HOD ACTION: Council on Medical Education Report 9 adopted and the remainder of the report filed.

REPORT 9 OF THE COUNCIL ON MEDICAL EDUCATION (A-09)
Communication and Clinical Teaching Curricula (Resolution 804, I-07)
(Reference Committee C)

EXECUTIVE SUMMARY

Resolution 804 (I-07), "Communication and Clinical Teaching Curricula," introduced by the Medical Student Section and referred to the Board of Trustees, asked that our American Medical Association (AMA): (1) establish policy supporting the development of formalized medical teacher training for residents and attending faculty; (2) explore the feasibility of the Accreditation Council for Graduate Medical Education (ACGME) defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents; and (3) work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty. This report summarizes the Liaison Committee on Medical Education (LCME) and the ACGME accreditation standards for training and evaluation of faculty attendings and resident physicians with regard to the teaching of medical students. The report also provides information about the effectiveness of teaching programs for faculty, model curricula, and initiatives that are being implemented locally and nationally to improve faculty development and teaching skills.

Little research has focused on teaching improvement or faculty development, but the literature shows that some programs have significant potential to enhance teaching effectiveness. However, successful teaching scholars programs have limitations that include the scholars' time and the length of the program, the need for programs to match the culture and context of the organization in which it operates, and the year-long commitment. Clinical reality and logistical issues are greater deterrents to participation than faculty development goals, content, or strategies. In residency training programs, the Residency Review Committees are responsible for tailoring the general specifications to fit the culture and work processes of each clinical specialty. However, if individual residency programs do not value these teaching programs, the investment in resident faculty development will not be made. Furthermore, to require residents to obtain teaching certificates could result in an additional burden, a duplication of efforts, and be more costly.

The LCME and ACGME have established standards and guidelines that delineate expectations for the skills of residents and core faculty members to effectively teach medical students and residents. There is a high level of compliance with the LCME and ACGME accreditation standards for educational quality. However, it is up to medical schools and the institutions sponsoring residency programs to develop the curricula, accredit the programs, and credential or certify the participants.

Thus, the Council on Medical Education recommends adoption of the following: That our AMA: (1) reaffirm AMA Policies H-310.945 and H-295.949; (2) encourage the LCME to continue to enforce accreditation standards requiring that faculty members and resident physicians are prepared for and evaluated on their teaching effectiveness; (3) encourage the ACGME to create institutional-level standards related to assuring the quality of faculty teaching; (4) encourage medical schools and institutions sponsoring graduate medical education programs to offer faculty development for faculty and resident physicians in time-efficient modalities, such as online programs and/or to support faculty and resident participation in off-site programs; (5) encourage medical educators to develop and utilize valid and reliable measures for teaching effectiveness; and (6) encourage medical schools to recognize participation in faculty development for purposes of faculty retention and promotion.

HOD ACTION: Council on Medical Education Report 9 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 9-A-09

Subject: Communication and Clinical Teaching Curricula (Resolution 804, I-07)

Presented by: Claudette E. Dalton, MD, Chair

Referred to: Reference Committee C (Rodney G. Hood, MD, Chair)

Resolution 804 (I-07), "Communication and Clinical Teaching Curricula," introduced by the Medical Student Section and referred to the Board of Trustees, asked that our American Medical Association (AMA):

- establish policy supporting the development of formalized medical teacher training for residents and attending faculty;

- explore the feasibility of the Accreditation Council for Graduate Medical Education (ACGME) defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents; and

- work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty.

Reference Committee testimony acknowledged the importance of ensuring that medical students have a valuable and positive educational experience, but most expressed significant concerns regarding the potential burden that additional requirements would place on residents, faculty, and volunteer faculty if the recommendations were adopted. The following report summarizes the Liaison Committee on Medical Education (LCME) and the ACGME accreditation standards for training and evaluation of faculty attendings and resident physicians with regard to the teaching of medical students. The report also provides information about the effectiveness of teaching programs for faculty, model curricula, and initiatives that are being implemented locally and nationally to improve faculty development and teaching skills.

