453-65.
- Simpson DE, Rediske VA, Beecher A, et al. Understanding the careers of physician educators in family medicine. Academic Medicine. 2001; 76:259-65.
- Foster SW, McMurray JE, Linzer M, Leavitt JW, Rosenberg M, Carnes M. Results of a gender-climate and work-environment survey at a midwestern academic health center. Academic Medicine. 2000; 75:653-60.
- Applegate WB, Williams ME. Career development in academic medicine.[comment]. American Journal of Medicine. 1990; 88:263-7.
- Kelley WN, Stross JK. Faculty tracks and academic success. Annals of Internal Medicine. 1992; 116:654-9.
- Pearson J, Ibrahim T, Association of Professors of M. Turnover among APM members since 1971. American Journal of Medicine. 2002; 113:706-10.
- Buckley LM, Sanders K, Shih M, Hampton CL. Attitudes of clinical faculty about career progress, career success and recognition, and commitment to academic medicine. Results of a survey. Archives of Internal Medicine. 2000; 160:2625-9.
- Chaudhry B, Winyard P, Cale C. Academia: the view from below.[comment]. Bmj. 1997; 315:560-1.
- Anonymous. Academic medicine: problems and solutions. The Academic Medicine Group. Bmj. 1989; 298:573-9.
- Broaddus VC, Feigal DW, Jr. Starting an academic career. A survey of junior academic pulmonary physicians. Chest. 1994; 105:1858-63.
- Swee DE, Winter RO, Hammond BL. Testing a model of academic career development. Family Medicine. 1989; 21:350-4. 41. Fried LP, Francomano CA, MacDonald SM, et al. Career development for women in academic medicine: Multiple interventions in a department of medicine.[comment]. Jama. 1996; 276:898-905.
- Papatheofanis FJ. Predictors of achievement in academic medicine.[comment]. Jama. 1992; 268:983; discussion 983-4
- Pearson J, Ibrahim T, Association of Professors of M. Turnover among APM members since 1971. American Journal of Medicine. 2002; 113:706-10.

- Buckley LM, Sanders K, Shih M, Hampton CL. Attitudes of clinical faculty about career progress, career success and recognition, and commitment to academic medicine. Results of a survey. Archives of Internal Medicine. 2000; 160:2625-9.
- Kuhn GJ, Krome RL. Career planning and development for emergency medicine faculty.[comment]. Journal of Emergency Medicine. 1997; 15:381-5.

Scholarship in Clinician Educator Careers

- Barchi RL, Lowery BJ. Scholarship in the medical faculty from the university perspective: retaining academic values. Academic Medicine. 2000; 75:899-905.
- Simpson DE, Fincher RM. Making a case for the teaching scholar. Academic Medicine. 1999; 74:1296-9.
- Lemkau JP, Ahmed SM. Helping junior faculty become published scholars. Academic Medicine. 1999; 74:1264-7.
- Collins J, Smith WL. Promotion based on teaching efforts requires ongoing documentation of scholarly teaching activities.[comment]. Academic Radiology. 2001; 8:771-6.

Promotion/Rewards for Clinician Educators

- Viggiano TR, Shub C, Giere RW. The Mayo Clinic's Clinician-Educator Award: A program to encourage educational innovation and scholarship. Academic Medicine. 2000; 75:940-3.
- Sherertz EF. Criteria of the "educators' pyramid" fulfilled by medical school faculty promoted on a teaching pathway. Academic Medicine. 2000; 75:954-
- Simpson DE, Marcdante KW, Duthie EH, Jr., Sheehan KM, Holloway RL, Towne JB. Valuing educational scholarship at the Medical College of Wisconsin. Academic Medicine. 2000; 75:930-4.
- Nora LM, Pomeroy C, Curry TE, Jr., Hill NS, Tibbs PA, Wilson EA. Revising appointment, promotion, and tenure procedures to incorporate an expanded definition of scholarship: the University of Kentucky College of Medicine experience. Academic Medicine. 2000; 75:913-24.
- Lovejoy FH, Jr., Clark MB. A promotion ladder for teachers at Harvard Medical School: experience and challenges. Academic Medicine. 1995; 70:1079-.
- McHugh PR. A "letter of experience" about faculty promotion in medical schools. Academic Medicine. 1994; 69:877-81.
- Carey RM, Wheby MS, Reynolds RE. Evaluating faculty clinical excellence in the academic health sciences center. Academic Medicine. 1993; 68:813-7.
- Jacobs MB. Faculty status for clinician-educators: guidelines for evaluation and promotion. Academic Medicine. 1993; 68:126-8.
- Zyzanski SJ, Williams RL, Flocke SA, Acheson LS, Kelly RB. Academic achievement of successful candidates for tenure and promotion to associate professor. Family Medicine. 1996; 28:358-63
- Greer DS. Faculty rewards for the generalist clinician-teacher. Journal of General Internal Medicine. 1990; 5:S53-8.

Mentoring

- Hazzard WR. Mentoring across the professional lifespan in academic geriatrics. Journal of the American Geriatrics Society. 1999; 47:1466-70.
- Anonymous. Keeping women in hospital and academic medicine.[comment]. Lancet. 2001; 358:83.