AUPN Clerkship Director's Workshop

Career Development for the Clerkship Director

Moderator: Marie Carl Eugene, DO, MSHPE

Speakers:

Nuri Jacoby, MD

Ralph F. Józefowicz, MD

Madhu (Mona) Soni, MD

Roy E. Strowd, III, MD, MEd, MS

Figure 1 Description of 4 Main Subtypes of Educational Roles Within Neurology, Including Expectations for Training, Activity, and Advancement

Neurology education roles
Role modeling

Clinical neurologist	Teacher	Educator	Scholar
• Professional identity: Clinician, private practice clinician, clinical preceptor • Precepts health professions learners in the clinical space • Allows shadowing opportunities for students interested in health care • Career advancement through clinical productivity, program building • Teaching not a significant part of roles and responsibilities thus not part of the expectation of promotion metrics (although may be helpful)	• Professional identity: Lecturer, academic attending, core teaching faculty • Core teaching faculty for learners (clerkship, residency, fellowship) • Has received recognition for teaching (e.g., teaching award, induction into a teaching society) • Some professional development in the area of teaching (e.g., educational workshop, modules) • Gives lectures on the content of expertise • Teaching roles part of the promotion package	• Professional identity: Medical educator, clinical educator, educational director • Formal training in education • Formal leadership role in teaching or education (e.g., clerkship or program director, clinical skills teaching faculty) • Has a reputation locally and nationally as an educator • Recognized for education (e.g., awards, grants, distinction) • Engaged in educational scholarship • Educational leadership, scholarship, and innovation part of promotion package	• Professional identity: Educator scholar, health professions educator • Engages, initiates, leads, and publishes educational scholarship • National and international presentations on areas of educational scholarship (e.g., methods, assessments, innovations) • Serves on educational peer-review sections and committees • Has a reputation globally as an educator scholar • Educational leadership, scholarship, and innovation part of the promotion package

Moeller J & Salas RME, *Neurology*, 2023

Learning Objectives

- Define career goals and expected outcomes to develop a local and national reputation.
- List options for leadership roles in medical education that could be considered in addition to or beyond the role of clerkship director.
- Identify strategies that can promote a clerkship director's engagement in scholarly activity, including cross-institutional research.

A Top 5 List…

- **Nuri Jacoby, MD**
- “A top 5 list” of things to do to be a successful clinician-educator

How can a clerkship director define career goals and expected outcomes to develop a local and national reputation?

- Ralph F. Józefowicz, MD
- Group discussion: 15 minutes
  - What are ways in which you have established a local and national reputation?
  - What tips from the presentation can you implement today toward establishing or improving your local and national reputation?
  - Are there barriers to achieving a local and national reputation? What are potential solutions that can help overcome them?

Beyond Clerkship Director: What other leadership roles in medical education lay ahead for a clerkship director?

- Madhu (Mona) Soni, MD
- Group discussion: 15 minutes
  - What paths have you considered, or would you consider in addition to or beyond the role of clerkship director?
  - What goals can you establish now to help you advance to another role in medical education in the future?

Medical Education Scholarship: How do you get started and how do you keep the tempo?

- Roy E. Strowd, III, MD, MEd, MS
- Group discussion: 15 minutes
  - How can use your role as a clerkship director to acquire data that can allow you to engage in medical education research and publication?
  - What networking strategies can be utilized to enhance collaboration among clerkship directors?

Final Questions?

Thank You!

Reflections of a Mid-Career Neurologist: 5 Tips for Clinician Educators

Nuri Jacoby, MD
He/Him/His
Associate Professor of Clinical Neurology
Vice Chair of Neurology, Maimonides Medical Center
Co-Clerkship Director, SUNY Downstate Health Sciences Center

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Disclosures

- Advisory board for Argenx

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Learning Objectives

- Define the competencies of a clinician educator
- Identify strategies to succeed as a clinician educator

