

Promotion of the Clinician-Educator in the United States: A Pathway for Tokyo University

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Overview and Objectives

- 1) Define the clinician-educator career pathway
- 2) Review key influences on the development of teaching hospitals and clinician-educators in the US
- 3) Review the basics of preparing for promotion at one US institution (Oregon Health & Science University)
 - educator's portfolio
- 4) Describe key components to promote scholarship in medical education
- 5) Share suggestions to promote the value of medical education at Tokyo University
 - discussion

Background, Disclaimer

- I have been a clinician-educator at Oregon Health & Science University, Portland, Oregon, since 1998.
- Great opportunity to work at the IRCME for 4 months
 - Clinical Case Conferences
 - Lectures
 - Reading
 - Observations
 - Conversations
- *I am an expert neither on Japanese health care nor on Japanese medical education.*

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Explanation of the title

- Promote means academic promotion: promotion and tenure
- Promote also means to contribute to the progress, growth, or value of something
- What is a clinician-educator?
 - Career pathway

The Mission of Academic Medical Centers

- Providing patient care
- Acquiring new medical knowledge through research
- Educating future doctors

Three Career Pathways in U.S. Academic Medical Centers

- *1. The Scientist-Researcher*

- Primary goal: secure grants and publish research in high quality journals

- *2. The Clinician-Investigator*

- Primary goal: provide patient care and secure grants to publish research in high quality journals

- *3. The Clinician-Educator*

- Primary goal: provide patient care and teach students and residents

Promotion and Tenure

- Clinical Instructor
- Assistant Professor
- Associate Professor
- Full Professor
- Tenure: position can not be terminated without just cause

Scientist-Researcher

- Impact: number and value of grants
- Quantity and quality of output of publications
 - “impact factor” of the journal

Clinician-Researcher

- Impact of clinical activity
 - number of patients seen
- Impact of research
 - number and value of grants
- Quantity of output from number of publications and quality
 - “impact factor” of the journal

Clinician-Educator

- Impact of clinical activity
 - number of patients seen (inpatient and outpatient)
- Quality of output from number of courses taught, teaching evaluations, and other important educational activities
- Scholarship: less quantity but more quality

What do Clinician-Educators do?

- Care for patients: 50-90% of time
 - 10 to 20 per day: general internal-medicine, pediatric, or family-medicine clinics or hospital
- Teach and supervise medical students, residents, and fellows
- Education design and administration
 - Levinson et al. Ann Intern Med 1998;129:59-64

Examples of Educational Activities of Clinician-Educators

- Lectures on core topics of their field
- Organize / facilitate conferences (Morbidity and Mortality, clinical case conferences)
- Career planning and mentoring students/ residents
- Lead teaching rounds
- Develop educational electives, history taking, physical examination courses
- Medical school teaching: problem-based learning
- Course, Clerkship, or Program Director
- Clerkship experiences for students and residents

Background

- In the last 20 years, the clinician-educator has become an integral, indispensable part of the academic team in the United States
 - Competition for clinical revenue
 - Increased rigor of mandating physician competency
 - Evidenced-based treatments
 - Increased demand for quality teaching

Clinician-Educators are valued and supported
(funded to care for patients and to teach)

Clinician-educators excel in patient care and quality teaching

Valued clinician-educators are recruited and retained

Improved recruitment and retention of students, residents and fellows

Students, residents, fellows learn more and become better clinicians and educators

Benefits to Education: Supporting Clinician-Educators



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1870-1910 Medical Education Reform Begins; Some Major Influences

- Since 1870s, immigration of physicians and teachers trained in other countries into the US
- Substantial exposure of US teachers and researchers to the best Universities in Europe
 - Germany, Austria, England, Scotland, and France

- Kenneth Ludmerer. *Learning to Heal: the Development of American Medical Education*. New York, NY. Basic Books, 1985

1870-1910 Medical Education Reform Begins; Some Major Influences

- Johns Hopkins was first medical school to have salaried fulltime faculty attracting many bright young faculty.
- William Osler established the clinician-educator tradition in North America.¹
- Students participated in every aspect of patient care at Johns Hopkins University.²
 - 1 Futcher TB. An address on the importance of bed-side study and teaching. Can Med Assoc J. 1935;32(4):357-64
 - 2. Osler W. The natural method of teaching the subject of medicine. JAMA. 1901;36:1673-9.

1965 and Forward: Forces that Have Shaped US Medical Education

- Federal money to medical schools through Medicare, Medicaid, and NIH-funded research to support patient care and Indirect Medical Education funds
- Strong role played by professional self-regulation for highest standards for physician education and competence
- Kenneth Ludmerer. *Learning to Heal: the Development of American Medical Education*. New York, NY. Basic Books, 1985

4 Organizations Influencing Medical Education in the US

- 1. The Liaison Committee of Medical Education
- 2. The National Board of Medical Examiners
- 3. The Accreditation Council for Graduate Medical Education
- 4. The American Board of Medical Subspecialties

The Liaison Committee of Medical Education

- Comprised of practicing physicians, teachers, administrators
- Accredits medical schools
- Every three years, each medical school undergoes a process of self-review in preparation for a visit by the LCME
 - How well is the curriculum meeting the needs of patient care?
 - How are students represented on committees?
 - How are faculty supported and paid?
 - Is excellence in teaching a prominent criterion for faculty advancement and reward?

