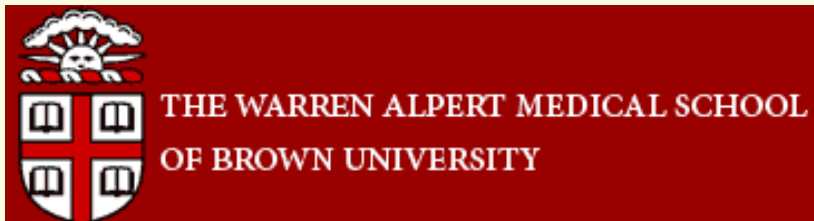


The Next Layer of Careers in Medicine:

Promoting Clinical Faculty Involvement and Excellence as Career Advisors



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Objectives

- ◎ To define what the ideal clinical faculty career advisor would look like.
- ◎ To review the current state of clinical faculty career advising and challenges we face.
- ◎ To consider ways of improving clinical faculty career advising for medical students.
- ◎ To provide a discussion forum to develop solutions to challenges and “best practices”.

The Ideal Clinical Faculty Career Advisor – What Would She Look Like?



- ⊙ Experienced – clinical; med student education; national engagement in field
- ⊙ Up to Date – aware of current issues, broad perspective of medicine
- ⊙ Knows CiM – and can teach students about CiM
- ⊙ Lack of Bias – advisor, not recruiter
- ⊙ Has the Time – available, accessible
- ⊙ Can Work with All Students – exceptional as well as difficult

The Teaching Physician – Medical Student Relationship

- ◎ “The master-apprentice relationship between physicians and physicians-in-training was disrupted when medical education included more basic and clinical science instruction, relied more on lectures to deliver that instruction, and increased class size.”



- ◎ *Mann, MP. Faculty mentors for medical students: A critical review. Medical Teacher 14:4, 1992.*



The Influence of Faculty Mentors

- How important were the following factors in determining your specialty choice? Data from AAMC Graduation Questionnaire:



		Ratings			
		No Influence	Minor Influence	Moderate Influence	Strong Influence
Mentor/role model influence					
All Schools	2005	9.8	16.1	35.3	38.8
All Schools	2006	8.8	15.8	32.4	43.1

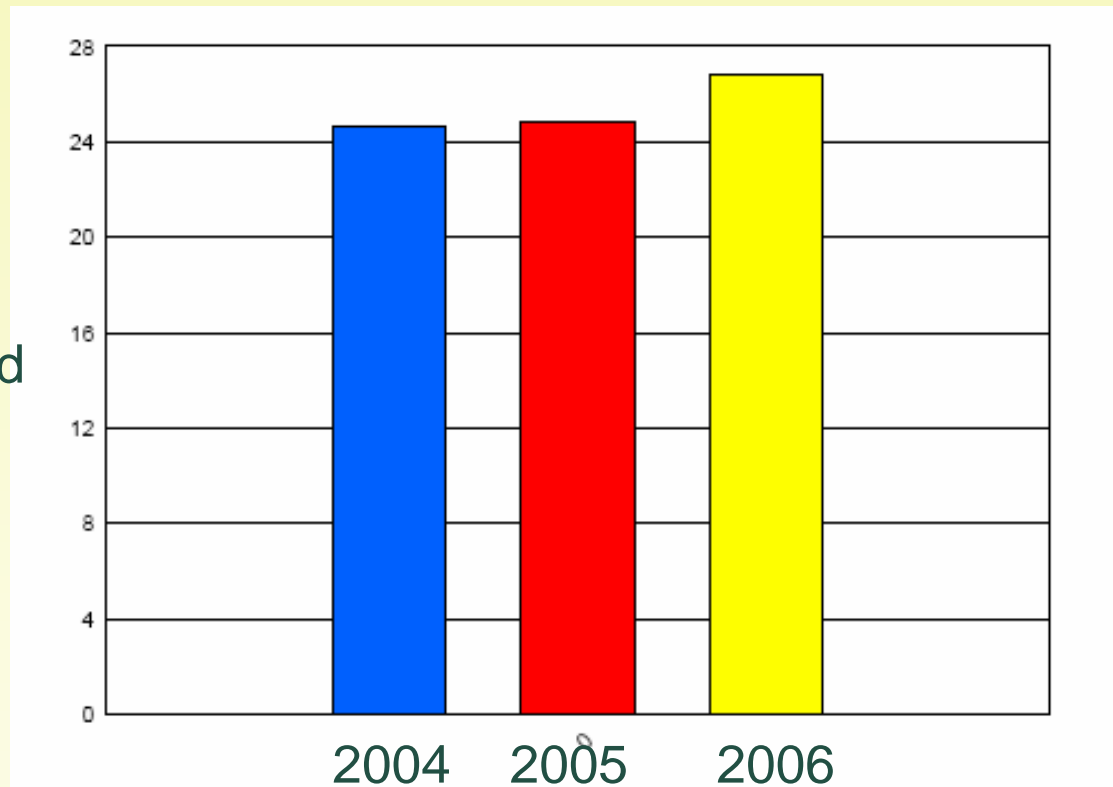
How Happy Are Students with Their Clinical Faculty Career Advising?

