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AAIM Report on Master Teachers and Clinician Educators Part 1: Needs and Skills

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The Alliance for Academic Internal Medicine (AAIM) is composed of key internal medicine professional bodies committed to the preservation, growth, and refinement of the specialty. Member organizations include the Association of Professors of Medicine, Association of Specialty Professors, Association of Program Directors in Internal Medicine, Clerkship Directors in Internal Medicine, and Administrators of Internal Medicine.¹ A primary mission of AAIM is to foster change in medical education. To this end, in 2006 AAIM chartered the Education Redesign Task Force, composed of representatives of the member organizations and the American College of Physicians and American Board of Internal Medicine, to address several topics critical to the mission of internal medicine education.² A second task force was similarly chartered in 2008 and charged to examine 3 additional issues: defining the essence of internal medicine, formulating a pathway toward com-

petency-based medical education, and describing and examining issues related to clinical medical educators, specifically the master teacher.

The roles of the clinician educator have grown in sophistication, complexity, and importance as the scope of responsibilities and skills needed for teaching and evaluation has expanded. Master teachers are educators highly trained and competent in the broad skill set required by today's standards. Some designs separate "educator" from "teacher,"³ whereas others suggest a tiered model of clinician educators, from the traditional clinician educator to the more specialized master teacher.⁴ Regardless, these individuals will spend most of their professional time teaching and mentoring students, residents, and fellows in patient care settings, with the remainder of their efforts devoted to classroom instruction, honing their clinical and teaching skills, performing formal educational research, providing educational and clinical administrative leadership, and developing future master teachers.⁵⁻¹¹

This article defines and substantiates the need for this new educator and describes the proposed skills and abilities of a master teacher. Subsequent parts will review available options for their training and development; examine resourcing and models to support master teachers (and the larger group of clinician educators); suggest academic changes for their inclusion as full contributing

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faculty members; identify tools available to assist master teachers and clinician educators track and present their accomplishments; and address academic tenure for master teachers and clinician educators.

THE MASTER TEACHER: DEFINING THE INDIVIDUAL AND THE NEED

Master teachers will be physicians who make lifelong commitments to educating future physicians. They will spend the majority of their time teaching while simultaneously providing direct patient care in teaching clinics, inpatient services, and special care settings, such as clinical laboratories, telemedicine centers, and extended care facilities. They will effectively teach all aspects of physician development to a broad range of learners and use all available teaching and evaluation modalities for greatest teaching efficacy. They will support learners as advisors and mentors, filling less well-defined but critical roles in physician development.

Master teachers will have objective value to other health care stakeholders. As role models, master teachers will consistently demonstrate the physician behaviors now identified as essential: psychosocial awareness, respect for health care economics, and excellence in clinical sciences. They will constantly provide products that meet the needs of patients, learners, colleagues, health care providers, administrators, institutions, and government through the consistent delivery of high-quality education and clinical care, the breadth of their abilities, and their deep understanding of the systems that dominate modern-day health care. They will likely be among the most effective leaders of innovative clinical programs.

As leaders, their vision will provide guidance to others as rapid change influences physician development. As scholars, they will study the health care settings in which they work, identifying solutions to problems and disseminating their knowledge broadly. As educators, they will hold key roles in organizations that support, monitor, and define physician education.

Finally, master teachers will embrace constant improvement of their own abilities and those of their colleagues. As lifelong learners, they will maintain and continually expand their abilities to meet the growing demands of education and clinical care. They will engage in refining the skills of their peers by sharing their

observations and findings through publishing and seminars, and they will add quantity and detail to our understanding of how young physicians learn, what they need to learn, and how best to use precious resources to accomplish this ever-expanding task.

It is necessary to clarify how master teachers will differ from traditional teaching physicians. Master teachers will not be clinicians who occasionally teach but function primarily as direct care providers in the nonteaching setting. They will be unlike clinician-scientists, whose primary career commitments are to clinical investigation. They will be distinct from the professional educator who teaches and performs educational research but participates minimally in clinical care. They will be dissimilar from the majority of today's clinician educators who may teach part-time but have not devoted the time and effort to achieve excellence in the broad array of educational skills char-

acteristic of master teachers.

Master teachers will not be defined by rigid time-effort formulae, any specific medical specialty, or career stage. Broad needs will dictate that master teachers as a group have broad professional specialty backgrounds, spend considerable but variable percentages of their time in specific settings, and span all career levels.

This definition itself may justify the need for master teachers, noting that such individuals will commit so much of their professional effort to the role that significant involvement in other aspects of medicine would be difficult, if not impossible. However, trends in the health care environment and medical education make each of these tasks even more demanding. Landmark reports^{12,13} have laid out new expectations regarding patient safety and quality, including growing expectations for more direct supervision of physicians-in-training. Studies of chronic disease management provide momentum for patient-centered care models¹⁴ and impetus for the development of multidisciplinary teams that include physicians.¹⁵ Finally, the unsustainable cost of care and disparate levels of access have spurred legislative debate about comprehensive health care and insurance reform, with considerable focus on efficiency, resource use, and regulatory tools.

These tectonic shifts have been accompanied by other changes that challenge the traditional learning environment.¹⁶ High inpatient turnover, compression of teaching time by duty hours regulation,^{17,18} and a "shift

PERSPECTIVES VIEWPOINTS

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

from a pathophysiology-based model to an evidence-based model,"¹⁶ as well as the elucidation of general competencies¹⁹ and the strong support of a competency-based training system by accrediting organizations,²⁰ have exposed major gaps in our ability to rigorously teach and assess some competencies using current educator paradigms.