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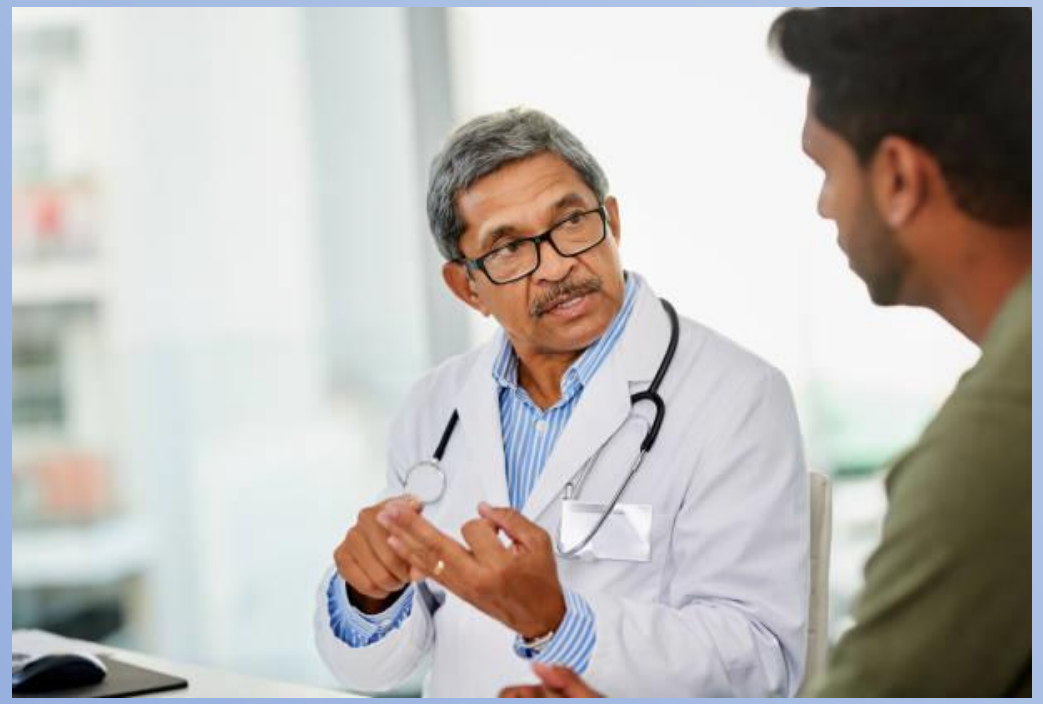
What is a Clinician Educator?



Faculty member whose primary responsibility as part of the academic mission is patient care and whose focus is on the theoretical constructs that inform excellent teaching and effective learning, applying these to create and inform educational scholarship.

Greenberg 2018

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Clinician Educator Milestones

Universal Pillars
- Reflective Practice
- Well-being
- Recognition and mitigation of bias
- Commitment to Professional Responsibilities

Administration
- Administrative Skills
- Leadership Skills
- Change Management

Diversity, Equity, and Inclusion

Well-being

Educational Theory and Practice

Boyle, Chou, and Croom 2022

Clinician Educator Milestones

Educational Theory and Practice

- Feedback
- Scholarship
- Professionalism
- Learner Assessment
- Program Evaluation
- Remediation
- Teaching
- Science of Learning
- Learner professional development
- Learning environment
- Curriculum

Boyle, Chou, and Croom 2022

Clinician Educator Milestones

JGIM

POSITION PAPER

New ACGME Clinician Educator Milestones as a Roadmap for Faculty Development: a Position Paper from the Society of General Internal Medicine Education Committee

Aditi Puri, MD, MS[1], Sreekala Raghavan, MD[2], Elisa Sottile, MD[3], Mamta Singh, MD, MS[4], Laura K. Snydman, MD[5], Anna K. Donovan, MD, MS[6], Rachel Bonnema, MD, MS[7], and Margaret C. Lo, MD[8]

[1]Loyola University Health System, MacNeal Hospital, 3722 South Harlem Avenue, Apartment LL34, Berwyn, IL 60402, USA; [2]Department of Medicine, Mount Sinai Beth Israel, New York, NY, USA; [3]Division of General Internal Medicine, Department of Medicine, University of Florida College of Medicine, Jacksonville, FL, USA; [4]Case Western Reserve University School of Medicine and Primary Care Service, VA Northeast Ohio Health Care System, Cleveland, OH, USA; [5]Division of General Internal Medicine, Department of Medicine, Tufts Medical Center, Boston, MA, USA; [6]Division of General Internal Medicine, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; [7]Division of General Internal Medicine, Department of Medicine, University of Texas Southwestern, Dallas, TX, USA; [8]Division of General Internal Medicine, Department of Medicine, University of Florida College of Medicine, Malcom Randall VAMC, Gainesville, FL, USA

Milestones can be used to:

1. **Help clinician educators reflect on areas they excel and opportunities for improvement**
2. **Guide institutions and departments to develop faculty development initiatives**

Boyle, Chou, and Croom 2022, Puri et al. 2023

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Tip #1

Find as many opportunities as possible to learn, grow, and develop skills in medical education and leadership

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Impact of Education Training for CE's

Table 3 Association Between Productivity and Education Training Intensity (High vs. Medium vs. Low vs. None)

