Creating an Academy of Medical Educators: How and Where to Start

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Abstract *Background* While most faculty members want to improve as teachers, they neither know where their educational strengths and weaknesses lie nor where or how to begin to effect a change in their teaching abilities. The lack of actionable, directed and specific feedback, and sensible and sensitive metrics to assess performance and improvement complicates the attainment of educational excellence. *Purpose* The purpose of this article was to outline a series of specific steps that medical education programs can take to enhance the quality of teaching, promote teaching excellence, elevate the status and value of medical educators, and stimulate the creation of innovative teaching programs and curricula. *Methods* To achieve these goals at the Hospital for Special Surgery, the Academy of Rheumatology Medical Educators was formed. The academy had the following goals: (1) create within our institution a mission which advances and supports educators, (2) establish a membership composed of distinguished educators, (3) create a formal organizational structure with designated leadership, (4) dedicate resources that fund mission-related initiatives and research, and (5) establish a plan for promoting teachers as well as enhancing and advancing educational scholarship. *Results* The Hospital

for Special Surgery Academy of Rheumatology Medical Educators was recently formed to address these goals by promoting teaching and learning of musculoskeletal skills in an environment that is supportive to educators and trainees and provides much needed resources for teachers. *Summary* The development of a pilot academy of medical educators represents one of the high-priority goals of those institutions that wish to elevate and enrich their teaching through a structured, proven approach.

Keywords medical education · academy

Introduction

Even though every medical educational program across the country wants to be excellent at teaching, not every program attains that lofty goal. Many programs do not know how to go about evaluating their strengths and weaknesses nor do they know if they have achieved the goal of excellence or where or how to make that a reality. In order to address the desire to achieve a level of excellence and ensure that certain high-level standards are met, some programs across the country have begun to form academies which serve to create an environment that enhances the quality of teaching, promotes teaching excellence, elevates the status and value of medical educators, and stimulates the creation of innovative teaching programs and curricula [1]. *Academies of medical educators* have been developed at 36 US academic medical schools, and 33 more are planned [2]. The recently established *Hospital for Special Surgery Academy of Rheumatology Medical Educators* similarly aims to establish a stimulating and empowering academic educational environment that enhances the quality of musculoskeletal teaching and promotes teaching careers and education research here at the Hospital for Special Surgery. It is the first rheumatology academy of its kind to be established. These academies have the following goals in common: (1) a mission that advances and supports educators, (2) a membership composed of distinguished educators, (3) a

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formal organizational structure with designated leadership, (4) dedicated resources that fund mission-related initiatives and research, and (5) a plan for promoting teachers, enhancing and advancing educational scholarship, and nothing short of changing the culture of academic medicine.

The purpose of this article is to *propose a series of specific steps that programs can use to begin working towards the goal of establishing an academy*. The initial goal is to create an infrastructure for achieving excellence by implementing the building blocks that educational medical programs need to achieve continuous improvement in the quality of their teaching. We call these building blocks the “critical success factors to achieve teaching excellence.” Further building on this solid foundation of education, together with the commitment of faculty and the institution, is the first step in moving towards the formation of an academy of medical educators.

Methods

The steps needed to build such an academy include the following:

1. ***Establish political support and generate a consensus to make education a central priority of the institution and division, equivalent to that afforded to clinical practice and research***

The creation of an organizational unit like an academy of medical educators—that changes the way people work and think about their work more often than not—might encounter resistance. The probability of successfully launching and running a new unit depends on several concurrent factors: the current fiscal situation, the priorities of and buy-in from various involved parties, how much satisfaction the current structure provides to those affected, and the gains that are expected to ensue from the implementation of a new structure. In part, the success of selling those involved on the importance, impact, and necessity of a new order depends in part on the credibility of the leader and management team that will both create and sustain such a unit. Of key importance will be the perceived and real personal “costs” (time, effort, and political and emotional commitments) and benefits to the individual. The probability of success is highly dependent on how unbearable the present situation is, whether the future situation is more attractive, and how well-managed the transition from current to future state will be. In order to increase the probability of success in the creation of an academy of medical educators, one needs to first document very well the present degree of satisfaction, the appeal that a future academy will have, and how the leadership in charge of the academy is perceived. These facts become the basis of the “current state” and serve as the foundation on which change can then be crafted.

