Energizing Rheumatology Training: Put Teaching Back into the Academic Limelight

The effective teaching of clinical medicine is not easy. There are many competing demands for a clinician educator’s time that distract from teaching, including the need for clinical and administrative productivity, family expectations, and the required involvement with educational oversight committees. But I believe that the major underrecognized impediments to developing robust rheumatologic teaching programs filled with energetic and effective educators are (1) the relatively few practical and available opportunities for clinical faculty to participate in continued medical education (CME) activities directed toward advancing their teaching abilities, developing innovative educational programs, and enabling realistic self-assessment of their teaching skills; and (2) the lack of rigorously defined and uniformly accepted attributes of the successfully trained clinical rheumatologist. As a professional community we need to support our teaching faculty in getting better teaching tools and refine our definition of the final product of professional training: the clinical rheumatologist.

The Accreditation Council for Graduate Medical Education (ACGME) several years ago promulgated the idea (that is, an expectation) that teaching programs should hold annual education program reviews (program self-assessment) and provide formal continuing education for their core teaching faculty on the components of effective teaching (personal self-assessment). On the ACGME Website, this statement can be found: “Faculty participation in faculty development activities should be monitored and recorded... Activities should — over time — include not only CME-type activities directed toward acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities...”.

Berman, et al are to be congratulated for communicating through the Journal of Rheumatology the Hospital for Special Surgery (HSS) rheumatology department’s advance ment of the concept of providing ongoing education for its educators (addressing my point 1 above). As Berman, et al note, establishing a faculty development program in teaching is not a new idea. This has been embraced in concept and implemented by many postgraduate medical centers around the country, including my own. But the efforts of Berman and his colleagues also represent an excellent example of a successful rheumatology departmental program review, ripe with honest self-appraisal and an action plan. Their plan offers potential for an enduring positive outcome from this educational retreat with resultant program improvement and hopefully an ongoing impetus for continued institution-wide support for faculty development. Time will tell whether this rose will grow in Manhattan.

Why aren’t all programs already doing this with vigor? In contradistinction to what we may submit (with the best of intentions) on our formal program information forms to the ACGME, few programs have inculcated faculty development in a serious way into their academic fabric. It is not easy to accomplish.

For most rheumatology sections, a robust faculty development program in teaching is likely best facilitated at the institution or department of medicine level, sharing internal education resources and importing external speakers and facilitators as needed to address topics such as communication, providing useful feedback to fellows, evaluating trainees, identifying and helping the problem learner, etc. Some institutions have used their own faculty and/or imported facilitators trained in nationally recognized programs such as Stanford’s Faculty Development Program in Clinical Teaching. Some institutions have built their own “academies” or certificate programs and expected participation by all program directors and other key educators. Creating comprehensive institution-wide programs can be a challenge, but to individual departments there is the equal or greater challenge of helping their faculty to attend the programs that are offered and then to implement the programmatic changes desired by the newly re-energized...
The image contains a page from a document discussing the need for paradigm shifts and improvements in teaching and faculty development in rheumatology programs. The text highlights the importance of ongoing faculty development and the need for constructive feedback. It also mentions the introduction of an educator academy track at the American College of Rheumatology (ACR) scientific meeting, and the need for collaborative efforts among national or regional societies/organizations. The page emphasizes the importance of integrating clinical and research interests, and the role of educators in setting standards for competence in academic rheumatology.

The text discusses the need for formative feedback in training programs, recognizing the challenges faced by programs when compared to adequately supporting quality training. It emphasizes the importance of integrating clinical and research interests, and the role of educators in setting standards for competence in academic rheumatology.
programs. Thus, for most medical centers the elimination of training positions (a logical outcome if we cannot develop and support faculty) is not an ideal option. We need now more than ever to invest in our clinician educators. As academic centers strive to provide high-quality clinical care in a cost-effective and compassionate manner, our clinical educators must be viewed as necessary and relevant role models. With the creation of appropriately structured educational “academies” and defined teaching expectations (more than just time spent teaching), we can demonstrate that clinical educators really are not second-class academic citizens.

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REFERENCES