

## **Dr. Smith's First Leadership Position: Negotiating for the Clerkship**

**Author, Dr. Susan Cox**

### **A Surprise Offer for Leadership**

Dr. John Smith is a young, energetic assistant professor of obstetrics and gynecology. He has been teaching for four years and was pleased to be voted the school's "Best Teacher" by a vote the medical students. The Department Chair, Dr. Susanna Hopkins, greets John one Wednesday evening as he is collecting his things to go home.

"Evening, John, how goes it?"

"Oh, fine" he responds as he pulls his coat off the hook, "Just finishing up my medical records."

"Well you know I love to hear that," she replies. "Got a minute?" she asks as she goes into John's office and closes the door.

"Uh, of course," John replies as he sits back down at his desk.

"John, Diana Michaels, the clerkship director, has just told me she is leaving for a new position at Northeast Western University Medical School. While that is confidential information right now, I'd like to talk to you about taking over the role of Clerkship Director. I know you like to teach and you expressed some interest in the clerkship the last time we talked. Here is your chance. I would like you to take on the position, and to begin orienting with Dr. Michaels as soon as possible. I realize that this is a little sudden, so take the weekend to think it over and give me your decision on Monday." She stood up to leave, but paused at the door, "Oh, and remember that we have that big meeting with the internal and community faculty next Friday to discuss clinical responsibilities for medical students in the clerkship, and a clerkship curriculum review meeting on the Tuesday after that. Dr. Michaels won't be able to cover those meetings since she'll be in West Easton for a meeting on her new responsibilities. If you accept this offer, you'll be in charge of those meetings. Thanks, John." With that, Dr. Hopkins leaves the office. Somewhat nonplussed by the unexpectedness of this event, John sits at his desk, his coat in his lap, to consider his next steps.

How would you advise Dr. John Smith?

1. What should John do first? How should he make the decision? Is this good timing for him to take on the clerkship?
2. How do the pending meetings affect John's decision on accepting the clerkship?
3. If he accepts, what time/staff/resources should John negotiate with the Chair?

### **A Visit with a Mentor: Sage Advice**

The next morning, John calls Dr. Claude Weizmann, a senior professor in the Ob/Gyn Department, who has been his mentor since he joined the department. After he explains his quandary, Dr. Weizmann

invites him to come to his office “for a sandwich and conversation” in between office sessions that afternoon. Dr. Weizman welcomes him, lays out a turkey sandwich, and then opens the dialogue. “John, these decisions about taking on new responsibilities early in a career are not easy. I know from our prior discussions that you are interested in the job. You have a good idea of the vision and goals for the clerkship and you’ve been helping Dr. Michaels with some of the administrative details. You also have some good ideas about how to improve the clerkship. Considering our talks about your long-term goals and your career ambitions, I think this position is in line with your desire to become a medical educator, but only you can make this decision.”

John replies, “I agree. I’ve slept on the offer and I am definitely interested. It fits with my career goals to become a medical educator. But where do I start?”

“Good.” Dr. Weizmann replies. “Your chair will be happy if you can work this out. Start with talking to some of the current Clerkship Directors about the requirements of the job and the needed resources. Go to the medical school to visit the Medical Education Dean about the expectations, role, resources and requirements of the Clerkship Director. I suggest a conversation with our residency program director, also, since he has a good view of the medical school clerkship program. The Clerkship Coordinator can get you the most recent reviews of the clerkship, both internal and external; read them to see if there are challenges you don’t know about. Once you decide on what you think you need, negotiate with the Chair **before** you say yes. Find out what she needs for the department, and then negotiate for mutual goals. Then you have to decide what comes next, including the two meetings. You can talk to me about that when you’re ready.”

Over the course of the afternoon, John is pleased to get appointments with everyone on Dr. Weizmann’s list. That evening, he makes a list of important topics to discuss with these individuals with whom he is meeting before his meeting with Dr. Hopkins on Monday.