Historic Role of Faculty

- Full-time physicians as researchers: 80% of time spent on research, little on patient care and teaching.
 - 1 or 2 half-days per week at outpatient clinic
 - Supervise residents in an inpatient setting one month per year.
- They may excel in research but often limit their clinical care and teaching to their area of research.

The Clinician-Educator Develops

- Academic medical centers rapidly expanded clinical services to compete in market place
- Many centers focused on building their clinical programs while simultaneously continuing their commitment to research and education
- As a result, academic institutions began to hire more full-time clinician-educators to meet the demand for increased clinical services
 - Bickel J Acad Med 1991;66:249-256

Methods Used to Judge Clinical Excellence

- peer review
- evaluation by trainees
- number of patients seen
- referrals from colleagues
- satisfaction ratings by patients
- Rarely based on direct observation of clinical care or patient outcomes.

Methods Used to Judge Teaching by Clinical-Educators

- Evaluating the teaching accomplishments of clinician-educators continues to be a challenge for academic medical centers
 - evaluations by students
 - peer evaluations
 - teaching awards

Methods Used to Judge Scholarship of Clinical-Educators

- Regional / national reputation for clinical or educational scholarship
 - Number and quality of publication
 - Prestige of the journal
- Original articles, reviews, and books

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- Dr Jones was hired at OHSU as a clinician-educator where she has worked for the past 8 yrs. She is a devoted clinician of a busy ambulatory practice, running teaching sessions with residents twice a week, and developed novel curriculum to use standardized patients within the medical school. She has seven publications (2 first author, 1 second author, 3 case reports, 1 electronic curriculum) and has presented her work at several national meetings. She received a teaching award this year from the residents and a mentoring award from students. After her annual review by her Division Chief last week, it was determined she is ready to be presented for promotion to associate professor.



Planning for Academic Promotion at OHSU

Sharon Anderson, M.D.

Div. of Nephrology and Hypertension

Oregon Health & Science University

May 2008

The promotion process is **NOT** a bunch of old white men, deliberating in mysterious fashion before announcing decisions with issuance of white smoke.



Waiting For White Smoke

Three Things to Remember

- Know and understand the guidelines for promotion and tenure
- Find a mentor to advise and guide you as you develop a career plan
- You need to drive the process

Candidate

Annual Review

Department or Division Chief

Dossier Preparation

Departmental P&T Committee

SOM P&T Committee

Dean/President

The Process

- OHSU has specific guidelines for the P+T process
 - www.ohsu.edu/som → Faculty and Staff → Promotion and Tenure Information
- **Learn** the guidelines. If you don't understand them, ask someone to help you interpret them
- Know the deadlines and plan well in advance

OHSU SOM Promotion and Tenure Guidelines

■ Evaluation Categories

- Scholarship
- Teaching
- Service (clinical)

■ Performance Categories

- Satisfactory
- Substantial
- Outstanding

OHSU SOM Promotion and Tenure Criteria for Promotion

- Promotion to Associate Professor
 - At least **satisfactory** accomplishment in every category; **substantial** in at least one
- Promotion to Professor
 - At least **substantial** accomplishment in every category; **outstanding** in at least one
- Award of Indefinite Tenure
 - **Outstanding** in one category; **substantial** in at least one other category

Application Components: The CV

- Curriculum vitae
 - Use the standardized format
 - Ask a senior colleague to review your CV for format and content

Application Components: Personal Statement

- Personal statement of contributions
 - This is NOT the time to be modest.
 - The average CV does not speak for itself.
 - You are the only person who knows all of your accomplishments and activities. Relate them fully, and describe them in the best possible light.
 - Use the language and wording of the guidelines to evaluate levels of accomplishment (“My accomplishments in teaching are substantial, because . . . ”)

More on the Personal Statement

- Suggested format:
 - 1st paragraph: I respectfully request consideration for promotion to ... I believe my contributions in scholarship are (sat/sub/out), in teaching are (sat/sub/out), and in service are (sat/sub/out).
 - 2nd paragraph: About scholarship. 3rd [teaching]. 4th [service].
 - Do *not* reiterate everything on the CV; give us the highlights, and explain why they are important.
- To state the obvious: Arrogance, bitterness, and threats will get you nowhere.

