AAMC

Medical Educator Focus Group Report **2024**

AAMC CFAS Faculty as Medical Educators Committee

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The AAMC CFAS Faculty as Medical Educators Committee

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Executive Summary

The AAMC Council of Faculty and Academic Societies (CFAS) conducted focus group research in 2024 to better understand the challenges that faculty face in delivering medical education and in their careers as educators. Initiated by the CFAS Faculty as Medical Educators Committee, goals for this work included: (1) understanding the time allotment assigned for educational activities among clinical and biomedical educators, (2) identifying discrepancies that might exist between formal time allotment and the actual time and effort spent on educational activities, (3) learning how different institutions measure and acknowledge educational activities, and (4) generating potential solutions for institutions to better support medical educators.

CFAS representatives were invited to participate in these virtual focus groups, held between July and September 2024. Focus groups were organized by participants' roles: administrators (e.g., division chiefs or department chairs), clinical faculty, or biomedical faculty. Participants were asked questions aligned with the four stated goals of the project. In total, six virtual focus groups with 38 CFAS representatives were facilitated by AAMC staff via Zoom.

Focus group transcripts were analyzed by AAMC staff to identify common themes expressed by participants. The themes included:

1. Time Allotted for Educational Activities: Formal time allotment differed by faculty type and role, with many clinical faculty reporting little or no full-time equivalent (FTE) for education, unless they had administrative roles.

2. Discrepancies Between Allotted Time and Actual Time Spent: Whether they had time allotted or not, faculty reported not having enough time to complete educational responsibilities, often requiring them to work on nights, weekends, and holidays.

3. Valuing and Tracking Educational Activity: Some institutions only report educational efforts in annual reviews, while others have robust tracking systems for documenting faculty contributions. Providing faculty with dedicated time for educational activities, academic bonuses, faculty awards, and teaching academies was identified as a way to show appreciation for the work of educators.

4. Challenges That Clinical and Biomedical Educators Face: Faculty cited challenges such as the impact of financial pressures on funding efforts for educational activities and the diverse expectations and needs among learners of different generations. Potential solutions for supporting faculty that were discussed included formalizing educational effort while accounting for institutional financial needs and compensation, improving the tracking of faculty activities, being more consistent regarding expectations for educators, and hiring high-quality support staff.

Based on these findings, CFAS might consider collaborations with other AAMC affinity groups and councils to facilitate community conversations about the issues raised through this project and to provide members with resources to better support medical and biomedical educators locally.

Introduction

The AAMC Council of Faculty and Academic Societies (CFAS) conducted a series of focus groups during the summer of 2024 to better understand how faculty — those teaching and educating the next generation of clinicians and researchers — are being supported in delivering medical education and in their careers as educators. This project was initiated by the CFAS Faculty as Medical Educators (FAME) Committee to specifically understand the time allotment assigned for educational activities among clinical and biomedical educators, any discrepancies between formal time allotment and the actual time and effort spent on educational activities, how different institutions measure and acknowledge educational activities, and ways in which institutions can better support clinical and biomedical educators. This report presents an analysis of the aggregated themes from these focus groups to inform the future work of the FAME Committee.

Methods

Leaders of the FAME Committee initiated this project with AAMC staff in the spring of 2024. Focus groups were identified as the best tool for exploring the complex challenges faced by clinical and biomedical educators regarding the time and effort needed to deliver medical education. FAME leaders developed a structured protocol and identified focus group questions based on previous conversations with the committee members, in alignment with the project's goals. The protocol was reviewed by the AAMC Human Subjects Protection team and deemed exempt from review by the institutional review board.

CFAS representatives were invited to participate in focus groups via email. Focus groups were organized based on an individual's role, and participants were asked to sign up for the group that most reflected their professional role: administrators (e.g., division chiefs and department chairs), clinical faculty members, or biomedical faculty members. A series of six virtual focus groups were conducted via Zoom between July and September. Each group had between four and 10 participants, with 38 CFAS representatives participating overall. Focus groups were facilitated by AAMC staff and were recorded and transcribed with participant permission. Transcripts were coded and analyzed by three AAMC staff researchers to identify common themes.

Findings

Key themes that emerged from the focus group discussions are described below. The order of findings aligns with the order in which the questions were posed to participants.

