Journal of Pediatric Endocrinology

Open Access

Austin Publishing Group

Review Article

Rating Importance of Promotion Criteria for Clinician-Educators in Pediatric Endocrinology: Results of a Pediatric Endocrine Society Survey

Ang KH[1]*, Van Name MA[2] and Tamborlane WV[2]

[1]Department of Pediatrics, University of Utah School of Medicine, USA

[2]Department of Pediatrics, Yale University School of Medicine, USA

***Corresponding author:** Ang KH, Department of Pediatrics, University of Utah School of Medicine, 100 N Mario Capecchi Drive, Salt Lake City, UT 84113, USA

Received: October 06, 2018; **Accepted:** November 16, 2018; **Published:** November 23, 2018

Abstract

Background: In contrast to well-established guidelines and expectations for promotion of clinical department faculty in the clinician-scientist track, criteria for promotion are less clear in the clinician-educator track. Understanding faculty's perception of promotion requirements for this track is key to elucidate any discrepancy between their activities and current promotion requirements.

Methods: We collected information from members of the Pediatric Endocrine Society to better understand how clinician-educators in our field are evaluated for promotion from Assistant to Associate Professor in academic settings. We collected survey data from 64 members of the Pediatric Endocrine Society, the majority of whom are clinician-educators (51.6%) and have participated in the evaluation of clinician-educators for promotion (45.3%).

Perceived importance of criteria for promotion in 4 categories were assessed: clinical skills, educational contributions outside reputation, and scholarly contributions.

Results: The most important criteria for promotion were evaluation by promotions committee (3.50/4-point Likert scale), recommendations by the section chief (3.45/4), and soliciting input from outside of the institution (3.09/4).

Number of peer-reviewed publications was also perceived as important (2.87/4), which are the criteria most strongly correlated to promotion of clinician-scientists.

Conclusion: As a group, criteria related to clinical skills and educational contributions were not ranked as highly as scholarly contributions and outside reputation. Future aims should include creating transparent criteria for physicians on this track that fairly reflects their work activities.

Keywords: Clinician-educators; Promotion criteria; Pediatric endocrinology; Assistant professor

Introduction

Clinician-educators are a critical part of the academic work force, both in the care of patients and education of trainees. This track has emerged in response to the inherent challenge of exceling in patient care, research, and education simultaneously [1]. Physicians who are primarily interested in clinical care of patients and medical education can now enter clinician-educator tracks, which are separate from more traditional research tracks. At Yale, the stated purpose of establishing this new track more than 20 years ago was to provide a means of retaining and promoting outstanding clinicians and educators. Such clinician-educator tracks have also helped address the increasing clinical volume in many pediatric departments.

While some medical centers employ clinicians who do not have opportunities for advancement up the academic ladder, the majority of academic centers expect their clinical educators to establish career trajectories leading to promotion from Assistant to Associate Professor or higher. Nevertheless, even after many years, the criteria for promotion at many academic institutions are not consistent with the job activities of clinician-educator [2]. Moreover, the metrics used for promotion for clinician educators in pediatric endocrinology have not previously been assessed.

In order to gain a greater understanding of the current criteria being employed for promotion of clinician-educators in pediatric endocrinology in the US, we developed a mixed-methods survey on perceived importance of various criteria for promotion of clinician-educators in pediatric endocrinology from Assistant to Associate Professor. The survey was distributed by the Pediatric Endocrine Society (PES) to its members, who completed and returned it to PES anonyomously. The results of this survey are presented herein.

Methods

The instrument that we developed was an electronic survey created with Qualtrics software (Qualtrics, Provo, UT). It was based on literature review [3-6] and divided into 4 categories: clinical skills, educational contributions, scholarly contributions, and reputation.

Citation: Ang KH, Van Name MA and Tamborlane WV. Rating Importance of Promotion Criteria for Clinician-Educators in Pediatric Endocrinology: Results of a Pediatric Endocrine Society Survey. J Pediatri Endocrinol. 2018; 3(1): 1025.

Table 1: Career and demographic characteristics of survey respondents.

Title, n (%)	Track, n (%)	Age in years, n (%)	Do you evaluate clinician-educators for promotion?
Instructor 1 (1.5)	Tenured research* 17(26.6)	31-40 13 (20.3)	Yes 29 (45.3)
Assist Prof 20 (31.3)	Clinician-educator 33 (51.6)	41-50 17 (26.6)	No 35 (54.7)
Assoc Prof 20 (31.3)	Clinician 9 (14.1)	51-60 14 (21.9)	
Professor 19 (29.7)	Other 5 (7.8)	61-70 12 (18.8)	
Other 4 (6.3)		>70 8 (12.5)	

*Traditional and clinician-scholar tracks

Table 2: Perceived importance of clinical skills for promotion of clinician-educators*.

Clinical Skills	Weighted Rank
Evaluations from trainees (fellows and residents)	2.54
Evaluations from staff and peers	2.34
Number of patient encounters	1.84
Number of Relative Value Units (RVUs)	1.71
Type of patient encounters	1.69
Evaluations from patients and families	1.66
Input from referring pediatricians	1.63

*In all four categories, criteria were ranked on 5 point Likert-scale (0-not at all important, 1-slightly important, 2-moderately important, 3-very important, 4-extremely important).