Regarding the Roadmap

- NIH and other funding agencies are emphasizing *multidisciplinary*, collaborative research (the NIH Roadmap)
 - The result will be a change in traditional C.V. (away from individual RO1s, first- or senior-author publications)
 - If your work is more in line with this model, so state in your personal statement so the Committee will be attuned.
 - **Cite the *specific language* of the P+T guidelines in your personal statement!**



Application Components: T+E Statement

- Job description and T+E statement

Essential, provides the framework in which your accomplishments will be evaluated and rated

	Clinician-Educator	Clinician-Scientist
Scholarship	10	60
Teaching	25	10
Service (Clinical)	60	20
Administration	5	10
	100%	100%

Application Components: Annual Reviews

- Annual reviews
 - These are essential, to help the committee track your progress in view of stated goals.
- **Your responsibilities**
 - Insist on having annual reviews each year.
 - Discuss the timetable for your next promotion during your annual review.
 - Discuss your T & E, and whether it will require modification to enable you to achieve your promotion goals.

Application Components: Documentation of Teaching

- Documentation of teaching (quantity *and* quality)
 - Teach as much and as often as you can (quantity)
 - Save all evaluation scores, thank you letters, and commentary re: your teaching (quality)
 - Create and maintain an educator's portfolio (quantity and quality).
 - See OHSU website or look at internet sources (Google)

OHSU Educator's Portfolio

- Collection of materials documenting educational activity and scholarship -- like an artist's portfolio.
- Each of the sections represents a major arena in which faculty are likely to demonstrate contributions as educators.
- As faculty have different roles and responsibilities, the "picture" presented by the portfolio may vary.
- The common element is that the picture can be viewed, reviewed, updated and valued as evidence of educational scholarship.

Educator's Portfolio

- Teaching portfolios include records of faculty teaching:
 - didactic lectures
 - serving as a mentor for students or residents
 - leading daily teaching conferences
 - participating in the development of educational electives
 - an opportunity for clinician-educators to represent more fully their contribution to teaching

Sample Portfolio Statement

Summary of Educational Activity and Effectiveness (2002-03)

<u>Category of Activity</u>	<u>Type of Learner</u>	<u>Type of Activity</u>	<u># Dir Hrs/Yr</u>	<u>Evidence of Effectiveness</u>
Clinical Teaching	Renal fellows	Renal Clinic	80	No
	Residents	GM Ward	240	Yes
	Medical students	PCM	120	Yes
Lectures	Renal fellows	Didactics	6	No
	Residents	Noon Conf	3	No
	Medical students	Renal MSII	12	Yes
	Physicians	CME Lectures	8	Yes

The Real-Time Teaching Portfolio

06-26-04	Teaching Portfolio		Academic Year, 2003-2004				
Activity	Learners	Type of Activity	Title	Date	Hrs	Evid Effect	Subtotal
Clinical Teaching	Fell/res	Renal Clinic		All Year	132	No	
	Res/MS	GM Wards		8/29-9/8	84	Yes	
	Fell/res/MS	Consult Service		6/30-7/15	92	Yes	
				10/1-10/15	92	Yes	
				12/1-12/15	92	Yes	
				2/2-2/16	92	Yes	
				4/1-4/15	92	Yes	676
Lectures	Renal Fellows	Didactics	Chronic kidney disease	7/16/03	1	No	
			Diabetic nephropathy	11/4/2003	1	No	
			The aging kidney	3/30/04	1	No	
			Glom HD I	5/18/04	1.5	No	
			Glom HD II	5/25/04	1.5	No	
	Res/MS	Didactics	Hyperkalemia	7/17/03	1	No	
			Chronic kidney disease	8/20/03	1	No	

Application Components: Letters

- Letters of reference
 - Some names provided by you, **some without your knowledge**
 - Some internal, some external
 - Strongest: Letters from national or international experts who know your work, but do not know you personally or have never worked with you
 - Weakest: Letters from people with whom you have worked (present or former mentors trainees), *except* for attestation of teaching or providing excellent service