Time Allotted for Educational Activities

Participants were first asked, "If I were to ask you, how much time per week (on average) do you have allotted for educational activities, what does the term allotted mean to you?" with a follow-up question about whether faculty had the opportunity to negotiate or adjust this allotment. Whether participants

personally had a designated portion of their full-time equivalent (FTE) or not, they generally felt that the term "allotted" referred to a specific portion of one's FTE that is dedicated to educational activities. Participants explained that FTE allotment differed based on faculty role and department type.

Biomedical faculty participants were more likely to have a specific FTE allocation for education, separate from the other mission areas. In contrast, many clinical faculty participants reported that they had very little or no time allotted for educational activities unless they were in leadership or administrative roles (e.g., course or clerkship director, program director). Yet, both biomedical and clinical educator participants agreed that, regardless of whether they had time allocated for educational activities, they were expected to teach, and their educational work was evaluated as a requirement for promotion and tenure.

Both educators and administrators reported that there were opportunities to discuss educational allotment at faculty members' annual evaluations, but changes were rarely implemented unless the faculty member takes on an additional leadership role. Biomedical faculty also reported that their FTE allotment aligned with their funding, and changes in FTE allocation must align with grants received. Clinical faculty said that discussions about their formal time allotment often raised questions about how the time would be funded as part of a faculty member's compensation.

Discrepancies Between Allotted Time and Actual Time Spent

When asked, "If there is a discrepancy between the amount of time allotted for your medical education activities and the amount of time you actually spend on your medical education activities, how do you attempt to resolve this discrepancy?" many respondents indicated that finding time to complete educational activities involved personal sacrifice. While there was variation in the amount of time that was allotted for educational activities among participants, there was consensus that the amount of time allotted was not enough to complete their work, and faculty often had to adjust for this time discrepancy by working nights, weekends, and holidays.

Some participants saw this time spent outside of work as simply "part of the job" and felt it was acceptable because they were passionate about the work they do; for example, one clinical faculty member said, "I would say there's probably not quite enough time allotted to do all the things we need to do within a standard week, but I don't really complain about it. You know, it's just kind of part of the job if you will." Similarly, a biomedical faculty member said, "It's not like an office job, you use more hours[,] ... usually you have things that you keep in your mind [while] you're home[,] … you are always thinking about what you are doing …. This job doesn't go away." In contrast, a small number of participants saw this as problematic and advocated for change; for example, a faculty member said, "The attitude [that] academics are supposed to have this sort of passion that means they should work 80 hours a week and get paid less is mind-blowing to me. We are having trouble keeping doctors in academia ….

I feel like it's kind of a dated attitude." Yet, most participants explained again that educational work is a key requirement for promotion and tenure, but the only option is to find the time for this work.

In addition, many of the administrators mentioned that time spent on educational activities has compensation implications due to reduced clinical time and relative value unit (RVU) generation. As one administrator said, "Productivity ... works against it, because we have a compensation plan that for a lot of clinical departments [includes] incentive bonuses for RVU production and for some of our basic science faculty bonuses around grant generation and production. Education does not have that. And so, when we try to recruit into teaching, we do get some resistance from some faculty, because they go, 'I'll lose out on my bonus or that opportunity,' and so it's kind of a hidden curriculum message."

Several participants backed the use of support staff to lessen the workload and decrease the discrepancy between allotted time and actual time spent on educational activities; however, the effectiveness of this approach seemed to vary and is dependent upon finding highly qualified staff. For example, one clinical faculty member said, "Not all support staff are created equal. I have had support staff actually that have made my job harder before," and an administrator said, "[S]ince COVID, we've had unskilled people supporting our faculty, and it's a struggle." In contrast, another clinical faculty member said, "We hired two people who are just absolutely amazing, and it has made a world of difference."

Valuing and Tracking Educational Activity

Participants were asked, "How does your institution assign value to concomitant teaching while doing your usual clinical and research activities?" This question prompted discussions of methods for tracking or documenting educational activity and how institutions value or reward teaching.