STANDARDS FOR ACCREDITATION OF MEDICAL STUDENT EDUCATION PROGRAMS

Current LCME Standards

The LCME addresses the training of faculty members through LCME standard FA-4 and its accompanying annotation:

> "Members of the faculty must have the capability and continued commitment to be effective teachers.
>
> Effective teaching requires knowledge of the discipline and an understanding of curriculum design and development, curriculum evaluation, and methods of instruction. Faculty members involved in teaching, course planning and curricular evaluation should possess or

have ready access to expertise in teaching methods, curriculum development, program evaluation, and student evaluation. Such expertise may be supplied by an office of medical education or by faculty/staff members with backgrounds in educational science.

Faculty involved in the development and implementation of a course, clerkship, or larger curricular unit should be able to design the learning activities and corresponding evaluation methods (student and program) in a manner consistent with the school's stated educational objectives and sound educational principles.

Community physicians appointed to the faculty, on a part-time basis or as volunteers, should be effective teachers, serve as role models for students, and provide insight into contemporary methods of providing patient care.

Among the lines of evidence indicating compliance with this standard are the following:

- Documented participation of the faculty in professional development activities related specifically to teaching and evaluation.
- Attendance at regional or national meetings on educational affairs.
- Evidence that faculty members' knowledge of their discipline is current."[1]

Standards also apply to residents. LCME Standard ED-24 states:

"Residents who supervise or teach medical students, as well as graduate students and post-doctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation."[1]

The minimum expectations for achieving compliance with this standard are that:

"(a) residents and other instructors who do not hold faculty ranks (such as graduate students and postdoctoral fellows) should receive a written copy of the course/clerkship objectives and clear guidance from the course/clerkship director about their roles in teaching and evaluating medical students; and (b) that the institution and/or relevant departments provide resources such as workshops/written materials to enhance the teaching and evaluation skills of residents and other non-faculty instructors. There should be central monitoring of the level of resident/other instructor participation in activities to enhance their teaching/evaluation skills. The LCME encourages formal assessment of the teaching and evaluation skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate. Assessment methods could include direct observation by faculty, feedback from students through course/clerkship evaluations or focus groups, or any other suitable method."[1]

Current ACGME Standards

ACGME Institutional Common Program Requirements require that residents "participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students."

Similarly, programs must integrate the following ACGME competency, Practice-based Learning and Improvement, into the curriculum:

"Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based

> on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goal—participate in the education of patients, families, students, residents and other health professionals."[2]

ACGME does not currently provide institutions and residency program directors with guidelines or criteria to develop or implement specific clinical teaching competencies or curricula.

AMA POLICY

Relevant AMA policies include H-310.945, "Graduate Medical Education Faculty Evaluations" and H-295.949, "Encouraging Community Based Medical Education" (AMA Policy Database, see Appendix A).

AMA policy states that:

- The evaluations of residency program faculty should be done in a confidential manner, at least annually, and the areas evaluated should include teaching ability, clinical knowledge, scholarly contributions, attitudes, interpersonal skills, communication ability and commitment.
- Residency program directors should provide faculty members with a written summary of the evaluations.
- The AMA recognizes and acknowledges the vital role of practicing physicians in community hospitals in medical student and resident teaching.

