

BRIEF REPORT

Professional Development Needs of Clerkship Directors

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ABSTRACT

Background and Objectives: Successful clerkship directors (CDs) must exhibit a variety of leadership, administrative, educational, and interpersonal skills. This study investigates the professional development needs for family medicine CDs to be successful in their role, in relation to career stage, institutional support, and needed resources.

Methods: A cross-sectional survey of CDs at qualifying United States and Canadian medical schools was performed between April 29, 2021 and May 28, 2021. Questions addressed specific training when beginning CD position, professional development activities that have contributed to success, additional professional development skills required to be a successful CD, and planned future development activities. We utilized χ^2 square and Mann-Whitney U tests for comparisons.

Results: Surveys were completed by 75 CDs, for a response rate of 48.8%. Only 33.3% of respondents reported receiving training specific to their role as CD. The majority of respondents cited informal mentoring and conference attendance as important to their professional development, but none identified graduate degrees as the most important method of professional development.

Conclusions: These findings demonstrate the lack of formal training provided to CDs and highlight the importance of informal training and conference attendance for professional development.

INTRODUCTION

Succeeding in the role of clerkship director (CD) requires developing unique skills. In 1998, a series of foundational CD skills in internal medicine were described to assure educational and administrative clerkship quality.¹ In 2003, the Alliance for Clinical Education (ACE) categorized needed CD skills as administrative, teaching, or scholarship and added competencies including clerkship vision, clinical supervision and classroom teaching experience, enthusiasm about students, and viewing undergraduate training as central to career development.²

In 2020, additional skills identified included motivating, recruiting, managing, and developing faculty; applying education theory and research skills³; and overseeing curriculum development, evaluations, grades, remediation, scheduling, mentoring, clinical care, and budget management.⁴ ACE further refined CD roles in 2021, adding CD oversight of clerkship administrator performance and program evaluation and implementing school-wide initiatives.⁵ A 2021 article on developing family medicine (FM) faculty highlighted a multipronged approach to develop educational skills including feedback, curriculum development, and quality improvement.⁶

Less is known about how CDs prepare for their roles. Wilson and Sairenji proposed that skills to develop educators be taught during residency.⁶ FM department chairs cited mentorship (not sponsorship or coaching) as the most frequently used developmental tool to support faculty.⁷ Of emergency medicine CDs surveyed, 47% had formal preparation for their role (with 36% receiving brief training from senior faculty and 11% extensive mentorship) while 10% received a written job description and another 10% received a clerkship guide/handbook.⁸ Wald et al did not define formal faculty development, however in our study it was defined as structured faculty development offerings through formal programs with examples such as Harvard Macy Program(s), University of North Carolina Faculty Development Fellowship, or various programs through the Society of Teachers of Family Medicine (STFM). Attending development activities, including national medical education meetings, and discipline-based continuing medical education courses requires protected time and financial support.² This study describes professional development experienced and valued by family medicine (FM) CDs for success in the role, and has not been described in previous literature.

METHODS

Data were collected through the 2021 cross-sectional Council of Academic Family Medicine's Educational Research Alliance (CERA) annual survey of FM CDs.⁸ In 2021, 147 US and 16 Canadian FM educators from accredited medical schools were emailed the survey between April 29, 2021 and May 28, 2021. Respondents specified the number of years as faculty and as CDs, we set 8 years (≤ 8 or >8 yrs) as the demarcation for status (junior faculty/senior faculty and junior CD/senior CD) in alignment with vernacular used by the Association of American Medical Colleges criteria for participation in the Early Career Women Faculty Leadership Seminar.⁹

We compared demographics using univariate analysis. We ranked and analyzed professional development needs using SPSS v25 software.¹⁰ We employed Mann-Whitney U test to compare professional development activities and skills to faculty status, time as CD, and gender. The American Academy of Family Physicians Institutional Review Board approved the study.

RESULTS

Seventy-five of 160 CDs (48.8% response rate) completed the CERA questionnaire (Table 1).