Tracking Educational Activity

Systems for tracking faculty members' educational activities varied from school to school, with some participants noting that there was very little tracking done beyond faculty members reporting their activity in annual evaluations or promotion and tenure materials. Other participants reported having more elaborate tracking systems, such as spreadsheets that both track and quantify educational activity. Even among those who had more detailed tracking systems, there was variation in the systems' designs. One model of tracking was described by two administrators from different institutions as a spreadsheet where faculty members reported on their different activities (e.g., lectures, residency interviews, medical student interviews, grand rounds). These activities were then assigned values or points, which were then used to help determine the allocation of academic bonuses. Of those with tracking methodologies, respondents indicated that these systems could be time-consuming and inaccurate at times, but they were overall helpful tools for assessing educational contributions of faculty.

Other schools tracked educational activity centrally, through staff in the office of medical education or a school's learning management system. These systems reduce the burden on faculty, but participants

reported that there had been inconsistencies and discrepancies with them, as well. Regardless of whether the educational activity was tracked in a detailed system or self-reported as estimated percentages of effort, participants explained that documenting educational contributions was essential for the promotion and tenure process, as key criteria for successful advancement.

Valuing and Acknowledging Educational Contributions

Participants also reported that their schools recognized the value of faculty contributions to the education mission with awards. The loci of awards varied across institutions, originating from the department, school, or university. One participant mentioned the importance of intentional recognition of faculty in ensuring that awards were meaningful: "The educators are feeling morally distressed and burned out, and so we've been trying hard to recognize educators and try not to do it just in a 'Rah, rah, rah!' way … because that can sometimes feel patronizing. So, we've made a really strong effort this year to actually— if someone gets a teaching award, then to try to put them up for a national society teaching award or an institutional-level teaching award to make it really like a 'We see you' kind of thing."

A few participants also described their institutions as demonstrating that they value educational contributions by offering specific educator tracks wherein all or most of the faculty member's time is dedicated to the education mission, with expectations for teaching, educational scholarship, curriculum development, mentoring, and leadership. Relatedly, other schools have created medical educator academies. Participating in an educator academy does not provide formal FTE for education but is a way to convene and recognize people who are interested in and passionate about education, to promote collaboration, problem-solving, and innovation.

Lastly, participants said that their institutions also recognized the value of educational activity through monetary bonuses. Bonuses seemed to have been most prevalent at schools that used detailed systems to track faculty activity. In these systems, different activities are assigned different weights or points that are used to calculate a faculty member's academic bonus. There were mixed feelings among the participants about the impact of these awards. One department chair said, "I strongly feel that it is beneficial[,] … it results in thousands of dollars for me as an academic bonus." In contrast, another clinical faculty member said, "In some ways, the trackers offer issues because then it becomes … transactional for every activity you do. And, from the people completing the tracker, because it's not transparent how it's awarded, it leads to some distrust."

Challenges That Clinical and Biomedical Educators Face

Next, participants were asked, "What do you think are some of the biggest challenges facing medical educators right now?" In response, many participants cited financial pressures on institutions and how they impact time allotment, as these financial constraints put increased pressure on faculty to generate revenue through clinical work, taking time away from education. Participants explained that this

pressure to produce clinically feels as if their institutions are pulling focus away from the educational mission; for example, one participant said, “Now our academic health centers are really trying to function like for-profit, private practice models where the financial bottom line is encroaching on and overtaking. But, we all find meaning in our careers and why we’re here in in the first place, so I think there has to be some sort of reconciliation between what it actually means to be an academic medical center and to be a teacher.” Similarly, another participant said, “In clinic, you’re asked to see more and more patients, but then now with the portals and patient communications, the portals will instantly jump up to a hundred messages, and so, even if you have a full educational day, you still have to dedicate two hours to patient calls, or it adds up.”

Additionally, participants discussed challenges related to connecting with students, including generational differences, their learning preferences, and changes in the academic environment due to new understanding of adult learning methodology. One participant said, “In the multigenerational workspace, I can’t connect the new med school grads with the senior attendings. They really are rewired in terms of who they are as learners … and so trying to figure out how to teach them or engage with them in a workspace that has a lot of different generations in it is very challenging.” Relatedly, another participant described how adult learning methods are evolving and challenging for faculty to keep up with. They said, “I think we’re really struggling with the change in adult learning. Right? There’s just a whole different way that the people coming through school right now are learning …. I think we’re losing things that we’re familiar with, and ... there’s no time to figure out how I’m going to adjust my teaching style to this. It’s exciting, but as an adult teacher it’s going to take a lot of time to shift and adapt, and many people don’t have the time to do that.”