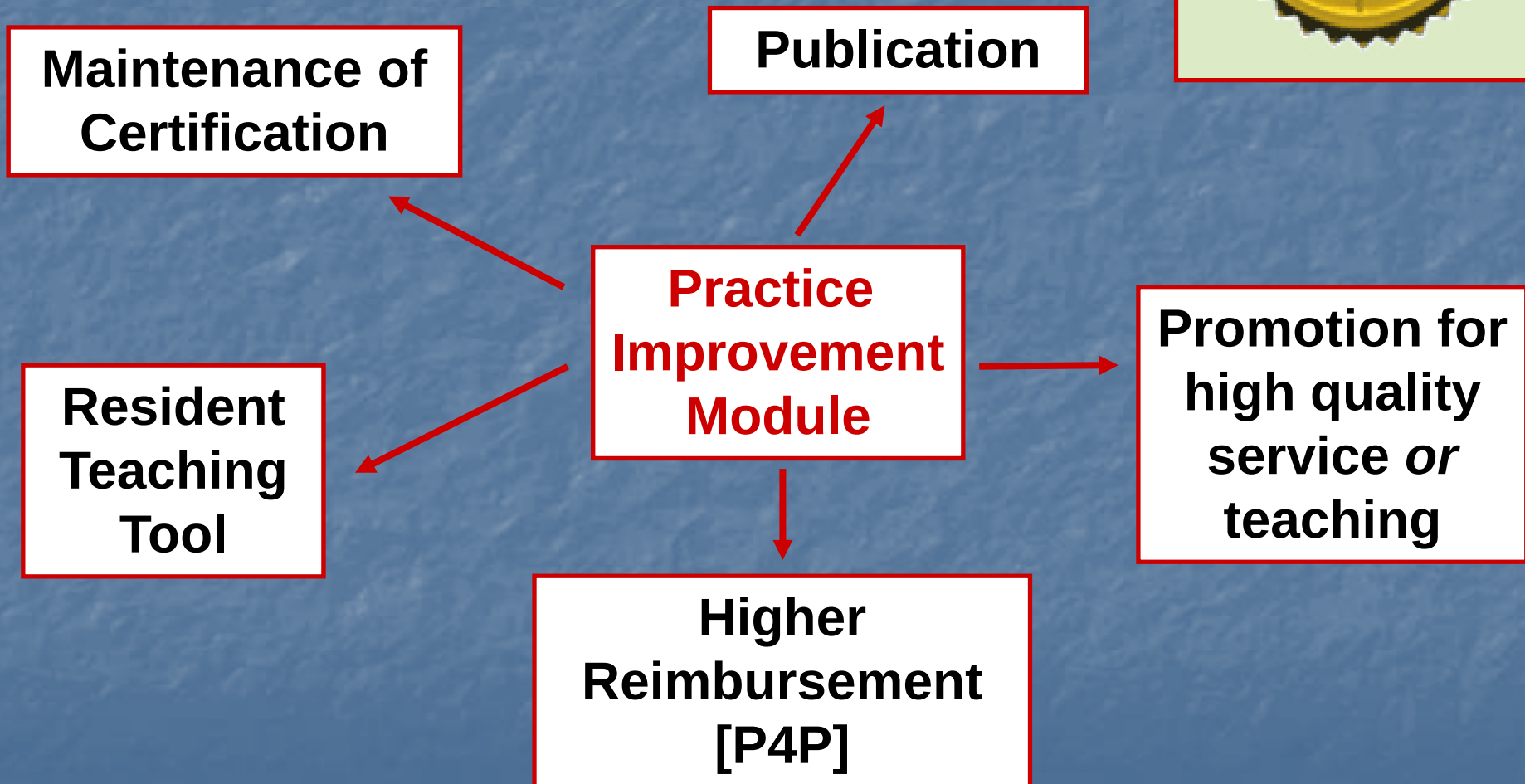
Scholarship and Service for Clinicians

- Scholarship of clinical activity may include:
 - Participation in multi-center studies
 - Clinical case reports
 - Presentations to peers of novel synthesis of knowledge; development of guidelines or practice pathways
 - Editorial board membership, journal reviewer
 - Participation in national credentialing activities
 - Glimpse of the future: **Quality Assessment**

Quality Assessment?

- **Why you should care about QA**
 - Growing emphasis with respect to credentialing, reimbursement [P4P]
 - Recertification: all specialty boards will require Maintenance of Certification [MOC], with a practice improvement piece, in the near future
 - Movement toward teaching and evaluating residents on QA practices (core competencies)
 - Third-party payers: use of QA for reimbursement, and proposal that AHC consider same for promotion
- **Opportunity for scholarship: How do we apply this to academic practice?**

5 for the Price of 1: Such a Deal!



Scholarship and Service for Clinicians

- Scholarship of teaching activity may include:
 - Introduction of novel techniques and technologies for teaching and evaluation of learning (including web-based or CD-ROM materials, interactive workshops, handouts)
 - Writing textbooks, chapters, monographs, or reviews which transmit knowledge and can be reviewed by peers
 - Significant roles in the development, implementation and evaluation of model curriculum
 - Quality Assessment; ACGME competencies

Scholarship and Service for Clinicians

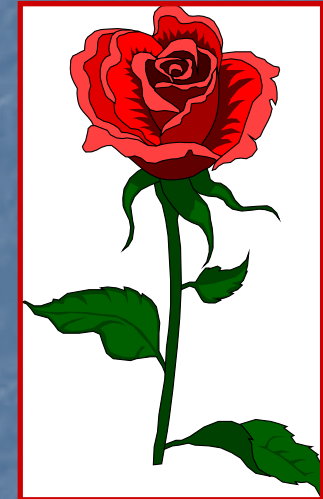
- Scholarship implies sharing: **write it up!**
 - *Teaching becomes scholarship when it is successfully peer-reviewed and then made public through dissemination.*

Scholarship and Service for Clinicians

- Scholarship implies sharing: write it up!
 - Submit as peer-reviewed publication
 - Academic Medicine
 - MedEdPortal
 - Research in Medical Education (RIME)
 - Propose and present workshop at regional or national meeting
 - Distribute to colleagues in other divisions, departments, or institutions -- and document same

Scholarship and Service for Clinicians

- Scholarship of service may include:
 - Administration of clinical programs
 - Development of a new clinical service
 - Local, state, or national recognition for clinical excellence
 - Clinical care awards →
 - Patient satisfaction surveys*
 - Written evaluations by students, residents, fellows
 - Glimpse of the future: Quality Assessment



* MOC!