2. ***Institute a process to systematically document all educational activities (creation of an educational portfolio of activities)***

It is often difficult to accurately assess the overall teaching contributions of faculty members. This is due

to the fact that, in part, many activities are ad hoc and are not systematically tracked or recorded or are of short duration. Another problem is that much of the time spent devoted to teaching is underestimated and goes unnoticed. Consider for instance the time it takes to field inquiries for observerships or to the creation of curricula for electives and other trainee time. Activities that run well are taken for granted, and often, no one is given a credit or rewarded financially for their educational contributions to the institution. Traditional CVs do not capture these achievements nor are these contributions easy to assign “value” to as one might to a publication, a grant, or a busy clinical practice. The challenge is that in order for a department to make fair resource allocation decisions vis-à-vis education, it first must know what types of educational activities are going on and what each faculty member contributes. In order to document those types of activities, an educational portfolio which helps to highlight these contributions is a necessary tool. The educator's portfolio is a formalized way to collect the various contributions of a teacher in areas such as direct and small group teaching, mentorship, scholarly lectures, development of novel curriculum and assessment tools, outcomes data on teaching methods, administrative educational activities, and education scholarship and research. These areas are often not adequately laid out in the traditional CV and would otherwise go unrecorded. For this to be most successfully accomplished, precedence should be given to the development of a user-friendly, comprehensive, and web-based education portfolio tool. Initially, this tool provides a broad perspective on what educational programs and activities exist, who is directing them, what their value is, and what changes might be needed to improve educational quality and outcomes. Ultimately, this tool can be used to measure an individual faculty member's educational productivity and value and to support the formal process of academic advancement.

3. ***Prioritize educational activities: alignment of departmental and individual priorities and preferences***

Multiple demands on the time and responsibilities of the faculty and the practical realization that education, in contrast to patient care and scientific research, does not generate revenue or academic promotion limit the desire and capacity of some faculty to fully participate in the broad range of divisional teaching activities. In addition, while all teaching activities in a department are important, some are more important from the perspective of the institution than others and may be assigned higher priority and compensation. Few departments have gone through the exercise of identifying which educational activities are strategically more important. The criteria for strategic importance may include reputation, visibility, or revenue. By employing the concept that “revenue” should be defined broadly to include improved patient outcomes and satisfaction, fewer errors and malpractice suits, and better research and funding, the true worth of the clinician–scholar–educator would be viewed through a more appropriate academic prism.

Knowing what activities are essential and most valued is of utmost importance to faculty and the institution since alignment of shared goals results in the greatest mutual satisfaction. A full understanding of the key priorities for the department will result in greater appreciation of financial resources and their allocation to faculty members. Educators are usually willing to change what they do and how they accomplish it but are unable to do so without knowing what the current set of institutional priorities is. Similarly, the institution will likely be more willing to compensate those who help them to achieve their desired goals and priorities. Alignment of individual goals and performance data with the needs of the division will, eventually, lead to the optimal assignment of who should teach what and for how long. Determination of where faculty should spend their time to achieve optimal departmental effectiveness will be key. This can be fine-tuned over time as new data become available and educational expertise advances.

4. ***Develop metrics to assess teaching performance and other educational activities***

A thorough documentation of educational activities is a critical step; however, once that is done, the next step involves an assessment of *how well those activities are carried out*.