AMA INITIATIVE TO TRANSFORM MEDICAL EDUCATION

Through the Initiative to Transform Medical Education (ITME), the AMA is working collaboratively with other organizations to bring substantive improvements to medical education aimed at enhancing physician and health system performance. This comprehensive initiative envisions a system of medical education that better equips young physicians with the knowledge, skills, attitudes, behaviors, and values necessary to provide quality medical care and the ability to continually update their learning. ITME strategies for bringing about educational change include: (1) changes in the financing of medical education to support education and innovation; (2) changes in the organizational reward system of the medical school and clinical teaching site to place heightened emphasis on teaching; and (3) faculty development to assist faculty to become better teachers and role models. A recent report on the activities of ITME is available at: *www.ama-assn.org/go/councilmeded.*

MODEL CURRICULA AND INITIATIVES

Most medical schools have faculty development activities focused on improving the instructional skills of medical students and resident physicians. Programs to prepare residents as teachers are common and usually organized at the departmental level.[3] However, with time pressures on both faculty and residents, the ability to participate in such activities may be limited. A number of curricula, programs, and initiatives have also been developed locally and nationally for faculty development to improve teaching skills. Examples of organizations that support faculty development activities include:

Alliance for Clinical Education (ACE)
http://www.allianceforclinicaleducation.org/index.htm
ACE is a multidisciplinary group formed in 1992 to enhance clinical instruction of medical students. ACE's mission is to foster collaboration across specialties to promote excellence in clinical education of medical students and professional development of clinical medical educators. Its members include representatives of the groups**,** which direct the core clinical clerkships in most medical schools. Its members include representatives of the following national organizations of clerkship directors:

- Association of Directors of Medical Student Education in Psychiatry (ADMSEP),
- Association of Professors of Gynecology and Obstetrics (APGO),
- Association for Surgical Education (ASE),
- Clerkship Directors in Emergency Medicine (CDEM),
- Clerkship Directors in Internal Medicine (CDIM),
- Consortium of Neurology Clerkship Directors/American Academy of Neurology (CNCD),
- Council on Medical Student Education in Pediatrics (COMSEP), and
- Society of Teachers of Family Medicine (STFM).

The Professional and Organizational Development Network in Higher Education (POD)
http://www.podnetwork.org/index.htm
POD, the oldest faculty development network in higher education supports a network of nearly 1,800 members including faculty and teaching assistant developers, faculty, administrators, consultants, and others who perform roles that value teaching and learning in higher education.

The Society of General Internal Medicine (SGIM)
http://www.sgim.org/
SGIM, founded as the Society for Research and Education in Primary Care Internal Medicine in 1978 with the help of a grant from the Robert Wood Johnson Foundation, is a national medical society of 3,000 physicians who are the primary care internal medical faculty of every medical school and major teaching hospital in the United States.

American Board of Internal Medicine's (ABIM) Faculty Development Course
http://www.abim.org/residency/facultyDev.aspx
Each year the ABIM joins with the National Board of Medical Examiners to offer "Evaluation of Clinical Competence: A Faculty Development Course for a New Era." This intensive four-day course is designed exclusively to train faculty to evaluate clinical competence based on the six general competencies of the ACGME. The highly interactive small-group course, limited to 16 participants, charges $875 to register, and includes workshops on the following topics:

- Direct Observation Skills,
- How to Evaluate the ACGME Competencies,
- Systematic Review of Evaluation Tools,
- Working with Problem and Marginal Residents, and
- Teaching and Evaluating Practice-Based Learning and Improvement and Systems-Based Practice.

ABIM Practice Improvement Module for Physicians Supervising Trainees
http://www.abim.org/news/news/supervising-trainees.aspx
Program directors, attending faculty, and supervising physicians can earn 20 points of Maintenance of Certification (MOC) credit by completing ABIM's new Clinical Supervision PIM[sm] Practice Improvement Module, The new PIM better structures the way physicians observe, evaluate and provide feedback to their trainees and improves the quality of care trainees provide.

American Psychiatric Association Chief Residents' Executive Leadership Program
http://www.psych.org/Departments/EDU/residentmit/index.aspx
Each ACGME-accredited general psychiatry residency training program (one per department of psychiatry) will be able to select one chief resident to attend this formal training in organizational issues, teaching, or leadership responsibilities.