Product type		All	High intensity	Medium intensity	Lower intensity	None	*p* value[†]
1st or senior author on ≥ 3 peer-reviewed manuscripts	*N* (%)	81/179 (45%)	37/65 (57%)	23/61 (38%)	12/32 (38%)	9/21 (43%)	0.122
	Adj. OR [95% CI]		2.6 [0.8, 8.6]	0.4 [0.1, 1.2]	1.0 [0.3, 3.8]	(Reference)	0.002
Teaching at regional, national, or international level ≥ 3 times	*N* (%)	122/185 (66%)	53/67 (79%)	38/61 (62%)	20/37 (54%)	11/20 (55%)	0.030
	Adj. OR [95% CI]		5.7 [1.5, 21.3]	0.8 [0.2, 2.9]	1.3 [0.3, 5.0]	(Reference)	0.001
Published curricula ≥ 1	*N* (%)	69/179 (39%)	33/66 (50%)	22/59 (37%)	10/35 (29%)	4/19 (21%)	0.055
	Adj. OR [95% CI]		4.8 [1.3, 17.5]	1.7 [0.5, 6.2]	1.9 [0.5, 7.5]	(Reference)	0.017
Regional/national committee membership ≥ 3	*N* (%)	74/185 (40%)	33/67 (49%)	23/62 (37%)	13/37 (35%)	5/19 (26%)	0.216
	Adj. OR [95% CI]		3.4 [1.0, 11.7]	1.1 [0.3, 3.8]	1.9 [0.5, 7.4]	(Reference)	0.040
≥ 6 mentees	*N* (%)	102/185 (55%)	36/67 (54%)	33/62 (53%)	22/36 (61%)	11/20 (55%)	0.881
	Adj. OR [95% CI]		1.0 [0.3, 3.1]	0.6 [0.2, 2.0]	1.6 [0.5, 5.1]	(Reference)	0.305

Odds ratios are adjusted for number of years since residency training

[†]*Pearson's chi-square test or Wald test of the null hypothesis that the three odds ratios are simultaneously equal to one*

Zipkin et al. 2020

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Opportunities for Education

- Resident-as-teacher curricula
- Clinician educator tracks
- Graduate Medical Education Tracks
- Institutional faculty development programs and medical teaching academies
- Harvard Macy Institute Program for Educators
- Medical Education Research Certificate (MERC) virtual workshop series
- Stanford Faculty Development Program
- Masters in Medical Education

Tip #2

Find mentorship; ideally, multiple mentors. They do not need to be in your department or institution.

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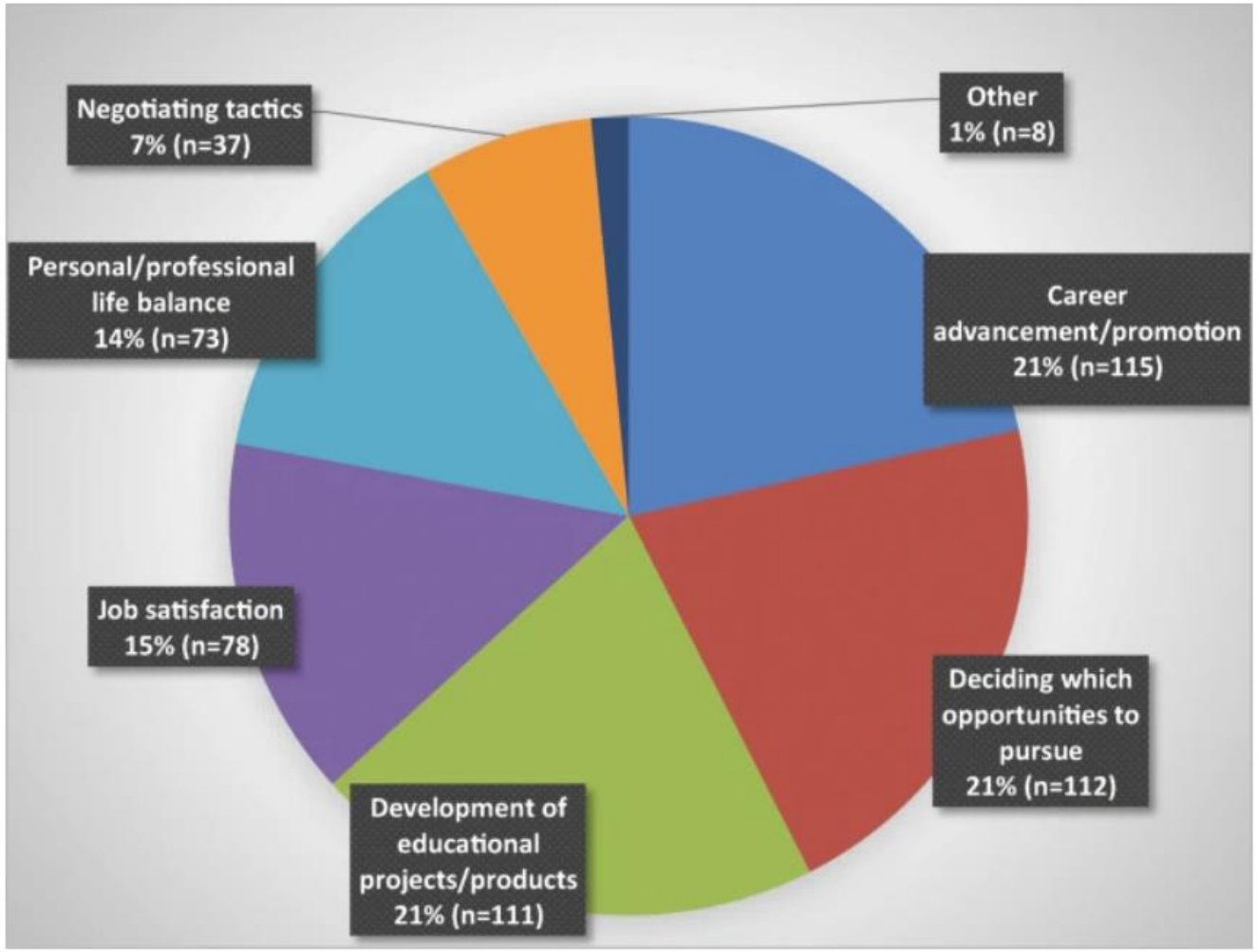
Mentorship for Clinician Educators



Reasons CEs met with their primary mentor.