Thus, no present model of clinical medical teacher seems able to accomplish the goals of present and future education without the total, career-long commitment that will define master teachers. Physicians in other teacher categories will remain vital contributors to the educational process, and their importance should not be understated. Yet, master teachers will need to fill essential roles that others cannot through a constantly renewed and supported commitment.

SKILLS AND ABILITIES OF MASTER TEACHERS

To fill these needs effectively, master teachers will require a skill set that overlaps with, but significantly exceeds, that of current clinician educators.

Direct Teaching and Supervision

Master teachers will play a dominant role in teaching clinical skills, including interviewing, physical examination, and complex reasoning. Much of this teaching will continue to occur at the patient's side because of the central importance of the physician-patient interaction. They will need to routinely incorporate scientific evidence into the teaching of clinical skills (eg, through use of "The Rational Clinical Examination"²¹ and evidence-based guidelines). They will need to include core competencies in all teaching interactions, emphasizing such issues as cost of care and resource use, differing venues of care, and care transitions. Explicit discussion of the physician-patient relationship will inculcate the importance of communication skills. Quality of care, patient safety, and continuous improvement will be part of their delivered education through exercises in practice-based learning.^{22,23}

Master teachers will need to execute these teaching activities in the context of the new work environment. With increasing calls for learner supervision to ensure patient safety,²⁴ master teachers will need to achieve a delicate balance of graduated and skill-appropriate autonomy. Compressed duty hours dictate that teaching efficiency will be yet another necessary master teacher attribute.^{17,25} The business and human resource literature provides invaluable lessons that the master teacher will apply at the intersection of health care delivery and training.²⁶⁻²⁸

Role Modeling

Robust, multifaceted role modeling will set master teachers apart from other clinician educators. Role

modeling is an explicit responsibility of "masters" in workplace learning directed toward work acculturation and will be a critical ability of master teachers. Wright and colleagues²⁹⁻³¹ have described the impact and characteristics of successful role models in Medicine, suggesting that residents value non-cognitive qualities such as compassion, effective communication, and professionalism. Excellent role models were identified as spending more time on teaching and patient care responsibilities.³¹

With the shift toward patient-centered care, master teachers will set a tone of compassionate, ethical, high-quality care that places patients' needs first. These faculty will have a comprehensive view of the internist's role and the perspective to understand how physicians must interact with other members of the health care delivery system. They will model working effectively with colleagues in other disciplines, promote inter-professional collaboration and communication, and demonstrate professionalism—with emphasis on ownership of and devotion to patients.

Master teachers will exemplify the continuous learner for professional development, demonstrating that there need be no dichotomy between service and education. They will model service to their patients and to the broader health care system through participation in continuous quality improvement in their practice, demonstrating reflection in their daily work and teaching.

Finally, master teachers will model scholarship through the principle of lifelong knowledge acquisition, constantly applying the scientific method to patient care.³² They will embrace innovation, participate in developing paradigms of teaching and medical care, and disseminate information that improves the health of individuals or populations through traditional and newer vehicles.

Evaluator

Competency-based evaluation requires a major investment of faculty time and training not available to the average clinician educator. The Residency Review Committee for Internal Medicine has acknowledged its importance by emphasizing the evaluative role of "core faculty."³³ Therefore, master teachers will necessarily fill a "master evaluator" role in future clinical training programs because of a sophisticated ability to identify competence and its absence in the clinical training venue.

Master teachers will need to use effectively a broad range of evaluation techniques,³⁴ including directly observing patient interactions, medical procedures, and multidisciplinary conferences; assessing adequacy of reflection and self-critique; facilitating multisource evaluations; and reviewing medical records.

Mentor and Advisor to Trainees

Because of their extensive contact with students, residents, and fellows, master teachers will often be sought out for

advice. For residents envisioning an educator career, master teachers will be obvious choices for mentors. Specific mentoring topics include setting interim and long-term career goals and timelines; choosing projects and professional opportunities that support academic advancement; recording and organizing accomplishments into presentable formats; managing professional demands and their impact on a personal life; selecting and securing membership in intramural groups and national professional organizations; assessing costs and benefits of additional training and credentials relative to their career objectives; and resolving difficult interpersonal issues with residents and colleagues.

Educational Administrator and Leader

Although distinct from the noted teaching and advisor roles, many formal educational leadership and administrative positions will most likely be filled by master teachers. Training program and associate program directors, clerkship and rotation directors, course directors, and many assistant and associate dean positions might be best filled by faculty with this career-long commitment to education. Other master teachers will serve as important resources to educational directors by helping to identify resource needs, providing a credible liaison with clinical program leaders, and participating in or leading ongoing program evaluation.

CONCLUSIONS

This article presents information supporting the need for a new breed of clinical educator, the master teacher. The role has been described in the new environment of increasing educational and clinical care requirements in which future physicians will practice. Details of the skill set needed by master teachers have been proposed, highlighting the breadth and depth of abilities these educators will need to fulfill their roles for their learners, patients, and colleagues in healthcare. Subsequent sections of this report will address issues regarding training, financing, faculty role and documentation tools, and promotion and tenure. This report was approved by the Chair of the Education Redesign Task Force 2 and the Executive Committee of the Alliance for Academic Internal Medicine.

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