Each criterion for promotion was ranked on a 5-point Likert scale (0-not at all important, 1- slightly important, 2-moderately important, 3-very important, 4-extremely important). Weighted averages for each promotion criterion were calculated. We also calculated the mean weighted averages of the top four criteria in each category, since all four categories had at least 4 criteria noted. There was one question with open-ended comments, asking for additional promotion criteria that were important. Responses were reviewed line-by-line to elucidate criteria that were not included in other aspects of the survey. Career and demographic data were also collected.

The survey was submitted to the Pediatric Endocrine Society for approval for distribution to members. Multiple revisions were made in collaboration with members of the survey committee. The final version was accepted and distributed to 1397 members of the society in May 2018. Responses were solicited from members by email, *via* initial request and reminder 2 weeks later. Responses were collected for 1 month after the initial request (5/15/18 - 6/15/18).

Results

There were a total of 64 surveys completed during the collection period (4.6% response rate). Career and demographic data are summarized in (Table 1). The majority of respondents were clinician-educators (51.6%) and faculty who were eligible to participate in the evaluation of clinician-educators for promotion from Assistant to Associate Professor (45.3%).

Clinical skills

The perceived importance of measures of clinical skills for promotion of clinician-educators are summarized in (Table 2). It is noteworthy that the highest ranked criteria were evaluations by trainees and recommendations from staff and peers; whereas, the least important criteria included evaluations from patients and families and input from referring pediatricians. The mean weighted average of the top four criteria was 2.11 and only 2 were in the moderately to very important range.

Table 3: Perceived importance of educational contributions for promotion of clinician-educators.

Educational Contributions	Weighted Rank
Teaching awards	2.84
Curriculum development	2.76
Training program directorship	2.65
Other teaching activities	2.63
Giving lectures or grand rounds	2.62
Mentoring/advising	2.57
Trainee evaluations	2.56
Education committee participation	2.40
Education research	2.37

Table 4: Perceived importance of reputation for promotion of clinician-educators.

Reputation	Weighted Rank
Soliciting input from outside institution	3.09
Invited lectures outside institution	2.91
National/international awards	2.81
Soliciting input from within institution	2.73

Educational contributions

As shown in (Table 3), the highest ranked criteria regarding educational contributions were teaching awards and curriculum development; whereas, the least important criteria included trainee evaluations, education committee participation and education research. The mean weighted average of the top four criteria was 2.72 and the mean weighted average of all the items in this category were in the moderately to very important range.

Reputation

Soliciting input from outside the institution was the highest ranked criteria in this category and input from within institution was lowest ranked, although all items were in the moderately to very important range (Table 4). The mean weighted average of the four criteria in this category was 2.89.

Scholarly contributions

As shown in (Table 5), The highest perceived importance of measures of scholarly contributions for promotion of clinician-educators were evaluation by promotions committee and recommendations by the section chief; whereas, the least important criteria included being a journal reviewer, having industry-sponsored

Table 5: Perceived importance of scholarly contributions for promotion of clinician-educators.

Scholarly Contributions	Weighted Rank
Evaluation by promotions committee	3.50
Recommendations of section chief	3.45
Presentations at national/international meetings	2.88
Number of peer reviewed publications	2.87
Creating educational or training modules/webinars	2.58
Presentations at local/regional meetings	2.56
Clinical guidelines committees	2.55
Quality improvement activities	2.49
Published books, chapters, reviews	2.32
Extramural grant support – investigator initiated	2.05
Extramural grant support – number as principal investigator	1.95
Publication impact scores	1.89
Journal editorial board	1.88
Journal reviewer	1.76
Extramural grant support – industry-sponsored	1.63
Patents	1.08

grant support and patents. The mean weighted average of the top four criteria was 3.18, in the very important to extremely important range.

Responses to the open-ended question

In order to solicit other criteria for promotion that were not included in the survey, we provided an open-ended question on other factors respondents considered important. Responses included administrative duties such as hospital committees and task forces, advanced training in education (i.e. Master of Education degree), and novelty of educational programs or novel clinical ventures.

Discussion

Clinician-educators fulfill a critical need in academic medical centers by providing simultaneous care of patients and trainee education. Even though excellence in clinical care and teaching of medical students, residents, and fellows are the primary aims of academic faulty in the clinican-educator track, pediatric endocrine faculty ranked scholarly contributions and outside reputation higher than clinical skills and educational contributions. It is also noteworthy that in the assessment of clinical skills, input from referring physicians and evaluations from patients and families were considered the least important by our respondents. It is even more surprising that the number of encounters and accumulation of RVU's were considered to be more important indices of clinical excellence than metrics based on Press Ganey reports or surveys of local primary care pediatricians. The low score given to the latter criterion was interesting, since input from the referring providers could provide valuable insight into the quality of care the clinician-educator provides to patients in the community.