Nemeth et al. 2021

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Value of Mentorship

Does formal mentoring for faculty members matter? A survey of clinical faculty members

Elza Mylona,[1] Linda Brubaker,[2] Valerie N Williams,[3] Karen D Novielli,[4] Jeffrey M Lyness,[5] Susan M Pollart,[6] Valerie Dandar[7] & Sarah A Bunton[7]

- 21,076 faculty from 23 medical schools surveyed, 12,779 responded
- 30% responded that they had a formal mentor at their institution

- Satisfied with professional development: 3.72 vs 3.2
- Satisfied with department: 4.09 vs 3.71
- "Fit" in my department: 4.04 vs 3.73
- Knew criteria for promotion: 3.70 vs 3.36

Mylona et al. 2016

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Peer Mentoring

Taylor & Francis
Taylor & Francis Group

Medical Teacher

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/imte20

Twelve tips for developing and maintaining a successful peer mentoring program for junior faculty in academic medicine

Regina A. Jacob, Paul N. Williams & Alia Chisty

To cite this article: Regina A. Jacob, Paul N. Williams & Alia Chisty (2023) Twelve tips for developing and maintaining a successful peer mentoring program for junior faculty in academic medicine, Medical Teacher, 45:3, 252-256, DOI: 10.1080/0142159X.2022.2093703

To link to this article: https://doi.org/10.1080/0142159X.2022.2093703

Jacob, Williams, and Chisty 2022

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Tip #3

Utilize your learners to help inspire ideas and remember that there are MANY types of learners.

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How can neurology training for psychiatry residents be improved?

1. Better standardization of neurology rotations focusing on consult service and outpatient
2. Develop longitudinal clinical experiences, especially with patients with neuropsychiatric diagnoses
3. **Develop a targeted didactics curriculum for psychiatry residents**

Academic Psychiatry (2019) 43:89–95
https://doi.org/10.1007/s40596-018-0932-4

IN DEPTH ARTICLE: COMMENTARY

Neurology Training for Psychiatry Residents: Practices, Challenges, and Opportunities

Daniel Shalev[1] · Nuri Jacoby[2]

Received: 30 September 2017 / Accepted: 30 April 2018 / Published online: 18 May 2018
© Academic Psychiatry 2018

