

Educator Competencies

Or what do clinical teachers
really need to do?

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Objectives

- 1) Describe educator competencies
- 2) Assess how you might incorporate educator competencies into your program
- 3) Create a method for assessing faculty competencies



Educator Competencies

- Rationale
- Competency frameworks
- Means of assessment



What do your faculty need to know how to do?

Put it in the chat box



Teaching as a Competency

- Clinical teaching is
 - Difficult
 - Changes by the minute
 - Content
 - Setting
 - Learners



A Pause

Reflect on the educational
training you received during
school/residency

-Write it down



Teaching as a Competency

- Why?
- Existing frameworks
 - Tetrahedron of confusion
 - Competencies for medical educators
 - Principle-based teaching competencies
 - Stanford construct

Why?

- Describes best practices
- Provides expectations
- Basis of evaluation
- Drives faculty development

Teaching as a Competency

- Why?
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Tetrahedron of Confusion

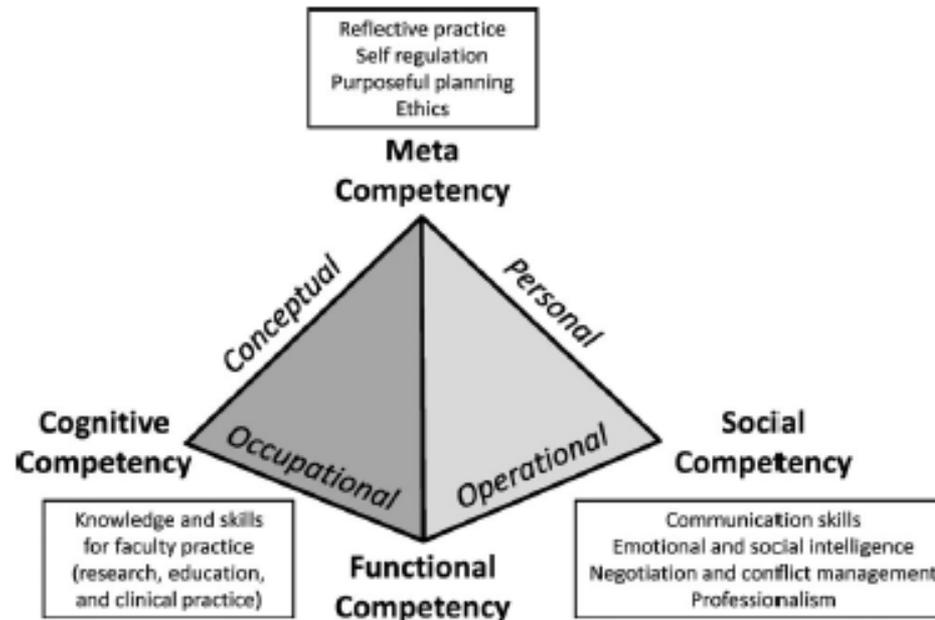


Figure 1 A model to organize faculty competencies. This model is derived from the model proposed by Le Deist and Winterton.⁹ The four areas of competency are represented at the corners of a tetrahedron; the edges of the tetrahedron link pairs of competencies that are related. The boxes contain examples of specific faculty competencies.

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Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - Patient care
 - Interpersonal/communication skills
 - Professionalism
 - Practice-based learning and improvement
 - Systems-based practice

Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - **Learner centeredness**
 - Interpersonal/communication skills
 - Professionalism
 - Practice-based learning and improvement
 - Systems-based practice

Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - **Learner centeredness**
 - Interpersonal/communication skills
 - Professionalism **and role modeling**
 - Practice-based learning and improvement
 - Systems-based practice

Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - **Learner centeredness**
 - Interpersonal/communication skills
 - Professionalism **and role modeling**
 - Practice-based **reflection** and improvement
 - Systems-based practice

Medical Knowledge

- Teach content
- Ability to provide graduated responsibility



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - **Learner centeredness**
 - Interpersonal/communication skills
 - Professionalism and role modeling
 - Practice-based reflection and improvement
 - Systems-based practice

Learner Centeredness

- Committed to learner success
 - Set an appropriate learning climate
 - Respectful of learners
 - Invested in learners and their growth



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - Learner centeredness
 - **Interpersonal/communication skills**
 - Professionalism and role modeling
 - Practice-based reflection and improvement
 - Systems-based practice

Interpersonal/ Communication Skills

- Express goals and expectations
- Tailor educational process to the situation
- Provide impactful feedback



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - Learner centeredness
 - Interpersonal/communication skills
 - **Professionalism and role modeling**
 - Practice-based reflection and improvement
 - Systems-based practice

Professionalism/ Role Modeling

- Role model aspirational behaviors
 - Treatment of others
 - Keeping current on educational practices
 - Accountability for actions (educational and clinical)



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - Learner centeredness
 - Interpersonal/communication skills
 - Professionalism and role modeling
 - **Practice-based reflection and improvement**
 - Systems-based practice

Practice-based Reflection and Improvement

- Reflect on educational practices and discuss regularly
- Seek and act upon feedback
- Seek out improvement opportunities



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
 - Learner centeredness
 - Interpersonal/communication skills
 - Professionalism and role modeling
 - Practice-based reflection and improvement
 - **Systems-based practice**

Systems-based Practice

- Understand the educational system
- Know of educational resources
- Be cognizant to educational trends



Competencies for Educators

- Follows ACGME competencies
 - Medical knowledge
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 - Professionalism and role modeling
 - Practice-based reflection and improvement
 - Systems-based practice

What do your faculty need to
know how to do?

Can we really expect
all of this of them?