A Comment on Committees

- Service on committees (division, department, medical school, national levels) is **essential**
- Choose your battles: select committees wisely
 - Too few → no promotion [lack of service]
 - Too many → no promotion [lack of scholarly or teaching productivity]
- Some committees count more than others
 - One or two substantive committees will count more than many low-impact committees
- The administrative portfolio

Checklist for the Applicant



- Learn the guidelines
- Find mentors who can guide your career, and help you decide where to focus your energy
- Plan a long-term strategy/career plan (3 years, 5 years); seek out the training you need to succeed
 - Year 1: Submit 2 papers
 - Year 2: Submit grant and more papers
 - Year 3: If grant successful, ask for more clinical time and volunteer for 1-2 committees

Supplemental Information

- OHSU website
- Your department's P+T Committee Chair
- SOM P+T Committee Members

Cohen, James [Chair]
Beer, Tomasz
Borzy, Michael
Brooks, Virginia
Eiff, Patrice

Enns, Caroline
Ganzini, Linda
Hickam, David
Ma, John
Mori, Tomi

Mullins, Richard
Norman, Douglas
Olson, Susan
Shangraw, Robert
Thomas, Charles

- Dr Jones has been keeping track of her teaching activities and presentations by updating her CV and educators portfolio since the beginning of her career at OHSU.
- She has teaching evaluations from all learners with whom she has worked with, stored on the OHSU electronic evaluation system.
- Despite this, it takes her several months to put her packet together by the September deadline. She secures 3 letters of recommendation; one internal letter and two external letters.
- She finds out in the Spring that she has successfully been promoted to associate professor as a clinician-educator. She is motivated to become an even better teacher and clinician.



New York Times Jan. 29, 2007

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Challenge to the Clinician-Educator Pathway

- Levinson and Rubenstein have challenged the academic community toward more equitable promotion systems that recognize skills and value of the CE.
- *“Comparisons of the progress of the career development of clinician-educators and researchers are needed. We are concerned, however, that the implementation of these tracks has not solved the problem of appropriate recognition for clinician-educators.”*
 - Levinson W, Rubenstein Acad Med. 2000;75:906-12

Challenge to the Clinician-Educator Pathway

- In reflecting upon his time as promotion committee chair at Johns Hopkins, McHugh said,
- *“There is a major dilemma that must be struggled with by promotion committees in medical schools...with such diversity of talents among faculty, how can standards be defined that will encompass the several different excellences displayed by, for example, the biochemist, the gastrointestinal surgeon, the bedside teacher, and the gifted administrator?”⁴*

■ McHugh PR Acad Med. 1994;69:877-81

Challenge to the Clinician-Educator Pathway

- Because of the emphasis on research, promotion and tenure decisions
 - based primarily upon academic productivity
 - the number and quality of peer-reviewed publications

Stossel TA. Ann Intern Med. 1991;106:146-8

How Successful are these Pathways at Recognizing and Promoting the Clinician-Educator?

- Lack of information to answer this question.
- Comparisons of the progress of the career development of clinician-educators and researchers are needed.
- Concern that the implementation of these tracks has not fully solved the problem of appropriate recognition for clinician-educators.

Applying Scholarship to Teaching

- Sustained record of scholarship is the foundation for academic advancement
- Glassick evaluated 130 journal editors, granting agencies, promotion and tenure guidelines, and teacher evaluation forms
- Distilled six criteria of scholarship for research and teaching

- Glassick CE et al. Scholarship Assessed: Evaluation of the Professoriate. San Francisco, CA: Jossey-Bass, 1997

Applying Scholarship to Teaching

- Clear Goals
- Adequate preparation
- Appropriate methods
- Significant results
- Effective presentation
- Reflective Critique

Table 1**Application of Glassick et al.'s Six Criteria to Evaluate Scholarship in Discovery (Traditional Research) and Teaching**

Glassick's Criterion*	Application to Discovery	Application to Teaching
Clear goals	Clarity of hypotheses; 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 and level of material specific to objectives
Appropriate methods	Proposed study design will answer question; appropriate statistical analysis for design	(1) Selection of appropriate teaching methods(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 domain	Making results/process 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 Glassick CE, Huber MR, Maeroff GI. *Scholarship Assessed—Evaluation of the Profession*. San Francisco, CA: Jossey-Bass, 1997.