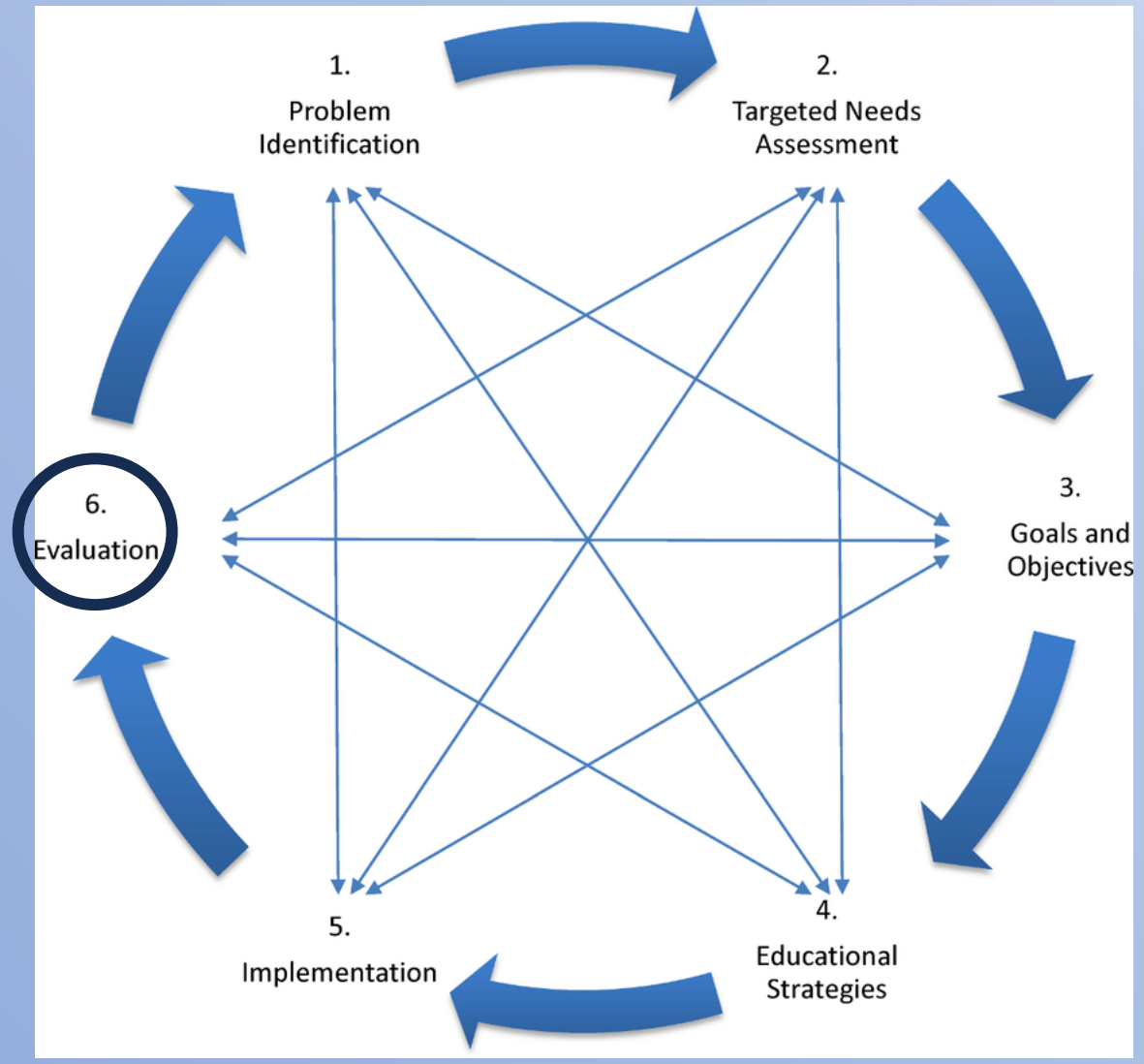
Historically, neurology, psychiatry, and neuroscience overlapped; it is only recently that disciplinary silos have divided these fields. In the eighteenth and nineteenth century, many significant figures in neurology and psychiatry, including Freud, Charcot, Alzheimer, and Kraepelin, emerged from a shared epistemological background [1]. In the early twentieth century, a period of rapid medical specialization, most physicians in these fields enjoyed board certification in both specialties [2]. However, in the second half of the twentieth century, training pathways for neurology and psychiatry diverged [1]. By the 1980s, there was little emphasis on cross-training between neurology and psychiatry [2].

refers to the care of patients with disease of the brain, spinal cord, and peripheral nerves. Neuropsychiatry refers to the care of patients with affective, behavioral, and cognitive symptoms in the setting of neurologic disorders such as stroke or epilepsy, as well as to the care of patients with psychiatric illness that have comorbid or iatrogenic neurologic symptoms [5].

Neurology and neuropsychiatry training for psychiatry residents is not yet standardized. In this article, we critically review the current state of neurology and neuropsychiatry training for psychiatric residents: we explicitly consider the goals of such training, identify the gaps in training and the barriers to achieving these goals, and present suggestions for

Shalev and Jacoby 2019

Tip #4



Use a framework when creating an educational innovation, and <u>ALWAYS</u> evaluate your educational initiative, and map it out <u>BEFORE</u> the implementation

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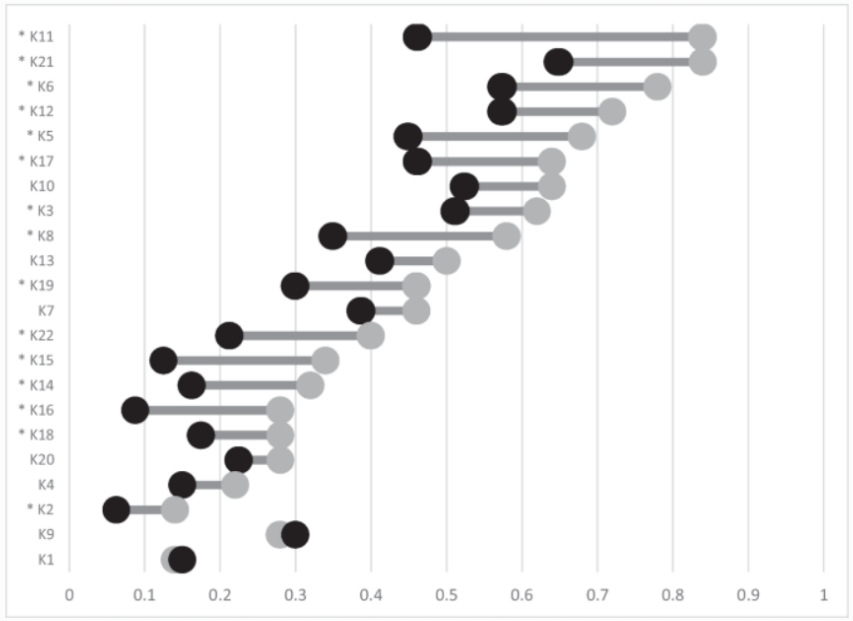
Evaluation of my e-learning curriculum