Most CDs (66.7%) noted not receiving specific training upon assuming their clerkship position. Valued activities and skills are listed in Tables 2 and 3. Among professional development activities experienced during their tenure as clerkship director, 72% of participants ranked informal mentoring, defined as peer mentoring or mentoring outside of structured/formal program, as contributing greatly to their success. Senior CDs with more than 8 years of experience ranked formal faculty development and informal mentoring equally high (35.0%), while junior CDs, ranked informal mentoring highest (47.3%) with formal faculty development third (12.7%).

Respondents ranked curriculum development as the skill most needing development (58.7%). Conference attendance (34.7%) and formal faculty development programs (25.0%) are the professional development activities most desired for future pursuit (Table 5).

No statistically significant differences were identified when comparing preceptor payment status, faculty status, time as CD, or gender.

DISCUSSION

While FM CDs value professional development to succeed, 66.7% reported receiving no training upon assuming their clerkship position, despite the importance and complexity of this role. This is consistent with the experience of emergency medicine CDs.¹¹ The lack of structured training supports CDs ranking informal mentoring as important for obtaining professional development. Informal mentoring is prioritized by faculty despite lacking protected time for its pursuit. Institutions should prioritize cultivating mentoring skills to support informal mentoring.^{12–14}

TABLE 1. Clerkship Director Demographics

Demographic		% (n)
Medical School Public or Private	Public	65.3 (49)
	Private	34.7 (26)
Gender Identity	Cisgender female	56.8 (43)
	Cisgender male	37.4 (28)
	Transgender male	1.4 (1)
	Choose not to disclose	4.1 (3)
Ethnicity	Not Hispanic or Latino	95.9 (72)
	Hispanic or Latino	4.1 (3)
Race	White	76.0 (57)
	Black	8.0 (6)
	Asian	13.3 (10)
	Other (American Indian, Alaska Native, Native Hawaiian, other Pacific Islander)	2.7 (2)
Faculty Status	Junior	23.6 (18)
	Senior	76.4 (57)
Clerkship Director Status	Junior	73.3 (55)
	Senior	26.7 (20)
Total Respondents		100 (75)

Conference attendance was ranked highly both as contributing to success and as a desired next development activity (Table 2). This highlights the need for protected time and funding for conference attendance to support skill development and relationship building. Obtaining a graduate degree was not rated as the most important professional activity by any respondents, though 17.3% of respondents ranked it as second through fourth most important (when asked to rank their four most important professional development activities; Table 2). Given the time and financial investment required, we expected greater perceived benefit.

While junior and senior CDs ranked curriculum development as valuable to develop (32.7% and 20.0%, respectively), future development needs varied slightly between junior and senior faculty. Junior faculty seek to develop “knowledge of national, school-wide, and department-specific curricular goals,” “providing formative evaluation and feedback and student remediation,” and “assuring consistency in preceptor assessment across sites” equally (17.6% each), while senior faculty ranked “curriculum development” as valuable to develop (Table 4). This may relate to senior CDs predetermining

TABLE 2. Professional Development Activities Completed and Valued by Clerkship Directors

Professional Development Activities Completed and Valued by Clerkship Directors									
Activity	Informal Mentoring	Conference Attendance	Trainings, Faculty Development, or Formal Mentoring	Academic Society Interest groups or Collaborative	Formal Faculty Development Programs	Literature	Graduate Degree	No Activities Have Been Helpful	Haven't Participated in Any of These
% of Respondents Who Ranked Category (n)	72.0% (54)	68.0% (51)	65.3% (49)		42.7% (32)	34.7% (26)	17.3% (13)	6.7% (5)	4.0% (3)

*Due to the sample size, nonparametric tests were used to analyze the data.

χ^2 test was employed to identify differences between preceptor payment by skills needed for managing sites/faculty/students/logistics, and assuring preceptor consistency.

Mann-Whitney U test was employed to compare professional development activities and skills to faculty status, CD status, and gender.

All analysis was conducted using SPSS v25 and were found to be not significant.