Our respondents ranked all 8 of the criteria for excellence in education in the moderately to very important range, a weighted value that was greater than that given to the importance of clinical skills. Despite the consistent value and importance for educational activities, the top four educational contributions were ranked lower than the top items in the scholarly contributions and reputation categories. Clinician-educators face the dilemma that taking the time to educate trainees can limit clinical productivity and that financial compensation for teaching time is often lacking [7]. Confidence in one's clinical knowledge and ability to teach can also be a limiting factor, especially in early career, since many clinician-educators have not received sufficient training on how to teach clinical skills, develop curricula, or educate in a variety of settings [8]. These tensions can heighten the feeling that educator careers are undervalued, less well defined, and at a financial disadvantage [9].

Our findings support concerns that the criteria for promotion of clinician educators are not as clearly defined as those for the promotion of traditional and clinician scholar track faculty. A prime example in our survey was the very high importance given to the recommendation of the section chief, which may be both arbitrary and subject to flaws. While presentations at national and international meetings and the number of peer reviewed publications were also highly valued, neither one of these criteria are well aligned with the primary roles of a clinician educator. Similarly, it may be unrealistic to expect that faculty members who are attending 7 or 8 half-day clinical sessions per week and are spending any remaining time reviewing laboratory results, charting, coordinating care, and teaching to develop an outside national and international reputation for excellence. The expectations of clinical productivity (i.e., number of RVUs) and education of trainees allow little time for publication or development of a national reputation.

The low scores given to the importance of extramural support for industry sponsored studies was also surprising. Such studies can provide clinician educators with opportunities to increase the diversity of their academic activities, network with many pediatric endocrinologists at other US and international medical centers, have first hand experience in new drugs and devices, present study results at national and international meetings and co-author peer-reviewed publications; all factors that would have a positive impact on future promotions.

The main limitation of the study is the relatively small number of PES members who responded to the survey. However, we expected a low response rate given that the Pediatric Endocrine Society is a diverse group of individuals composed of trainees, non-academic faculty, and academic faculty. Trainees and non-academic faculty are typically not involved in the promotions process and therefore, would be unable to answer the survey questions.

Another limitation is the challenge in including every criterion for promotion, especially as this varies from institution to institution. To overcome this limitation, we included an open-ended question asking for additional criteria that was not included on the current survey. These responses, including participation in hospital committees and task forces, obtaining an advanced training in education (i.e. Master of Education degree), and developing novel educational or clinical program are worth exploring in future surveys.

Further evaluation of this topic should target promotions committee members to ascertain their views regarding the process of promoting clinician-educators. As more information emerges, the

overarching aim of future research should be to establish transparent and well-defined criteria for promotion that reflect the work activities of clinician-educators.

Acknowledgement

We would like to thank the Pediatric Endocrine Society for allowing us to disseminate this survey to members. We would like to thank the members of the Pediatric Endocrine Society for their participation in this survey.

Disclosure Statement

The authors have no conflicts of interest to declare.

Funding Sources

The authors have no relevant funding sources to declare.

Author Contributions

KA and WT conceived of the presented survey. All authors analyzed data. All authors discussed findings and contributed to the final manuscript. All authors have seen and approve of the final version of the manuscript.

References

1. Fleming VM, Schindler N, Martin GJ, DaRosa DA. Separate and Equitable Promotion Tracks for Clinician Educators. JAMA. 2005; 294: 1101-1104.
2. Levinson W, Rubenstein A. Integrating Clinician-Educators into Academic Medical Centers: Challenges and Potential Solutions. Academic Medicine. 2000; 75: 906-912.
3. Beasley BW, Wright SM, Cofrancesco J, Babbott SF, Thomas PA, Bass EB. Promotion Criteria for Clinician-Educators in the United States and Canada. JAMA. 1997; 278: 723-728.
4. Atasoylu AA, Wright SM, Beasley BW, Cofrancesco J, Macpherson DS, Partridge T, et al. Promotion Criteria for Clinician-educators. Journal General Internal Medicine. 2003; 18: 711-716.
5. Yeh H-C, Bertram A, Brancati FL, Cofrancesco J. Perceptions of Division Directors in General Internal Medicine About the Importance and Support for Scholarly Work Done by Clinician-Educators. Academic Medicine. 2015; 90: 203-208.
6. Jhala K, Kim J, Chetlen A, Nickerson JP, Lewis PJ. The Clinican-Educator Pathway in Radiology: An Analysis of Institutional Promotion Criteria. Journal American College of Radiology. 2017; 14: 1588-1593.
7. McCullough B, Marton GE, Ramnanan CJ. How can clinician-educator training programs be optimized to match clinician motivations and concerns? Advanced in Medical Education and Practice. 2015; 6: 45-54.
8. Levinson W, Branch WT, Kroenke K. Clinician-Educators in Academic Medical Centers: A Two-Part Challenge. Annals of Internal Medicine. 1998; 129: 59-64.
9. Sethi A, Ajjawi R, McAleer S, Schofield S. Exploring the tensions of being and becoming a medical educator. BMC Medical Education. 2017; 17: 1-10.

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