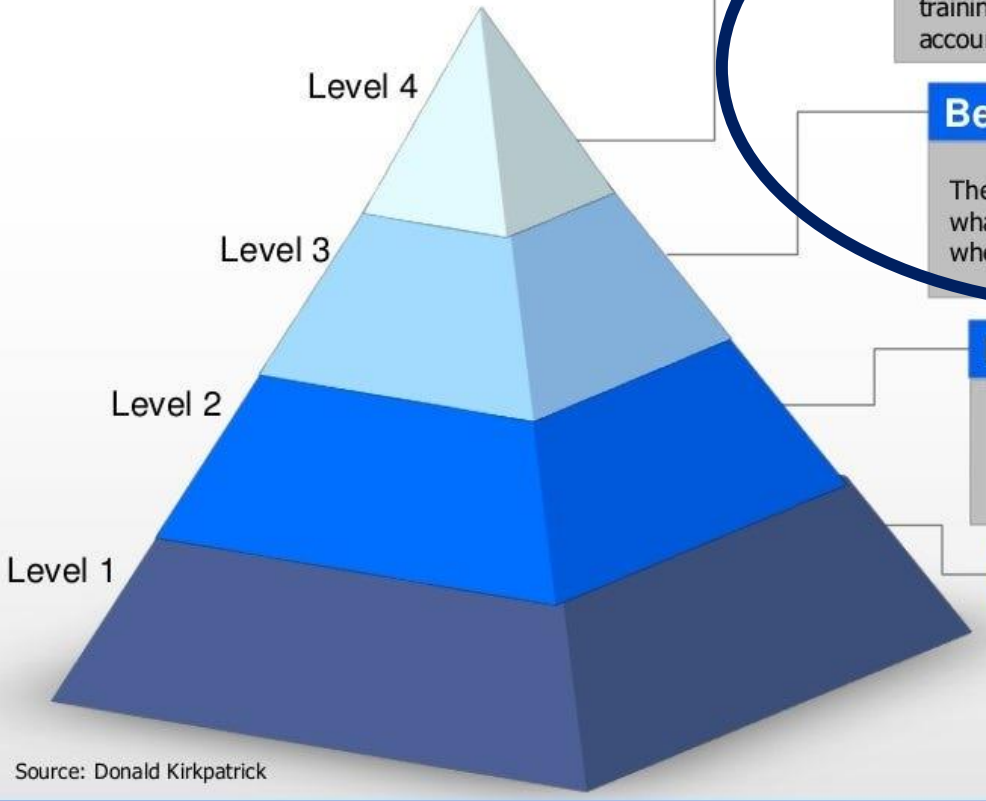


Pre- and post-test mean percent correct of individual knowledge (K) items. Pre-test means are shown in black and post-test means are shown in gray. Items with a statistically significant change (p-value ≤ 0.05) are marked with asterisks

Category	Item	Mean pre	Mean post	df	*t*-statistic	*p*-value
Attitude	*Overall mean*	2.68	2.51	59	0.96	0.170
A1	I prefer treating patients with chronic psychiatric disorders such as depression rather than dementia	1.92	1.93	59	0.08	0.470
A2	Much can be done to improve the quality of life for people with dementia	2.04	1.75	59	– 2.97	0.998
A3	Managing dementia is more often frustrating than rewarding	2.32	2.68	59	2.71	**0.004**
A4	The early detection of dementia benefits the patient	1.48	1.53	59	0.49	0.314
A5	Psychiatrists are crucial to helping patients and caregivers with dementia	1.62	1.50	59	– 1.49	0.929
A6	I feel frustrated because I do not know how to effectively treat people with dementia	2.05	2.95	59	6.27	**0.000**
A7	Dementia is better treated by neurologists	3.13	3.25	59	0.92	0.180
A8	I prefer to have nothing to do with the care of dementia patients	3.52	3.60	59	0.51	0.305
A9	I would enjoy pursuing further training on working with patients with neuropsychiatric disorders	1.95	2.18	59	1.70	**0.047**
Confidence	*Overall mean*	2.67	2.11	59	– 5.01	1.000
C1	I feel confident in my ability to diagnose dementia	2.39	2.02	59	– 3.68	1.000
C2	I feel confident in my ability to communicate a diagnosis of dementia to a patient	2.51	1.98	59	– 4.75	1.000
C3	I feel confident in my ability to treat the neuropsychiatric symptoms in dementia patients	2.84	2.25	59	– 5.56	1.000
C4	I feel confident in my ability to provide advice about managing dementia related symptoms	2.84	2.27	59	– 4.53	1.000
C5	I feel confident in my ability to conduct a neurocognitive exam	2.87	2.13	59	– 5.64	1.000
C6	I feel confident in my ability to appropriately triage a patient who presents with neuropsychiatric symptoms	2.57	1.98	59	– 6.27	1.000