- What administrative skills are required to be a successful Clerkship Director?
- What are the roles and responsibilities of the position?
- What are the activities of a Clerkship Director and what time is required?
- What resources are needed?
- How does the clerkship relate to the residency program?

By Monday morning, Dr. Smith has spoken with Dr. Diana Michaels, the current Ob/Gyn Clerkship Director; Dr. Roberta Rodriguez, who has been the Internal Medicine Clerkship Director for 10 years; Dr. Ed Huang, the Associate Dean for Medical Education; and the Ob/Gyn Residency Program Director, Dr. Sammy Franks. He has reviewed six months worth of ObGyn clerkship evaluations and referenced The Clerkship Directors Guidebook and the APGO Medical Student Objectives. Dr. Huang asked him to return to discuss the upcoming LCME self-study if he decides to take the position, and Dr. Michaels encouraged him to build a year of professional development by attending the regional AAMC Group on Educational Affairs, the APGO Professional Development seminar and to consider other programs for educational scholarship. These visits increase his interest in medical education and he decides to take the job, depending on his negotiations with the Chair.

Dr. Smith arrives at the Monday morning meeting with the Chair with a well-prepared view of his vision and goals for the Clerkship, his perceived requirements for time, help and space, as well as his view of some possible improvements in the program. He learns that Dr. Hopkins is interested in supporting his

professional development as a clinician educator and in his contributing to professional development activities for the department. Dr. Hopkins is concerned about the upcoming LCME study and agrees to support his appointment to one of the subcommittees. After a brief discussion about resources and work assignments, the Chair agrees, and Dr. Smith accepts the position. Dr. Hopkins moves on, “Congratulations, John. Now, how about those two upcoming meetings?”

John prepared for this question while he was interviewing and building his new network. His brief meeting with Dr. Weizmann after rounds in the morning helped to formulate his vision of the meetings as an opportunity for himself and his department. He responded promptly, “Sure. I’ll be happy to attend. I have already rescheduled patients to clear my schedule.”

John continued, “I talked to Dr. Huang and Dr. Rodriguez about the issues that were raised in the last clerkship review by the Medical Education Committee. You recall they were on the review team. While I believe we can utilize the external faculty much more effectively for the clerkship in the long run, I think we should make small changes in the near term, so as to not disrupt the relationship we have built with the town docs. I reviewed these possible changes with Dr. Barbara Elbert, who is the leader of the town docs on the faculty, and she is enthusiastic about the improvements. I’m putting together a presentation for the meeting that shows our current overall priorities and goals for the clerkship, and the interim steps we can take to move in that direction, with the participation of the faculty. I’m aiming to listen to the internal and external faculty members and gain their feedback and agreement.”

“Regarding the curriculum review meeting, I’ve talked to Dr. Franks about our incoming residents and any gaps he feels our graduates may have in their clinical experience. Also, while I was still on service last week, I talked to some of our residents and asked them about their experiences. As you can imagine, they have a wide variety of opinions regarding the content of the clerkship clinical curriculum. I plan to incorporate these opinions and Dr. Franks’ views, along with Dr. Michaels’ ongoing tabulation of possible curriculum changes, into the agenda of the meeting. This will enable us to gain consensus of the department clerkship committee before we go to the Medical Education Curriculum Committee (MECC) for their approval. Dr. Weizmann is on the MECC, and he says this approach is consistent with that of other departments. I’ll have the presentation for the faculty meeting and the agenda for the curriculum review meeting by this afternoon – I’ve scheduled a meeting with you and the appropriate Division Directors for 2 pm to review these documents and make any changes.”

Dr. Hopkins smiled, “That’s great, John. I knew I made the right decision to make you the Clerkship Director. I think you should review these with a few key internal faculty members and get their buy-in prior to the meetings. You’re doing a wonderful job. Let’s schedule a follow-up for after the meetings to review the next steps. Thanks for taking on this important responsibility.”