Faculty Vitae
http://www.aamc.org/members/facultydev/facultyvitae/start.htm
Association of American Medical Colleges' (AAMC) Faculty Development and Leadership section features on-line resources for professional development for faculty in medical schools and teaching hospitals.

ACGME Outcome Project - Resident Competencies
http://www.acgme.org/outcome/
The ACGME web site defines a set of basic competencies for residents. "Educating Physicians for the 21st Century," is a series of five PowerPoint presentations with a Facilitator's Manual. The Facilitator's Manual contains speaker notes and discussion questions to help Program Directors give these presentations during faculty meetings or educational retreats.

End of Life Physician Education Resource Center (EPERC)
http://www.eperc.mcw.edu/
The EPERC is a central repository for educational materials and information on end-of-life care. It can also be used as a source of curriculums for faculty development.

The University of Illinois at Chicago; "Standardized Medical Student"
http://www.uic.edu/orgs/facdevel/main.html
The "Standardized Medical Student" technique is an interactive approach used to show residents, preceptors, and junior faculty how to teach medical students in clinical settings.

The Society for Academic Emergency Medicine (SAEM)
http://www.saem.org/saemdnn/
The faculty development resources of the SAEM site provides extensive information on professional development applicable to all medical specialties.

Institutional Courses for Medical Faculty
Most medical schools provide courses for their faculty. Some medical schools also provide courses for faculty from other institutions. Examples include: Harvard Medical School's continuing medical course, "Principles of Medical Education: Maximizing Your Teaching Skills" (*http://hosted.verticalresponse.com/212338/0564501d62/1509500371/bee97485f6/*), and the Stanford Faculty Development Program, "Clinical Teaching" (*http://sfdc.stanford.edu/progct.html*).

EFFECTIVENESS OF TEACHING FACULTY

The Association of American Medical Colleges (AAMC) Medical School Graduation Questionnaire (GQ) has been administered annually since 1978 by the AAMC to US graduating medical students nationwide. The 2008 GQ survey asked whether residents and fellows provided effective teaching. The survey ratings for six different clerkships representing all accredited medical schools showed that most students "strongly agreed" or "agreed" that residents and fellows were providing effective teaching during clerkships (Table 1).[4]

Each year, the LCME reviews annual survey data and written reports about the 126 US and 17 Canadian accredited medical schools with students enrolled, and conducts site visits to 20 to 30 institutions. The LCME's continuing accreditation process requires educational programs to provide assurances that faculty, including residents who supervise or teach medical students, are properly trained. From October 2005 to June 2008, one of the most frequent areas of noncompliance was standard ED-24, which requires that "residents who supervise or teach medical students…must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation" (*Functions and Structure of the Medical School*, 2007 edition). This standard was cited 11 times in 53 school reviews (21% of total reviews in that time frame).[5]

DISCUSSION

Little research has focused on teaching improvement or faculty development, but the literature shows that some programs have significant potential to enhance teaching effectiveness. In a pilot study of faculty development for basic science teachers conducted by Stanford University School of Medicine, faculty programs were assessed to determine their effectiveness. Evaluation methods included faculty assessment, student ratings, and blinded ratings by a trained observer. Skeff, et al., concluded that faculty development programs have significant potential to enhance basic science instructors' teaching effectiveness.[6]

Strategies to improve teaching have been influenced by the prevailing theories of learning and research on instruction. A study conducted by Wilkerson and Irby showed that "comprehensive faculty development empowers faculty members to excel as educators and to create vibrant academic communities that value teaching and learning."[7]

Successful teaching scholars programs such as the Teaching Scholars Program for Educators in the Health Sciences at McGill University also have limitations. Steinert and McLeod reported that "the program's major limitation is time, both in terms of the scholars' time and the length of the program." They also found that the program needed to match the culture and context of the organization in which it operated, and the year-long commitment was a significant factor for the members of the faculty of medicine.[8]