Jacoby et al. 2023

Overview of Kirkpatrick's Four-Level Training Evaluation Model



Results

The degree to which targeted outcomes occur as a result of the training and the support and accountability package

Behavior

The degree to which participants apply what they learned during training when they are back on the job

Learning

The degree to which participants acquire the intended knowledge, skills, attitude, confidence and commitment based on their participation in the training

Reaction

The degree to which participants find the training favorable, engaging and relevant to their jobs

Source: Donald Kirkpatrick

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If outcome measures are determined AFTER an educational initiative is completed

Teaching and Communication Simulation Curriculum for Neurology Residents

PGY-2

- 1-minute preceptor
- Recognizing an impaired physician

PGY-3

- Feedback
- Delivering a diagnosis of functional neurologic disorder

PGY-4

- Professionalism
- Delivering bad news

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A Failed Attempt at Kirkpatrick Level 3

Evaluated mid clerkship feedback narratives pre-and post-simulation using the narrative evaluation quality instrument (NEQI)

3 components:

1. 8 Performance domains:
   - Overall performance
   - Clinical skills
   - Clinical reasoning skills
   - Prepares for/participates in patient care activities
   - Fund of knowledge
   - Written and/or oral skills
   - Initiative
   - Professionalism
2. Specificity of comments (including supporting evidence and examples)
3. Usefulness to the reader

Kelly et al. 2020

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Tip #5

Collaborate, collaborate, collaborate

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Thank you!

Career Development for the Clerkship Director

Ralph F. Józefowicz, MD

University of Rochester

Medicine of the Highest Order

University of Rochester Medical Center

Overall Points for Success

- Know exactly what you want to do
- Communicate this to your superiors
- Find a mentor
- Be versatile and patient
- Concentrate on local excellence
- Develop a national portfolio

Early Phase

- Do a fellowship
- Teach often and well
- Teach in a basic science course
- Join local education committees
- Get involved in national organizations
- Publish on education

Middle Phase

- Run a course, clerkship or residency
- Take a sabbatical
- Get education grants
- Increase your national committee work
- Teach in other medical specialties
- Develop international medicine programs

Late Phase

- Continue to teach locally and nationally
- Continue your clinical work
- Become a mentor
- Remain a model "citizen" in your institution
- Remain enthusiastic
- Be a visiting professor

Summary

- Success is not that difficult
- Conviction and focus are most important
- Enthusiasm is key
- Support from a mentor is invaluable

2024 Krakow UR Residents and Students

2024 University of Navarra (Pamplona) Students

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MEDICINE *of* THE HIGHEST ORDER

RUSH

Excellence is just the beginning.

Rush University Medical Center

Leadership opportunities for a clerkship director

AUPN
September 14th, 2024

Madhu (Mona) Soni, MD, FAAN
Associate Professor

Objectives

Identify medical education leadership opportunities

Discuss leadership development programs

Disclaimer

The leadership opportunities and programs discussed will by no means be exhaustive.

Content discussed will primarily be experiential.

Clerkship Director Appointment

Generally, doesn’t require prior leadership training

Demonstration of passion for/excellence in teaching and clinical care

Stepping stone (gem) to other leadership opportunities

Establish your goals

Reflect on your own professional vision and mission

Develop an individual strategic plan

Identify a mentor and/or coach

Explore available roles in your department, institution, regional and national organizations

Discuss your interest with a leader in the desired area and pitch the value you bring

Consortium of Neurology Clerkship Directors (CNCD) Survey Summer 2024:

After becoming a clerkship director, what other leadership roles in medical education have you held?

- Subspecialty clerkship director
- Course leader/ Advanced neurology elective director
- Neurology career advising director/SIGN faculty advisor
- Residency director
- Department vice-chair
- Core clerkship curriculum work group chair
- Director of scholarly inquiry for medical education
- Medical college advanced clinical track leader
  - Prepare all 4th year students for residency
- LCME faculty lead
- Assistant dean
  - Clerkship education
  - Accreditation and continuous quality improvement

CNCD Survey Summer 2024:
After becoming a clerkship director, what other leadership roles in medical education have you held?

- Research committees, regional and national
- National undergraduate education committee
- AAN CNCD co-chair
- AAN Undergraduate Education Subcommittee chair
- AAN Director Mentorship Leadership committee
- ABPN Innovation in Education committee
- Alliance for Clinical Education treasurer, president
- AUPN council

CNCD Survey Summer 2024:

After becoming a clerkship director, what other leadership roles in medical education do you aspire to have?

- Department chair
- Department vice-chair of education
- Dean
- Assistant/Associate dean
  - Career Advising
  - Assessment
  - Other
- Medical school director
  - All clerkships/M3 curriculum
- Medical education committee

Non-neurology CD Survey Summer 2024:

After becoming a clerkship director, what other leadership roles in medical education have you held?