- ⊙ In general, medical students rate their satisfaction with faculty mentoring higher than their overall satisfaction with career counseling activities.
 - ⊙ 70% satisfied or very satisfied.
(Data from AAMC GQ)
- ⊙ But, that means 30% are dissatisfied with faculty mentoring.
- ⊙ The surveys do not adequately assess clinical faculty career advising.



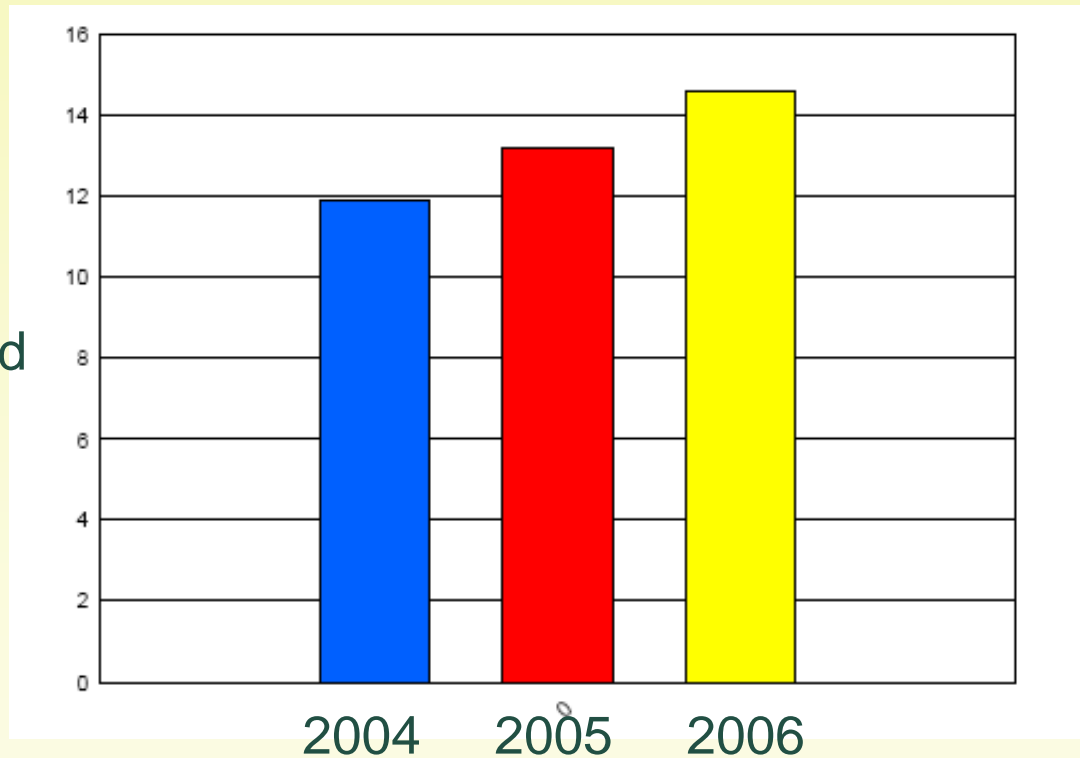
Faculty Mentoring – AAMC G/Q

% Very Satisfied

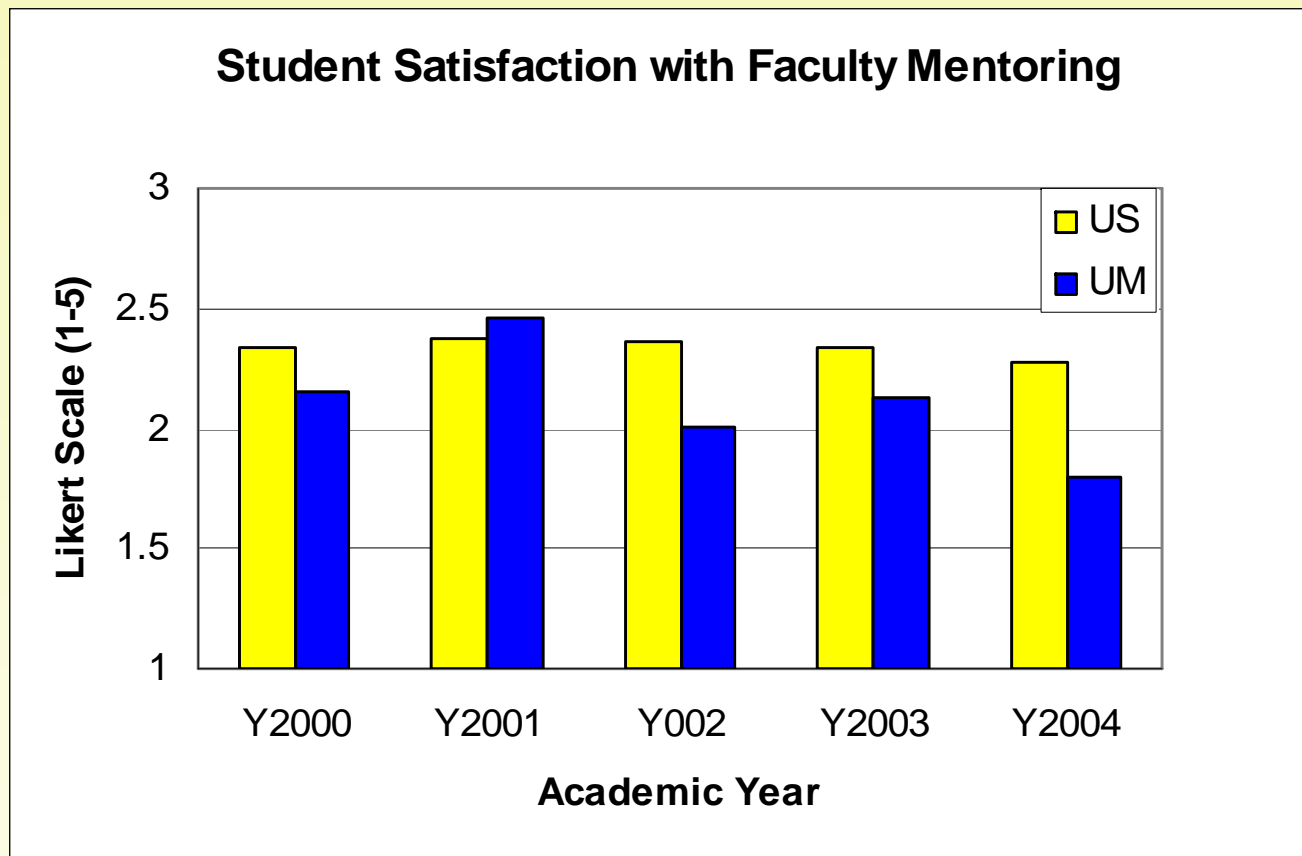


Overall Satisfaction with Career Planning Services – AAMC GQ

% Very Satisfied



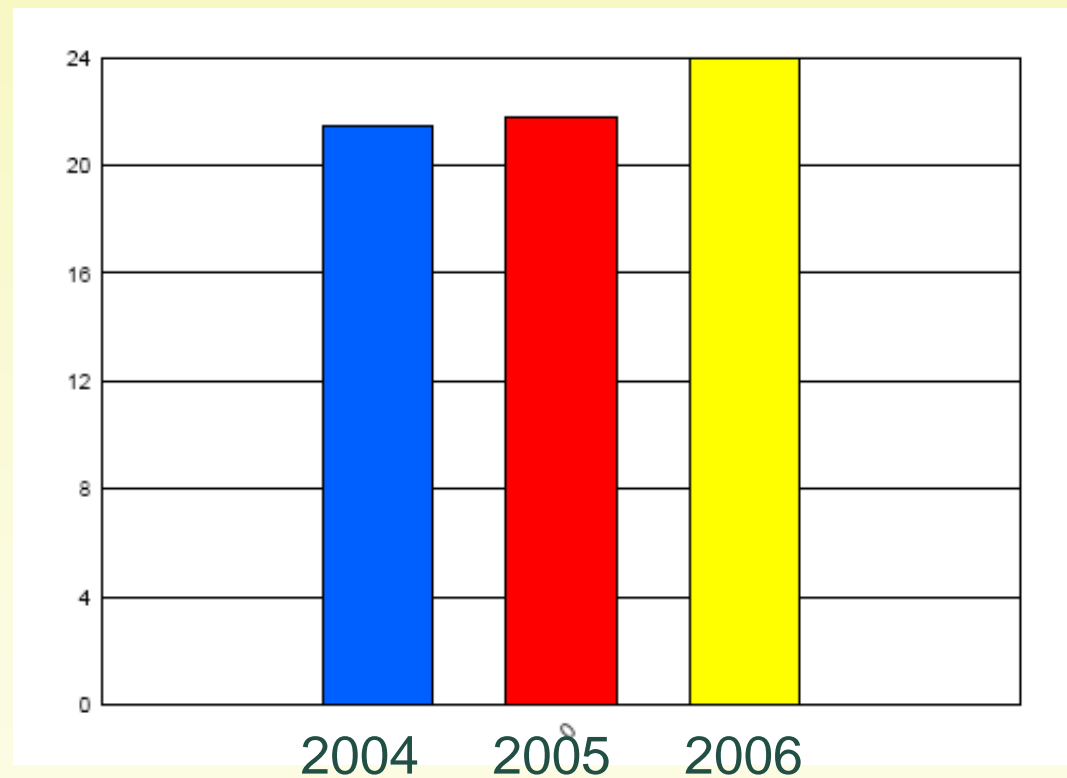
Data from University of Michigan



Zink, BJ et al., A comprehensive medical student career development program improves medical student satisfaction with career planning. *Teaching and Learning in Medicine* 2007; 19 (1) 55-60.