In a 2006 study conducted to explore the reasons why some clinical teachers do not participate in faculty development activities, Steinert, et al., concluded that "clinical reality and logistical issues appeared to be greater deterrents to participation than faculty development goals, content, or strategies."[9]

In residency training programs, the Residency Review Committees are responsible for tailoring the general specifications to fit the culture and work processes of each clinical specialty. The Designated Institutional Official is in a key position to identify the required components for a resident teaching skills programs at their institution. However, if individual residency programs do not value these teaching programs, the investment in resident faculty development will not be

made. Furthermore, to require residents to obtain teaching certificates could result in an additional burden, a duplication of efforts, and ultimately be more costly.

The LCME and ACGME have established standards and guidelines that delineate expectations for the skills of residents and core faculty members to effectively teach medical students and residents. There is a high level of compliance with the LCME and ACGME accreditation standards for educational quality. However, it is ultimately up to medical schools and the institutions sponsoring residency programs to develop the curricula, accredit the programs, and credential or certify the participants.

RECOMMENDATIONS

In their accreditation standards, the Liaison Committee on Medical Education (LCME) reinforces the importance of teaching skills for residents and faculty to effectively teach medical students. Institutions sponsoring residency training programs must ensure compliance with the institutional, common, and specialty-specific program requirements of the Accreditation Council for Graduate Medical Education (ACGME) that include expectations of residents and core faculty teaching skills.

The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 804 (I-07), and that the remainder of the report be filed.

1. That our American Medical Association (AMA) reaffirm AMA Policies H-310.945 and H-295.949. (Reaffirm HOD Policy)

2. That our AMA encourage the Liaison Committee on Medical Education to continue to enforce accreditation standards requiring that faculty members and resident physicians are prepared for and evaluated on their teaching effectiveness. (Directive to Take Action)

3. That our AMA encourage the Accreditation Council for Graduate Medical Education to create institutional-level standards related to assuring the quality of faculty teaching. (Directive to Take Action)

4. That our AMA encourage medical schools and institutions sponsoring graduate medical education programs to offer faculty development for faculty and resident physicians in time-efficient modalities, such as online programs, and/or to support faculty and resident participation in off-site programs. (Directive to Take Action)

5. That our AMA encourage medical educators to develop and utilize valid and reliable measures for teaching effectiveness. (Directive to Take Action)

6. That our AMA encourage medical schools to recognize participation in faculty development for purposes of faculty retention and promotion. (Directive to Take Action)

Fiscal Note: $5,000

Appendix A

AMA Policy

H-310.945 Graduate Medical Education Faculty Evaluations

The AMA recommends that evaluations of residency program faculty should be done in a confidential manner, at least annually, and the areas evaluated should include teaching ability, clinical knowledge, scholarly contributions, attitudes, interpersonal skills, communication ability, and commitment. Residency program directors should provide faculty members with a written summary of the evaluations. (CME Rep. 7, I-93; Reaffirmed and Modified: CME Rep. 2, A-05)

H-295.949 Encouraging Community Based Medical Education

Our AMA recognizes and acknowledges the vital role of practicing physicians in community hospitals in medical student and resident teaching. (Res. 44, A-91; Modified: Sunset Report, I-01)

Appendix B

Table 1. Percentage of Residents and Fellows who Provided Effective Teaching During Clerkship

Clerkship	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Mean	Count
Family medicine	25.7%	32.2%	28.0	8.2	5.9	2.4	13,158
Internal medicine	51.7%	37.2%	5.6	4.0	1.5	1.7	13,264
OBGYN	30.3%	37.3%	12.5	12.3	7.6	2.3	13,253
Pediatrics	42.1%	39.3%	9.0	6.5	3.1	1.9	13,233
Psychiatry	34.1%	38.9%	14.8	8.4	3.7	2.1	13,243
Surgery	39.3%	39.1%	9.7	8.0	3.9	2.0	13,279

AAMC 2008 Medical School Graduation Questionnaire

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