Chart 1

Ten Teaching Competencies for Medical Educators, in Relationship to Educator Roles

Competencies	Core teacher roles			Specialized teacher roles				
	Clinical teacher	Individual or small group teacher	Large group teacher	Program administrator	Technology developer	Educational researcher	Institutional administrator	Education policy maker
Six core teaching competencies								
Medical knowledge	✓✓✓	✓✓✓	✓✓✓	✓✓	✓	✓✓	✓	✓
Learner centered	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓
Interpersonal/ communication skills	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Professionalism	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Practice-based reflection	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
System-based practice	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Four specialized teaching competencies								
Curriculum design and implementation	✓	✓	✓	✓✓✓	✓✓	✓✓✓	✓✓✓	✓
Evaluation and scholarship	-	-	-	✓✓	✓	✓✓✓	✓✓	✓
Leadership	-	-	-	✓✓✓	✓✓	✓✓✓	✓✓✓	✓✓✓
Mentorship	✓	✓	✓	✓✓✓	-	✓✓✓	✓✓✓	✓✓

Teaching as a Competency

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Teaching Principles

- Develop a conducive learning climate
- Actively engage learners
- Assess learners
- Facilitate learner goals
- Provide feedback
- Reflect on and assess teaching competence
- Foster self-directed/lifelong learning



Teaching as a Competency

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Stanford Construct

- Learning Climate
- Control of Session
- Communication of Goals
- Promotion Understanding/Retention
- Evaluation
- Feedback
- Promotion Self-Directed Learning



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Pause

What do you think is missing from each of these constructs, if anything

-Write it down



All that other “new” stuff

- Health systems science
 - Health systems improvement
 - Inter-professional collaboration
 - Value-based care
 - Clinical informatics
 - Population/public health
 - Policy/payment

All that other stuff

- Broader domains
 - Systems thinking
 - Change agency and management
 - Teaming
 - Leadership

New Educator Roles for Health Systems Science: Implications of New Physician Competencies for U.S. Medical School Faculty

Academic Medicine, Vol. 94, No. 4 / April 2019

Jed D. Gonzalo, MD, MSc, Anna Chang, MD, and Daniel R. Wolpaw, MD

“...many students are now ahead of the traditional faculty in health systems science...current professionals who role model and educate learners are not educated in the new paradigm.”

Call for

- an expansion of who is considered faculty
- develop the educational skills of all faculty (new and traditional)
- meaningfully acknowledge and reward educators

“The paucity of faculty educators skilled in health systems science is a rate-limiting step for educational and systems change”

“Education must also help faculty shift their professional identity to one that includes their role as providers of not only high-quality care for patients, but also high quality education for trainees and advocacy/leadership for the communities they serve”



Job Roles of the 2025 Medical Educator

Deborah Simpson, PhD (@debsimpson3)

Karen Marcdante, MD (@KMarcdante)

Kevin H. Souza, MS (@KevinHSouza)

Andy Anderson, MD, MBA (@rcathird)

Eric Holmboe, MD, MACP, FRCP (@boedudley)

Journal of Graduate Medical Education, June 2018

New faculty roles:

- Diagnostic assessor
- Content curator
- Learner-centered navigator and professional coach
- Clinician role model
- Learner environment designer, engineer, architect, and implementer



Box 2025 Medical Educator Job Roles

Diagnostic Assessor: Use results of big data to identify individual/group performance gaps to individualize training

Content Curator: Access, select, sequence, and deliver high-quality content developed by national experts

Technology Adopter: Be an early adopter and fluent in selecting and using appropriate technology tool(s)

Learner-Centered Navigator and Professional Coach: Guide learners' use of resources and practice to achieve identified performance targets

Clinician Role Model: Exemplar for the various 2025 physician job roles

Learning Environment Designer, Engineer, Architect, and Implementer: Designs the “space” to optimize learning informed by sciences (eg, learning)



Can we really expect that
much from our faculty?



How might we let faculty know what is expected of them as educators?

What are the barriers to using a competency framework?



Educator Competencies

- Rationale
- Competency frameworks
- **Means of assessment**



Assessment

Why?

Why?

- Describes best practices
- Provides expectations
- Basis of evaluation
- Drives faculty development

Assessment

- Patient-based outcomes
- Educational outcomes
- Educational process



Evaluating Obstetrical Residency Programs Using Patient Outcomes

David A. Asch, MD, MBA

Sean Nicholson, PhD

Sindhu Srinivas, MD, MSCE

Jeph Herrin, PhD

Andrew J. Epstein, PhD, MPP

JAMA, September 23/30, 2009—Vol 302, No. 12

Conclusions Obstetrics and gynecology training programs can be ranked by the maternal complication rates of their graduates' patients. These rankings are stable across individual types of complications and are not associated with residents' licensing examination scores.



Assessment

- Patient-based outcomes
- Educational outcomes
- Educational process

Assessing Process

- Learner reports/feedback
- Teacher observation



Team members:

Number of times observed doing the following this week:

By an attending physician:

Patient History	Physical Exam	Patient Counseling

By a housestaff physician:

Patient History	Physical Exam	Patient Counseling

Assessing Process

- Learner reports/feedback
- Teacher observation



“You can observe a lot just by watching”

-Yogi Berra



Observation of Teaching

- Observation by
 - Residents
 - Peers
 - Program Leadership
 - Educationalists
- Observation tools

Observation Tools

- SFDP-26
- Peer Assessment Tool



Pause

Do any of you have a teacher observation program?

What are the barriers to instituting one?



Assessment

- Patient-based outcomes
- Educational outcomes
- Educational process

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