Academic Counseling – AAMC GQ

% Very Satisfied



How are many clinical faculty advisors feeling?

- ◎ Overworked
- ◎ Tired
- ◎ Under-loved
- ◎ Under-compensated for teaching activity



Twelve Tips for Developing Effective Mentors

- ⊙ Recent publication in *Medical Teacher* by Ramani, Gruppen, and Krajic Kachur based on workshops at Ottawa Conference on Medical Education and AAMC.
- ⊙ Three areas of emphasis:
 - ⊙ Developing mentors
 - ⊙ Rewarding mentors
 - ⊙ Supporting mentors
- ⊙ Many similarities with what we want to see with clinical faculty career advisors.

Ramani, S. et al. *Twelve tips for developing effective mentors*. *Medical Teacher*, 28:5, 2006. 404-408

Tips for Developing Effective Mentors

- ◎ Tip 1: Mentors need clear expectations of their roles and enhanced listening and feedback skills.
- ◎ Tip 2: Mentors need awareness of culture and gender issues.
- ◎ Tip 3: Mentors need to support their mentees, but challenge them too.
- ◎ Tip 4: Mentors need a forum to express their uncertainties and problems.



Ramani, S. et al. *Twelve tips for developing effective mentors*. *Medical Teacher*, 28:5, 2006. 404-408

Tips for Developing Effective Mentors

- ◎ Tip 5: Mentors need to be aware of professional boundaries.
- ◎ Tip 6: Mentors also need mentoring.
- ◎ Tip 7: Mentors need recognition.
- ◎ Tip 8: Mentors need to be rewarded.



Ramani, S. et al. *Twelve tips for developing effective mentors*. *Medical Teacher*, 28:5, 2006. 404-408

Tips for Developing Effective Mentors

- ◎ Tip 9: Mentoring needs protected time.
- ◎ Tip 10: Mentors need support.
- ◎ Tip 11: Encourage peer mentoring.
- ◎ Tip 12: Continuously evaluate the effectiveness of the mentoring programs.



