


**A Blueprint For Developing and Assessing
Faculty Team: The Clinician Educator
Milestone Project**

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Questions

- How many "planned" to become a Clinician Educator?
- When was the last time you or your faculty did a self-assessment of educator skills?
- How much time have you or your faculty spent learning or improving educator skills?



Disclosures

No disclosures



What defines a COMPETENT Clinician Educator?

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Clinician Educator Milestones (CEM) – Background

- CEM are designed to aid Clinician Educators in their educator professional development
- Designed for educators across the continuum of medical education
 - Can be used as a self-assessment tool to improve in specific subcompetencies
 - Can be used to develop skills in areas you are hoping to work (e.g., planning to become a program director)


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Milestones – A Brief Review

Level	Dreyfus Stage	Description (clinical reasoning example)
1	Novice	Rule driven; analytic thinking; little ability to prioritize information
2	Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
3	Competent	Embraces appropriate level of responsibility; dual processing of reasoning for most common problems; can see big picture; Complex problems default to analytic reasoning. Performance can be exhausting.
4	Proficient	More fully developed non-analytic and dual process thinking; comfortable with evolving situations; able to extrapolate; situational discrimination; can live with ambiguity
5	Expert	Experience in subtle variations; distinguishes situations

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Milestones: A Brief Review

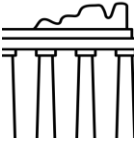
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LEVEL ≠ NOT PGY

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Clinician Educator Universal Pillars and Competencies



Educational Theory and Practice


Diversity, Equity, and Inclusion

Well-Being


Administration

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Universal Pillars for Clinician Educators





Reflective Practice and Commitment to Personal Growth






Barrier and Bias Mitigation






Professionalism




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 **Educational Theory and Practice**

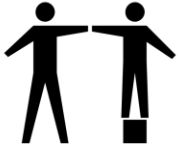
Teaching Feedback
 Scholarship Learner Assessment
 Science of Learning Professionalism
 Program Evaluation Remediation
 Curriculum Development Learning Environment
 Learner Professional Development




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 **Diversity, Equity & Inclusion**


Overall Intent:
 Acknowledge and address the complex **intrapersonal, interpersonal, and systemic influences** of diversity, power, and inequity (power, privilege) to promote equity and inclusion in all settings so all educators and learners can thrive and succeed.



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 **Well-Being**

Overall Intent:
 Apply principles of well-being to develop and model a learning environment that supports behaviors which promote personal and learner **psychological, emotional, and physical health**



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Administration Milestones

Purpose: Demonstrate administrative skills relevant to their professional role, program management, and the learning environment that leads to best health outcomes for the society

Administration Skills

Change Management

Leadership Skills

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Educational Theory and Practice 11: Curriculum	
Overall Intent: To apply a stepwise approach in curriculum design	
Milestones	Examples
Level 1 Identifies the elements, types, and purpose of a curriculum	<ul style="list-style-type: none"> • (U/G/C): Names six steps of curriculum development in medical education (problem identification, needs assessment, writing of goals and objectives, designing educational strategies, implementation, evaluation) • (U/G/C): Reads examples of curricular innovations in MedEdPORTAL • (U/G/C): Describes differences between explicit and hidden curriculum
Level 2 Participates in developing a curriculum	<ul style="list-style-type: none"> • (U/G/C): Identifies gaps in learners' knowledge, attitudes, or skills and makes instructional changes to address them • (U/G/C): Joins a team of educators in writing a new module for a course • (U/G/C): Converts an in-person workshop to online (and/or vice versa)
Level 3 Adapts curriculum to meet the needs of the learner	<ul style="list-style-type: none"> • (U/G): Reads a curriculum on MedEdPortal for medical students and adapts it for residents
Level 4 Leads development of a curriculum	<ul style="list-style-type: none"> • (U/G/C): Reads course evaluation data and makes changes to teaching methods • (U/G): Designs, implements, and assesses a new elective for learners on new methods for post-care aftermath • (U/G/C): Convenes a group of educators to design, implement, and assess a workshop series on interprofessional teamwork
Level 5 Coaches others to develop curriculum for the needs of their learners	<ul style="list-style-type: none"> • (U/G/C): Comprehensively evaluates an existing curriculum, makes suggestions to a curricular team based on ongoing gaps for learner experience, and helps the team design assessable strategies to address the gaps • (U/G/C): Mentors a junior faculty member to lead a curriculum development process
Assessment Models or Tools	<ul style="list-style-type: none"> • Appropriated exam data (board pass rate, in training exam) • ACGME survey data • CME data • Quality and patient safety data • Any validated tool that exists for the goals/objectives (e.g., mini-CEX)
Notes or Resources	<ul style="list-style-type: none"> • Martin SK, Ahn J, Farnas JM, Etienne HB. Introduction to Curriculum Development and Medical Education Scholarship for Resident Trainees: A Webinar Series. MedEdPORTAL. 2016 Sep;16(12):10454. doi: 10.15761/med.2016.1606.10454. PMID: 31100320; PMCID: PMC4944455. • Millross T, Carter A, Yocis E, Spangola CL. Best Practices for Survey Use in Medical Education: How to Design, Refine, and Administer High-Quality Surveys. South Med J. 2021 Sep;114(9):567-577. doi: 10.14423/SMJ.2020.090000017592. PMID: 34480197