Though most individual faculty members want to improve as teachers, they often lack perspective on their educational strengths and weaknesses or where or how to begin to effect a change in their teaching abilities. The lack of sensible and sensitive metrics to assess performance and improvement complicates the attainment of educational excellence. The main purpose of evaluation is to understand what certain faculty members are doing well and what they need to do better and whether or not they are improving. The purpose of evaluating educational activities is the identification of best practices and to give feedback to teachers for individual learning and improvement. The challenge is to develop a set of systematic metrics that address all the relevant aspects of education while keeping it to a reasonable number. If the evaluation process is too arduous, it will not be systematically used. In addition, it may be appropriate to develop a formula for how different types of teachers or achievements might be differentially measured; clinician–scholar–educators should be evaluated by employing a set of education-appropriate productivity and quality measurements equivalent to those used in assessing physician–scientists.

5. ***Implement an effective feedback process***

In order for feedback to be effective, it needs to be timely, specific, and part of the usual flow of daily activities. The process has to be transparent, the information has to be provided quickly, and it has to be detailed enough to be actionable. It must help the assessor do an objective and accurate job of evaluating so that the recipient can improve his/her performance. It should be done formally so that there is an assurance that assessment and feedback are happening objectively and on a reliable and predictable basis. Practical guidelines need to be developed to ensure that the feedback

given is appropriate for the level of proficiency, taking into account the range of skills in teaching from beginner to master. Some thought should be given as to whether the feedback will be given face-to-face and if so how will that be documented? Or will the feedback be done through some type of electronic system? If so, is the program versatile enough to change with the changing needs of the institution? Does it reflect the achievement priorities of the division or primarily satisfy some national standards (i.e., ACGME)? Procedures for determining how the feedback will be used prior to instituting it will also be important. Will it be used for personal feedback and improvement only, or will it be used in allocating resources, making decisions regarding academic promotion, or for compensation purposes? Such applications of the feedback process should be systemically laid out prior to their institution. Everyone needs to be on the same page from day 1.

6. ***Determine the strengths and weaknesses of all divisional education programs and identify areas for improvement***

Identifying the strengths and weaknesses of the current educational programs at all levels of training needs to be accomplished in order to pave the way for instituting improvements. Obtaining this information will be most accurately done by asking those regularly involved which things work and which do not. One way to assess this is through a survey distributed anonymously to all members of the division. Another approach would be to have an educational retreat with open discussion generated by groups assigned to different topics within the teaching program. The groups would be tasked with identifying the present state of the program and the strengths, the weaknesses, the various areas for improvement, and what the desired future program might look like. The goal should be to apply optimal metrics to all education activities with the objective of retaining effective programs, improving others, or completely eliminating unsuccessful ones. This process should not be static but should be ongoing and subject to regular and critical review.

7. ***Reevaluate career-specific promotion pathways, the institutional compensation infrastructure, and incentives to encourage excellence in teaching***

If excellence in teaching is desired, the division needs to show support of such activities by assuring that educators have appropriate protected time for research, as well as compensation for the actual number of hours spent in direct teaching and education-related activities. The recommendation would be that, at the very least, compensation should be time-based so as to fairly account for the total time spent in valuable educational activities. The use of evaluations and higher levels of reward for further achievement could be considered as well. To minimize controversy, these policies should be clearly spelled out. In addition, every effort should be made to clearly lay out what the steps are to achieve promotion on the existing academic tracks or on newly formed clinician–educator tracks. Although the latter is less common, the most progressive and forward-thinking

programs have already begun to define distinctly different tracks for the promotion of skilled educators with different but rigorous expectations and requirements.

Summary

The *development of a pilot academy of medical educators* represents one of the high-priority goals of those institutions that wish to elevate and enrich their teaching through a structured, proven approach. It aims to promote teaching and learning in an environment that is supportive and provides much needed resources for teachers. An academy of medical educators should have *two high-level goals*: (1) the support of career development for members of the division who commit their academic activities to the advancement of medical education, education research, and curriculum development and (2) a general elevation of the teaching skills of all faculty members. We believe that the path to accomplish these goals is best achieved by taking the steps outlined here to help create an environment that not only promotes teaching excellence for educators but does so in an atmosphere of scientific

rigor and investigation. The result is a framework directed at improving teaching effectiveness, integrating innovative teaching methods and curriculum designs, and fostering serious academic research and the grant funding that arises from it.

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