Key Components to Promote Scholarship in Medical Education

- Structural
 - Positions, roles, and resources to support faculty
- Human Resources
 - People power relating to knowledge, skills, attitudes and energy invested in teaching
- Political
 - Decisions that determine priorities, resource allocations
- Symbolic
 - Activities (traditions, stories, myths, and rituals) that values and culture
 - Fincher Academic Medicine, Vol. 75, No 9 2000

Four "Frames" Illustrating How Key Infrastructure Features of Medical Schools and Professional Organizations Can be Structured to Support Scholarship in Teaching and Related Education Activities*

Department/Medical School

Professional Organization

Frame 1: Structural

Education leadership positions, listed on organization chart

- Equivalent to research and/or clinical practice positions
- Direct reporting line to dean, president
- Office of Medical Education

College-wide medical education office, committee, or individual

- Peer reviews course/clerkship design, residency curriculum, CME programs
- Collects, analyzes, and reports data on courses, clerkships, residency, CME programs from learners and peers
- Provides data in a comparative form that allows others to judge one's quality as a teacher relative to peers
- Peer-reviewed mechanism to award start-up funds for innovative educational projects or programs, parallel to seed money for new research investigators

Medical school library/Web site to access

- Journals and books specific to medical education (e.g., *Academic Medicine*, *Teaching and Learning in Medicine*, *Journal of Continuing Education in the Health Professions*, and medical education topics in the Springer series of books)
- Specialty journals that publish articles about education (e.g., *Advances in Physiology Education*, *Anatomical Record*)
- Web links to offices or services for medical educators

Education facilities and support personnel

- Computer projection equipment, on-line lecture halls
- Computer labs, standardized patient rooms

Frame 2: Human Resources

Orientation programs about medical education

- For new faculty to the field of medical education and its theories of teaching and learning
- For new course/clerkship directors, residency program directors to develop skills relevant to running an educational program
- For new members on education-related committees
- For promotion and tenure committee members to evaluate teaching- and learning-related scholarship knowledgeably

Education handbooks/Web-based materials

- For course/clerkship, residency program directors, which include training materials and contacts, resources, policies, and procedures
- "How-tos" regarding operation of projection system, writing objectives

Faculty development programs/workshops

- Curriculum development, teaching, scholarship, new advances and innovations in education, measurement, and evaluation
- Process and preparation of promotion-related materials to document education as scholarship
- Senior colleagues and peers available to guide and advise individuals interested in education

Hiring process for education positions

- Competitive application and hiring processes for course, clerkship, and

Formal affiliation opportunities for educators

- Committees, sections, or special-interest groups that have teaching and education as their primary focus
- Reporting lines to "power" positions or committees
- Members of organization's decision-making body

Peer review committees/panels

- Peer evaluation of submissions
- Comparative peer evaluation of conference presentations
- Presented materials are disseminated after professional meetings (e.g., searchable Web site, indexed supplements to the association's journal)

Society's journal publishes peer-reviewed education papers

- Educational innovations
- Curricular change
- Teaching strategies
- Assessment measures
- Faculty development

Education clearinghouse/bookstore

- Individuals submit materials for peer review and dissemination products (e.g., Society of Teachers of Family Medicine, Association for Surgical Educators, American Physiological Society)

Fellowships in medical education

- Teaching-career-advancement fellowships (e.g., American Physiological Society)

Educational resource materials

- Society-supported guidelines, materials that allow educators to design education based on the work of others (e.g., American Physiological Society, Clerkship Directors in Internal Medicine, Council on Medical Student Education in Pediatrics, and AAMC Medical School Objectives Project)
- Recommendations re: how to document activities for promotion as clinician educators (e.g., Association of Surgical Educators, Society of Teachers of Family Medicine, Society of General Internal Medicine)

Faculty development programs/workshops

- Workshops and annual refresher courses for faculty interested in enhancing their education skills (e.g., AAMC Group on Educational Affairs, the American Association of Clinical Anatomists, and the GEA/Society of Directors of Research in Medical Education)

List 1 (Continued)