Sample Learning Plan

Educational Theory and Practice 11: Curriculum	
Overall Intent: To apply a stepwise approach in curriculum design	
Milestones	Examples
Level 1 Identifies the elements, types, and purpose of a curriculum	<ul style="list-style-type: none"> • Help course director adapt curriculum for one topic to include interactive learning
Level 2 Participates in developing a curriculum	<ul style="list-style-type: none"> • Review longitudinal course evaluations to identify trends and shifts in learner attitudes • Identify immediate and long-term needs. Adapt curriculum to meet the immediate needs.
Level 3 Adapts curriculum to meet the needs of the learner	<ul style="list-style-type: none"> • Identify a specific competency for medical education that is needed for future faculty. Using a CBME approach develop, pilot, and assess the course. Modify as needed and implement.
Level 4 Leads development of a curriculum	<ul style="list-style-type: none"> • Mentors a junior faculty member to lead a curriculum review and edit
Level 5 Coaches others to develop curriculum for the needs of their learners	<ul style="list-style-type: none"> • Learner surveys • CME data • Peer feedback
Assessment Models or Tools	<ul style="list-style-type: none"> • Learner surveys • CME data • Peer feedback
Notes or Resources	<ul style="list-style-type: none"> • Road, Thomas PA, Kern DE, Hughes MT, Chen BY (eds). Curriculum Development for Medical Education: A Six-Step Approach. Baltimore, Maryland: John Hopkins University Press, 1998 • Participate in online course for curriculum development • Identify a peer cohort to learn with • Identify a MedEd mentor

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The Ultimate Goal: Application to Career Development

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Opportunities for Professional Development

- 1) Use milestones to coach educators
- 2) Simulation with case scenarios of learners that require performance feedback (faculty>learner role play).
- 3) Self -assessment on milestones, identify one milestone you would like to improve on, PD or Supervisor will recommend an individual/faculty to observe for best practice

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An Action Plan Related to ETP11: Curriculum

Action Item 1: 30 Days – 60 days – 1 year			
Action Item (be specific): Create a practical curriculum for our new ACGME required mental health rotation to go live by July 2024.			
Steps you will take to complete item	Resources required	Desired Outcome	Due Date
Present at PEC to inform and crowdsource for great ideas	Subcommittee of interested/invested/expert content faculty	Start to transform practical and required elements of a mental health rotation experience	I did this earlier this week!
Talk with my Chair	Faculty, space, time	Identify elements needed for a successful rotation and advocate for these	By end of July
Help to write the curriculum using Keams Six Step Method	Identified rotation director New APPD mental health resources coming out this summer	Create goals for a pediatrician becoming more familiar with and comfortable treating common mental health issues with reasonable objectives derived from resources as outlined above.	By 10/1/23
Present final version to PEC for approval		Determine timing within 3-year residency Completed curriculum with calendar, G&Os	5/1/2024 at latest
List potential barriers		List potential solutions to barriers	
Timed Lack of resources! Careful of overlap with other rotations.		Supported time and resources from higher levels Concurrent comparison of related rotation goals.	

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An Action Plan Related to ETP 9: Medical Education Scholarship

Action Item 3: 90 Days			
Action Item (be specific): Educational Theory and Practice 9: Medical Education Scholarship --Write more papers for journals related to education			
Steps you will take to complete item	Resources required	Desired Outcome	Due Date
Complete at least one paper this year (2023)	Time, data analysis	Highlight our RCA2 simulation	August 2023
List potential barriers I hate writing Journals could reject our work		List potential solutions to barriers Partner with HPE colleagues to help me Regroup and resubmit elsewhere	



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What's next for your faculty?



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Questions?

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