

OBJECTIVE

The purpose of this study was to perform a **targeted needs assessment** with Baylor College of Medicine (BCM) educational leaders to establish **which competencies should be prioritized for a one-year Graduate Medical Education Clinician Educator Track (GME CET)**. This study used the Clinician Educator Milestones, an established framework for competencies at the faculty level, to explore core competencies at the graduate level.

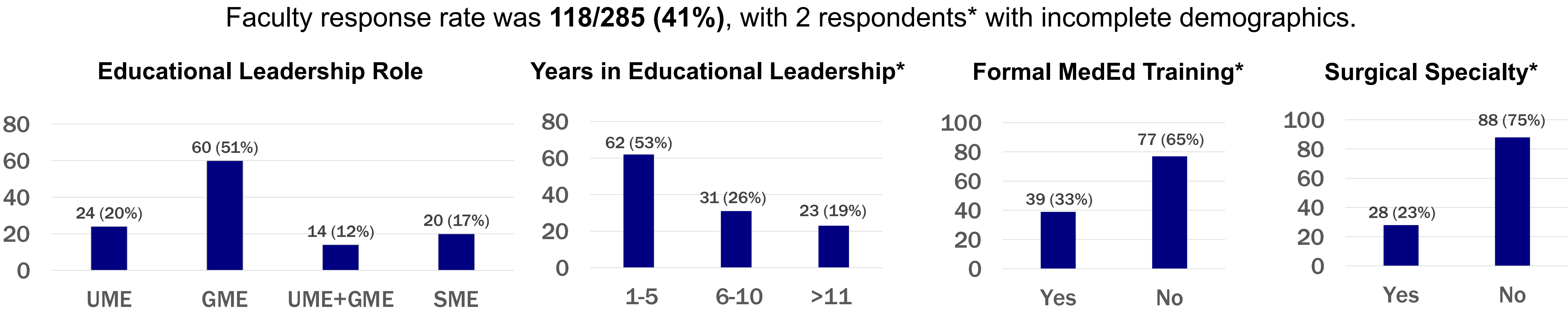
BACKGROUND

Trainees are expected to gain competencies to be fully independent practicing physicians during Graduate Medical Education (GME), while also **developing their professional identities**. One identity that has increased in importance among faculty is that of a **Clinician Educator**, a physician who is not only competent clinically, but understands tenets of adult learning theory, regulations from governing bodies, and skills needed for educational leadership. Although Clinician Educator Tracks (CETs) have been developed at the GME level, **a lack of clarity remains on which competencies are the most relevant to the development of resident and fellow physicians seeking to become Clinician Educators**.

METHODS

A **survey based on the Clinician Educator Milestones** was electronically administered to all faculty at BCM in **Undergraduate Medical Education (UME), Graduate Medical Education (GME) and Senior Medical Education (SME) leadership roles**. Demographic data was collected on educational leadership positions, years in educational leadership roles, advanced training in education, and surgical nature of specialty. Respondents prioritized milestones as: Definitely include/ Do not include/ Undecided. Descriptive statistics and chi-square analysis were used for prioritization and comparison of competencies. One open ended question was analyzed for themes.

RESPONSE RATE & DEMOGRAPHICS



PRIORITIZATION OF CLINICIAN EDUCATOR MILESTONES**

| Clinician Educator Milestones | Definitely Include | Do Not Include | Un-decided | No Response |
|--------------------------------------------|--------------------|----------------|------------|-------------|
| Feedback | 101 (86%) | 2 (2%) | 14 (12%) | 1 (1%) |
| Learner Assessment | 101 (86%) | 3 (3%) | 13 (11%) | 1 (1%) |
| Teaching and Facilitating Learning | 92 (78%) | 6 (5%) | 18 (15%) | 2 (2%) |
| Performance Improvement and Remediation | 83 (70%) | 5 (4%) | 29 (25%) | 1 (1%) |
| Learning Environment | 73 (62%) | 4 (3%) | 37 (31%) | 4 (3%) |
| DEI in the Learning Environment | 71 (60%) | 7 (6%) | 38 (32%) | 2 (2%) |
| Leadership Skills | 71 (60%) | 9 (8%) | 36 (31%) | 2 (2%) |
| Curriculum | 70 (59%) | 14 (12%) | 33 (28%) | 1 (1%) |
| Professionalism in Learning Environment*** | 63 (53%) | 7 (6%) | 45 (38%) | 3 (3%) |
| Medical Education Scholarship*** | 62 (53%) | 15 (13%) | 39 (33%) | 2 (2%) |
| Well-Being of Learners and Colleagues*** | 58 (49%) | 9 (8%) | 50 (42%) | 1 (1%) |
| Learner Professional Development | 55 (47%) | 9 (8%) | 52 (44%) | 2 (2%) |
| Programmatic Evaluation | 48 (41%) | 9 (8%) | 58 (49%) | 3 (3%) |
| Administration Skills *** | 43 (36%) | 20 (17%) | 52 (44%) | 3 (3%) |
| Science of Learning | 41 (35%) | 20 (17%) | 53 (45%) | 4 (3%) |
| Change Management | 27 (23%) | 26 (22%) | 60 (51%) | 5 (4%) |

**Rows may not equal 100% due to rounding.
*** Areas where significant differences found based on demographics

Respondents in **SME prioritized professionalism significantly higher** (16/20, 80% vs 47/98, 48%, p<0.01)
Those who had educational leadership positions for **less than 5 years** and those in **SME prioritized well-being significantly higher** (36/62, 58% vs 21/54, 39%, p=0.04 and 14/20, 70% vs 44/98, 45%, p=0.04)
Respondents **without formal training** in medical education ranked **medical education scholarship significantly higher** (49/77, 64% versus 13/39, 33%, p<0.01)
Those from a **surgical specialty ranked administrative skills significantly higher** (17/28, 60% versus 25/88, 28%, p<0.01).

OPEN-ENDED QUESTION CONTENT ANALYSIS

| ”Please share general thoughts about a 1-year GME CET across specialties.” | | |
|----------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| Pattern | N (%) | Representative Comments |
| Positive sentiment | 16 (40%) | “Great idea, very useful.” |
| Scheduling concerns | 9 (23%) | “It would need to be hybrid synchronous/asynchronous to support the spectrum of schedules.” |
| Prioritization Challenges | 8 (20%) | “All of the above are important, so it was difficult to prioritize” |
| Junior Faculty Development | 4 (10%) | “I would also consider similar training for junior faculty.” |
| Excluded Competencies | 3 (7%) | “Medical education scholarship and curriculum are next level skills and should be after the first-year curriculum.” |
| Total | 40 (100%) | |

CONCLUSIONS

The Clinician Educator Milestones are useful in prioritizing competencies for a GME CET.

Individual Teaching Competencies

Local Teaching Competencies

Interpersonal Educator Competencies

Aspirational Educator Competencies

At the GME level, the focus should be on both **individual and local teaching competencies**. Prioritization of competencies mimics the progression of a clinician teacher into a clinician educator. The findings offer insight into the steps needed to develop Clinician Educators.

FUTURE DIRECTIONS

Using the information garnered from this survey, we intend to **develop a Clinician Educator Track for all GME specialties** focusing on teaching-oriented competencies. We will utilize suggestions to create a curriculum that will be **flexible for busy resident physicians**. Our survey design could potentially be used to **prioritize needs for faculty clinician educators**.