

Chapter 17

Clinical Educator Track Resident Programs: Lessons Learned From Innovative Programs

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ABSTRACT

Medical residents have a growing responsibility to educate their fellow residents and serve as the primary teachers for medical students; however, many residents have reported lacking the skills needed to be effective teachers. Clinical educator tracks (CET) were designed to provide a more intense and diverse opportunity for residents to receive training in areas of learning theory, teaching, evaluation and assessment, curriculum design, research, and leadership. This chapter highlights promising practices in established CET programs in the United States and spotlights one CET program in Louisiana as an example. Based on a review of the literature, CET programs have the following promising practices in common: a commitment to teaching and learning, continuous improvement through program design and evaluation, and a focus on leadership and mentoring. The authors elaborate on the CET program at LSU Health Center and discuss future trends in CET programming.

INTRODUCTION

In the past decade, medical education has seen an increased demand for faculty with expertise in teaching (Knight et al., 2017). Medical residents have a growing responsibility to educate their fellow residents and serve as the primary teachers for medical students within teaching hospitals, providing between one-

DOI: 10.4018/978-1-7998-1468-9.ch017

third and two thirds of medical students' education (Smith, McCormick, & Huang, 2014). Recognizing the significant role that residents have in medical education, accreditation organizations require that residents are adequately prepared for teaching roles. Resident-as-teacher programs were developed to address teaching skills but were limited in their scope. Based on faculty development programs, clinical educator tracks were designed to provide a more intense and diverse opportunity for residents to receive training in areas of learning theory, teaching, evaluation and assessment, curriculum design, research, and leadership. Despite a growing demand for skilled teachers in graduate medical education, clinician-educator tracks for residents are few and far between (Heflin et al., 2009).

Career development as a medical educator requires careful planning to ensure that residents acquire various knowledge and skills (Roberts et al., 2014), including the ability to design and develop optimal and innovative curriculum, instruction, and assessment. Clinician-Education Tracks (CET) can prepare residents for a career in education and assist residents in developing their skills in curriculum, instruction, and assessment. CET programs offer improvement in medical education by preparing residents to be effective teachers. By highlighting innovative and quality CET programs in medical education, we can examine how learning is developed through real-time experiences in the residency.

Our purpose in this chapter is twofold. First, we review the literature on clinical educator track (CET) programs for residents and elaborate on the methods and procedures for creating an optimal clinical education program. To achieve this purpose, we reviewed descriptive studies on clinical education track programs in the United States and synthesized the data from these programs to highlight current practices and trends in CET programming and training. Second, we describe a clinical educator track program at Louisiana State University's (LSU Health Baton Rouge) Internal Medicine Residency in Baton Rouge. LSU Health Baton Rouge's CET program offers residents a unique experience to explore and engage in teaching and leading in medicine, including an opportunity to collaborate with LSU's School of Education.

BACKGROUND

Medical education is currently comprised of three areas: undergraduate, postgraduate and the continuing professional development of established clinicians; however, this was not always the case (Swanwick, 2014). In the 19th century, medical education in the U.S.A. took place in small "proprietary schools with limited facilities, few formal requirements, and little academic content" (Barchi & Lowery, 2000, p. 899); however, by the turn of the 20th century, medical schools had established four-year formalized training programs with clinical requirements. The required clinical component of medical schools primarily fell on practicing physicians who taught residents in an apprentice-type model. Many practicing physicians reported increase workloads and longer hours as they maintained their patient loads and taught residents, and they were not compensated for their additional role and responsibilities (McCullough, Marton, Ramnanan, 2015). Consequently, many of these physicians chose not to engage or continue as clinical educators. As medical schools found it increasingly difficult to recruit and retain physicians willing to teach students and residents, clinical educator track programs emerged (Kubiak, Guidot, Trimm, Kamen, & Roman, 2012). Clinical educator track programs typically place more emphasis on preparing residents for teaching and clinical skills. Over the past three decades, clinician-educators have become critical to the success of medical education (Barchi & Lowery, 2000; Levinson & Rubenstein, 2000; Lin et al., 2016), and as such, clinical-educator tracks have become equally important.

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