Department/Medical School	Professional Organization
Frame 3: Political <i>Selection/election/appointment process for key positions</i> ■ Educators/educational advocates involved in the nomination and selection of promotion and tenure committee members ■ Educators serve as members of chair/dean search committees <i>Educators in leadership positions</i> ■ Chairs or members of key faculty committees, working groups, and executive committees ■ Direct/influence the recognition, reward, and resource allocations for education ■ Serve as members/chairs for promotion and tenure, faculty incentive systems ■ Education committees hold budgetary resources <i>Educators form coalitions to influence decisions</i> ■ Course, clerkship, and residency program directors, education committees collectively advocate education-specific resource allocations, facilities, space, equipment	<i>Selection/election/appointment process for key positions</i> ■ Educator advocates (EAs) have influence on the leadership selection process ■ Educators serve on nominating committee <i>Educators in leadership positions</i> ■ EAs serve as members/chairs of key decision-making committees ■ EAs influence/direct resource allocation, including funds and numbers, times of annual meeting slots ■ EAs influence/participate in policy and bylaw decisions <i>Educators form coalitions to influence decisions</i> ■ Collectively advocate education-focused resource allocations, clearing-house, staff to support education projects, prominent presence on early page of organization's Web site
Frame 4: Symbolic <i>Public documents</i> ■ Department/medical school executive committee agendas have a standing education line item ■ Outstanding educators are featured in the organization's promotional brochures (e.g., the alumni bulletin, fund-raising brochures) <i>Rituals/traditions/ceremonies</i> ■ Individuals who were selected to serve as NBME item writers, reviewers for educational grants, national Alpha Omega Alpha teaching award nominees, and creators of educational CD-ROMs are recognized at convocation ■ Outstanding department teaching award recipients honored at all-department faculty meeting in formal ceremony lead by chair ■ Convocation address focuses on education ■ Board of trustees/dean present at education events <i>Department/medical-school-wide public forums</i> ■ Annual distinguished lectureship on education attended by leaders of position and influence ■ Education is periodic focus of grand rounds and regular topics for departmental noon conferences	<i>Public documents</i> ■ Annual meeting program contains descriptions of awards and recognition for educators ■ Newsletters and annual reports contain updates about innovative education, calls for awards, descriptions of award recipients ■ Web site lists education committees, activities, and resources <i>Rituals/traditions/ceremonies</i> ■ Honorary group for individuals who have made sustained contributions to education (e.g., member of Central Group on Educational Affairs, Medical Education Laureate, AOA Teaching Awards) ■ Recipients of organization-supported funding awards honored at meeting <i>Public forums</i> ■ Annual lectureship or plenary presentation focused on education ■ Listserves for educators

* The above four frames for organization analysis are adapted from the four frames, or perspectives, developed by Bolman and Deal. (See Bolman LG, Deal TE. *Reframing Organizations*. San Francisco, CA: Jossey-Bass, 1997.)

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 - discussion

Promoting the Value of the Clinician-Educator at Tokyo University

Quote from Dr Rao

- *...Teaching and research are two equally strong pillars of academic achievement, neither one greater or more important than the other, both supporting the academic mission and image of a medical school. The corollary is that teachers, just as much as researchers, are an essential and integral part of the backbone of a Medical School.*

■ *R HarshaRao Keio J Med 55 (3):81-95, September 2006*

Clinician-Educators are
valued and supported
(funded to care for
patients and to teach)

Clinician-educators
excel in patient care
and quality teaching

Valued clinician-
educators are
recruited and retained

Improved recruitment
and retention of
students, residents
and fellows

Students, residents,
fellows learn more and
become better
clinicians and
educators

Benefits to Education: Supporting Clinician- Educators

Major Challenges to Developing the Clinician-Educator at Today

- No meaningful recognition of teaching as a legitimate academic pursuit
- Lack of funding dedicated to teaching
- Few tangible rewards for engaging in teaching
- Little meaningful evaluation of teachers

Suggestions for Reform of the Japanese Medical Education System

- (a) problem-based learning
- (b) case-based learning
- (c) interactive teaching
- (d) clinical skills training in general internal medicine
- (e) teaching of evidence-based medicine
 - Prior IRCME Visiting Professors Manuscripts
 - R Harsha Rao Keio J Med 55 (3):81-95, September 2006
- How to do all of this if teaching is not supported?

Key Components to Promote Scholarship in Medical Education

- Structural
 - Positions, roles, and resources to support faculty
- Human Resources
 - People power relating to knowledge, skills, attitudes and energy invested in teaching
- Political
 - Decisions that determine priorities, resource allocations
- Symbolic
 - Activities (traditions, stories, myths, and rituals) demonstrating values and culture
 - Fincher Academic Medicine, Vol. 75, No 9 2000

Raise the Value of Teaching: Structural and Human Resources

- **Reform Promotions Policy to Raise the Status of Teaching**
- Foster the existing group of faculty who are interested in teaching: check their needs
- Give educators time, funding, and human resources to teach and administer education

Promotions Policy to Raise the Status of the Clinician-Educator

- Create a promotion process that recognizes three career paths in academic medicine
 - 1. *The Scientist-Researcher*
 - primary goal: grants and publish research in high quality journals
 - 2. *The Clinician-Investigator*
 - primary goal: patient care and publish research in high quality journals
 - 3. *The Clinician-Educator*
 - primary goal: patient care and teach students and residents