TABLE 3. Professional Development Activities Completed and Valued by Faculty and Clerkship Directors (Ranked)

Junior Faculty (≤ 8 yrs, n=17)			Senior Faculty (> 8 yrs, n=55)			Junior Clerkship Director (≤ 8 yrs, n=55)			Senior Clerkship Director (> 8 yrs, n=20)		
1 st % who ranked option as #1 (n)	2nd % who ranked option as #1 (n)	3rd % who ranked option as #1 (n)	1st % who ranked option as #1 (n)	2nd % who ranked option as #1 (n)	3rd % who ranked option as #1 (n)	1st % who ranked option as #1 (n)	2nd % who ranked option as #1 (n)	3rd % who ranked option as #1 (n)	1st % who ranked option as #1 (n)	2nd % who ranked option as #1 (n)	3rd % who ranked option as #1 (n)
Informal mentoring, 35.2% (6)	Formal faculty development, 17.6% (3)	Trainings, faculty development, or formal mentoring, 17.6% (3)	Informal mentoring, 47.3% (26)	Formal faculty development, 18.2% (10)	Conference attendance, 18.2% (10)	Informal mentoring, 47.3% (26)	Conference attendance, 20.0% (11)	Formal faculty development, 12.7% (7)	Formal faculty development, 35.0% (7)	Informal mentoring, 35.0% (7)	Trainings, faculty development, or formal mentoring, 5.7% (1)

*Due to the sample size, nonparametric tests were used to analyze the data.

χ^2 test was employed to identify differences between preceptor payment by skills needed for managing sites/faculty/students/logistics, and assuring preceptor consistency.

Mann-Whitney U test was employed to compare professional development activities and skills to faculty status, CD status, and gender.

All analysis was conducted using SPSS v25 and were found to be not significant.

clerkship direction focusing instead on innovation and refining course content, and thus valuing the importance of curriculum development. Curriculum development is an advanced skill requiring overall program management and enhancing scholarship productivity. Newer CDs may instead focus on the big picture or may have learned curriculum development skills in residency.

Key limitations of this study include a 48.8% response rate as well as the CERA methodology limiting the format and number of questions allowed. Results presented may not be representative of all CDs. Areas for further study include investigating specific skills gained from professional development methods, additional specialty CD needs, specific formal

and conference faculty professional development available, institutional professional development training requirements, institutional professional development resources, and support for dedicated off-site training. Further study may also delineate which skills might be learned through informal mentoring or through formal faculty development offerings.

The CD role requires onboarding and continued professional development. Based on our findings, we recommend medical schools prioritize protected time for conference attendance, informal mentoring, and curriculum development trainings for CDs while identifying strategic development opportunities for CDs.

TABLE 4. Professional Development Skills Valued by Clerkship D

Professional Development Skills Valued by Clerkship Directors				
Professional Skill	Professional Development	Curriculum Development	Managing Clerkship Sites	
% of Respondents Who Ranked Category (n)	Who Ranked	58.7% (44)	56.0% (42)	
Junior Faculty (n=17)				
1 st Who Ranked Option as #1 (n)	2 nd Who Ranked Option as #1 (n)	3 rd Who Ranked Option as #1 (n)	1 st Who Ranked Option as #1 (n)	
Knowledge of national, school-wide, and department-specific curricular goals, 17.6% (3)	Providing formative evaluation and feedback and student remediation, 17.6% (3)	Assuring consistency in preceptor assessment across sites, 17.6% (3)	Curriculum development, 38.1% (21)	

TABLE 5. Future Training Plans of Clerkship Directors

	Activity	% (n)
Professional Development Activity Most Interested in Pursuing Next	Conference attendance	34.7 (25)
	Formal faculty development program	25.0 (18)
	Training/formal mentoring	9.7 (7)
	Academic groups/collaborative	6.9 (5)
	Graduate degree	5.6 (4)
	Informal mentoring	5.6 (4)
	Literature	5.6 (4)
	I don't plan any further professional development	4.2 (3)
	None of the above	2.8 (2)
	Total Respondents	100 (72)

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