In addition, several participants talked about challenges regarding students choosing to engage with the curriculum virtually and how, because of this, educators are losing their connections with the students. As one participant said, “One of the things that I think we as educators deal with on a daily basis [is] the lack of student engagement with their learning … with kind of either distance learning or … virtual types of things where … part of the joy [of] being an educator is contact with learners, and when they’re disengaged, that just takes a little bit of the joy out of the job.” Similarly, an administrator said, “[O]ut of 130 students, only 25 show up in the classroom and that’s my biggest challenge is that when I want to recruit faculty to these roles teaching … [all] they are seeing is that when they go there the students are not there.”

Lastly, some participants — primarily biomedical faculty members and administrators — indicated that they feel there is less value placed on biomedical sciences, particularly by students. One biomedical faculty member noted that “a long-range challenge in biomedical science education is whether medical schools and medical students will still value biomedical science education. I think that we’re trending towards learners believing that they can learn all they need to know from multiple-choice questions and other types of commercial sources.” Similarly, another biomedical faculty member said, “How do we

convey the message to our students that what [basic science faculty] provide is valuable and important, and it isn't just about what they get on clerkships …? There is value to what we do, and trying to convey that message is difficult."

Opportunities to Better Support Medical Educators

Finally, participants were asked what their department or institution could do to better support medical educators. The most common recommendations were ensuring that faculty have time for educational activities and increasing funding for the educational mission, which are inherently connected. The need for more time for educational activities was mentioned by all groups, and there was consensus that this would help faculty focus on educational activities, reduce burnout, increase enthusiasm, and enhance the educational mission. In addition, several participants emphasized that dedicated time was needed not just for those in administrative or leadership roles, but for more junior faculty, as well. One participant said, "Time could be given to those who are starting but really want to contribute positively to the teaching, the education[,] … [they should] not necessarily have to chase a leadership role to be able to do what they love to do and be able to grow within the system."

Many participants cited a need for enhanced funding to ensure faculty have formal allocation of time for education in their faculty appointments. Others suggested hiring additional faculty or support staff to help lessen the workload and decrease the need for additional work hours. While there was agreement that more funding would be beneficial, many participants weren't sure how to increase funding, in terms of identifying sources and how to ensure funds would be distributed equitably.

Additionally, recommendations were made by participants regarding consistency and transparency in institutional expectations; this was primarily discussed by clinical faculty, but one biomedical faculty member brought it up, as well. Several participants talked about the importance of ensuring that faculty understand what is expected of their contributions to the educational mission, what they are supposed to accomplish, and how those accomplishments will be accounted for and valued. One clinical faculty member said, "Tell us what you expect, give us what you told us you'd expect, and be as consistent as possible throughout the organization." Similarly, another clinical faculty member mentioned that it took over a decade to get a clearly defined time allocation and argued that faculty should have protected education time from the beginning: "Laying out those expectations, I feel like the faculty appreciate that from the very beginning. They know what they're supposed to be doing and what's going to lead toward promotion and what's going to be most fulfilling for their career and meet with their own goals professionally."

There was also discussion of the need for better tracking of educational activities, especially if time allocation for educational activity is increased, and how formal tracking systems could support transparency and consistency; i.e., if more funding is allocated to support increased education time, education-related activities need to be tracked so faculty members are fairly compensated. One

department chair remarked, “I’m convinced, and I’d love CFAS to come up with a recommended spreadsheet that they think is most efficient and effective, and I would initiate it in my department as an experiment.”

The final recommendation was to recognize educators’ contributions, so they feel valued and encouraged. Focus group participants felt that educators and their time spent on educational activities were not valued by their institutions and clinical affiliates, leading to burnout and faculty attrition. To retain faculty as medical educators, participants felt that institutions need to demonstrate their dedication to the education mission, not just through awards and recognition, but by providing adequate compensation and time for educational activity.

Conclusion and Future Considerations

The CFAS Faculty as Medical Educator focus groups yielded nuanced insights into the current challenges faced by medical educators regarding time allocation for educational responsibilities and approaches that could help them feel more valued for their contributions to the education mission. Based on these findings, CFAS might consider collaborations with other AAMC affinity groups and councils to facilitate community conversations about the issues raised in this research and to provide members with resources to better support medical educators locally.

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