Ramani, S. et al. *Twelve tips for developing effective mentors*. *Medical Teacher*, 28:5, 2006. 404-408

How Do These Tips Apply to Career Advisors?

- ◎ We should:
 - ◎ Train this special group of people to perform this important role and service.
 - ◎ Formally recognize, honor, thank clinical faculty advisors.
 - ◎ Convince the medical school and departments to provide protected time, compensation, or both for those who serve as clinical faculty career advisors.

How Do These Tips Apply to Career Advisors?

- ◎ We should:
 - ◎ Provide a forum for advisors to discuss issues and ideas and compare notes.
 - ◎ Help expert advisors to mentor less experienced advisors.
 - ◎ Monitor student AND advisor satisfaction with the process and provide feedback.
 - ◎ Monitor outcome measures for advisors and provide reports and feedback.

Not for Everyone! Selection of Clinical Faculty Career Advisors

- ⊙ Using predetermined criteria for experience, knowledge, desire, availability, and ability to complete training,
- ⊙ Select a special group of faculty from a Department who can do the job well.
- ⊙ “Retire” those who have become outdated or ineffective.
- ⊙ Make a list and publicize it to students and the institution.

Examples of Advising Gone Wrong

- ⊙ Senior ophthalmologist with rose colored glasses.
- ⊙ Surgeon who incises student confidence.
- ⊙ Family medicine recruiting office.
- ⊙ Emergency physician promotes crisis.
- ⊙ Neurologist causes headaches.
- ⊙ Dermatologist allergic to advising.

Training Clinical Faculty Career Advisors

- ⊙ Essentials: CiM, data from their own specialty, school data, career advising packet.
- ⊙ Special attention to boundaries, gender, culture, challenging students, need for additional help.
- ⊙ The training must be efficient and not too basic.
 - ⊙ Web-based modules, CD's, or email information may work well.
 - ⊙ Face to face training must be limited to small blocks of time.

Supporting Clinical Faculty Career Advisors

- ⊙ Designated point person in the Dean's office.
- ⊙ Back up medical student personal counseling, psych support.
- ⊙ Regular flow of useful, concise data.
- ⊙ Lobbying for protected time/salary support.
- ⊙ Creating the forum:
 - ⊙ "Academy" concept
 - ⊙ Academic societies



Recognizing Clinical Faculty Career Advisors

- ◉ Listing in medical school website, newsletter, graduation brochure.
- ◉ Awards for those judged to be outstanding.
- ◉ Recognition Dinner
- ◉ Thank you letter – to individual and Chair
- ◉ Other tokens:
 - ◉ Lapel pins
 - ◉ T-shirts



Summary – Clinical Faculty As Career Advisors

- ⦿ This may be the toughest, yet most important component to develop in an effective medical student career development program.
- ⦿ Use CiM and other resources to train and make their advising role easier.
- ⦿ Have defined expectations, standards, monitoring, and reinforcement.
- ⦿ Patience! It takes time to build your stable of thoroughbred clinical faculty advisors.



Questions and Discussion Session

- ⦿ What has worked well in your clinical career advising programs?
- ⦿ What are your biggest challenges with clinical faculty as career advisors?
- ⦿ What can we learn from the best advisors?
- ⦿ Any innovations, tricks of the trade you can share?
- ⦿ How have you trained clinical faculty in CiM?

Suggested Reading List

- ◉ Ramani S, Gruppen L, Kachur EK. Twelve tips for developing effective mentors. *Medical Teacher* 2006; 28(5) 404-408
- ◉ Tekian A, Jalocecky MJ, Hruska L. The impact of mentoring and advising at-risk underrepresented minority students on medical school performance. *Academic Medicine* 2001; 76 (12) 1264
- ◉ Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine. *JAMA* 2006; 296 (9) 1103-1115
- ◉ Wright SM, Kern DE, Kolodner K, et al. Attributes of excellent attending-physician role models. *NEJM* 1998; 339 (27) 1986-1993
- ◉ Rose GL, Rukstalis MR, Schuckit MA. Informal mentoring between faculty and medical students. *Academic Medicine* 2005; 80 (4) 344-348