Raise the Value of Teaching: Structural and Human Resources

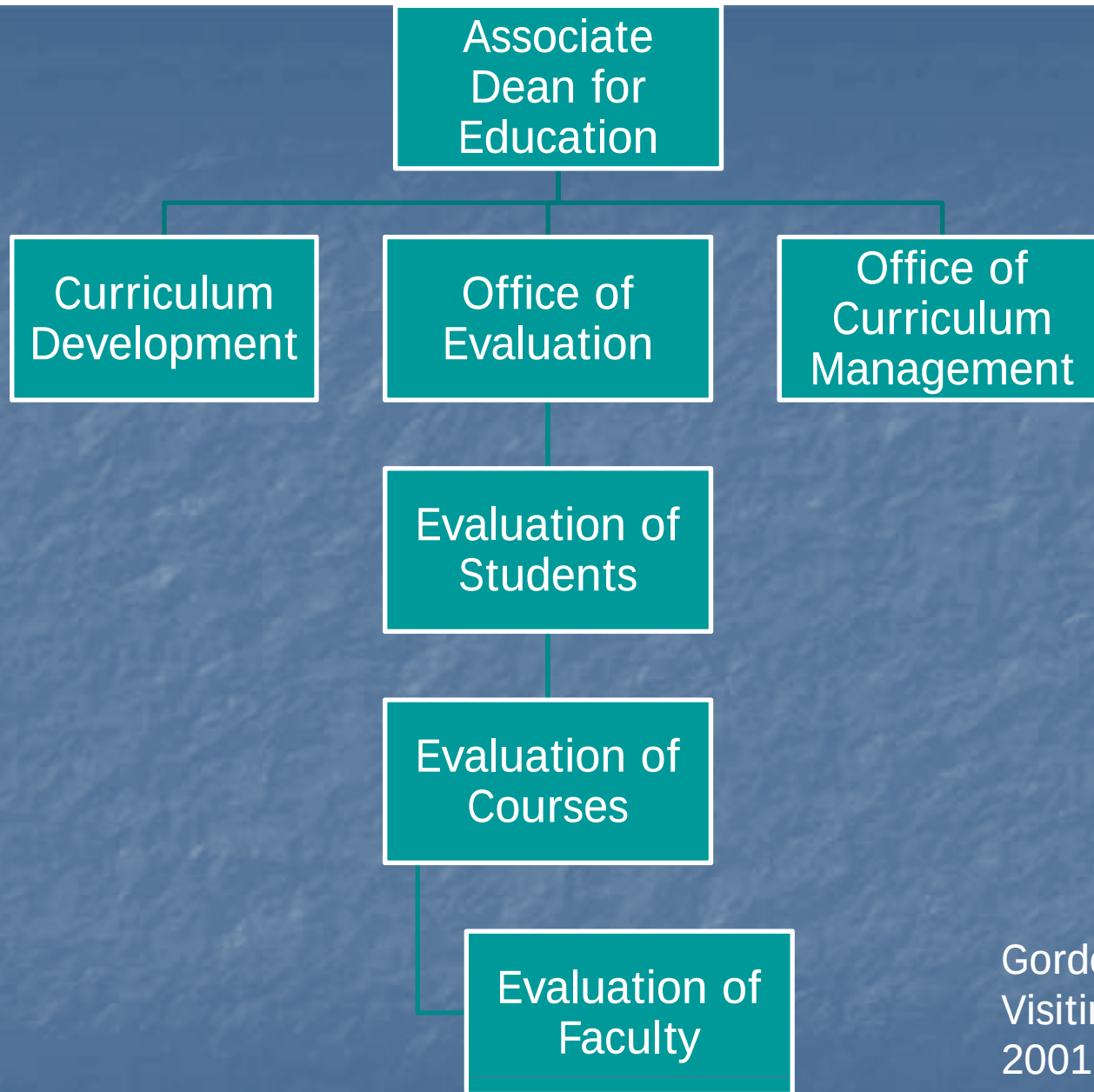
- Create teaching evaluation system that is meaningful, reflective, and used in the promotion process
- Create schedules among interested clinicians -- sharing of clinical care and teaching responsibilities

Raise the Value of Teaching: Symbolic

- Teaching Awards: Solicited by the Dean for each grade – costs nothing!
- Create value and recognition for teaching that are symbolic of the Japanese culture

Raise the Value of Teaching: Political

- Negotiate for faculty leaders with fractional salary line toward administration of teaching
- Negotiate for support for those who are skilled and motivated teachers
- Create a formal Medical Education Department supporting
 - medical student and resident education
 - faculty development
 - medical educational research



Gordon Noel MD
Visiting Professor
2001

Summary

- Recognize three career tracks in academic medicine that includes the clinician-educator
- Consider creating CE pathway at Tokyo University to
 - Focus on the growing needs in education reform
 - Recruit and retain valuable teaching faculty and education leaders
 - Contribute to the growing medical education literature
- Document teaching and clinical activities via the Educator's Portfolio

Conclusions

- Being a visiting professor at the University of Tokyo International Research Center for Medical Education has been a wonderful experience
- Opportunity to participate, observe and reflect has been a privilege
- Deep respect for the quality of medical education, clinical care, and research in Japan
- All health care systems are capable of improvement

Conclusions

- Optimistic about the educational efforts already growing at Tokyo University
- Look forward to continuing to learn from you all
- Thank you!