Department

- Director/Assistant Director
  - Undergraduate Medical Education: Electives/Acting internships
  - Residency
  - Fellowship
- Subspecialty advisor
- Vice-Chair, Education
- Chair

Medical school

- Director, Interprofessional education

Chair/co-chair of various school committees

- Curriculum committee/subcommittees
  - Core clerkship workgroup vice chair
  - Clinical sciences planning and evaluation
- Promotion committees for students/faculty
- LCME self study

Non-neurology CD Survey Summer 2024:

After becoming a clerkship director, what other leadership roles in medical education have you held?

Dean's Office
- Assistant Dean
  - Learning Environment; Clinical Sciences; Professional Development
- Associate Dean
  - Curriculum; Clinical Years; Professional Development; Accreditation/Quality Improvement
- Senior Associate Dean
  - Curriculum; Medical Education
- Vice Dean
- Interim/Permanent Dean

Division Chief of Medical Educational Programs and Liaison to Allied Programs

Designated Institutional Official (DIO)

Membership on university search committee for provost/president

Chair of national medical education organizations
- Specialty consortium
- NBME
- Alliance for Clinical Education
- AAMC Group on Educational Affairs (GEA)

CNCD Survey Summer 2024:

What resource(s) would be most helpful in achieving aspirational leadership roles?

Mentorship
- Including chairs or deans
- How other leaders have balanced their clinical vs education work efforts

Leadership training (most helpful if not a neurology-sponsored, program)

Executive coaching

A panel discussion with medical education leaders

Seminars regarding faculty development and career advancement

Opportunities for research and publications in the education space

Funding to obtain Master's in (Medical) Education

More time to teach

More support to make sure that all learners on the team are supported and taught

Additional supported time and more resources for managing things like learning environment concerns

More training in interpersonal conflict resolution

More formal training on curricular design and implementation

Non-neurology CD Survey Summer 2024:

What resource(s) would be most helpful in achieving aspirational leadership roles?

How to work towards best positioning **one**self to be open to opportunities

Access to resources for medical education scholarship (e.g. statistician)

Financial support to pursue degrees such as Master's in Heath Sciences/Health Professions Education

Finding a good mentor

Leadership training

Degree (e.g. Master of Public Health)

National program

Resources found to be the most helpful

Networking

Peers

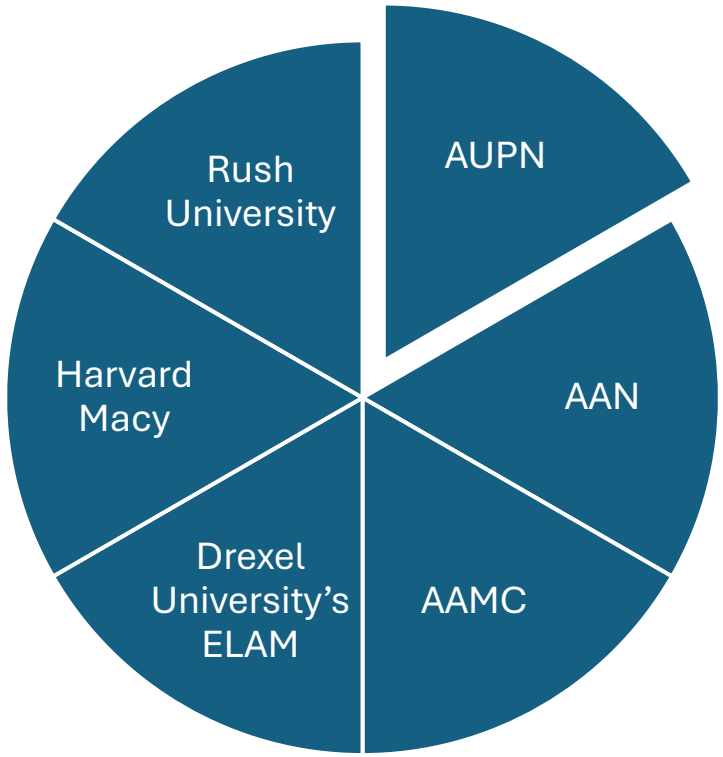
Mentors (formal or informal)

Opportunities at regional/national meetings

Leadership development programs

Career coach

Leadership Development Programs



Association of University Professors of Neurology: Leadership Programs

Annual Fall Meeting

- Clerkship Director Workshop

Leadership Minute Podcast/Video

- Highly focused summary, practical advice
- Clinical practice
- Education
- Leadership – Administration, Faculty, Fiscal
- Research
- VA Affiliations

https://www.aupn.org/i4a/pages/index.cfm?pageid=3912

AUPN
Association of University Professors of Neurology

American Academy of Neurology Leadership Programs

Direct Mentorship*

- New CDs, residency/fellowship directors/associate directors

Training, personalized coaching and mentoring

- Diversity Leadership
- Emerging Leaders
- Palatucci Advocacy
- Practice Leadership
- Transforming Leaders*
- Women Leading in Neurology*

Leadership University at Annual Meeting/Fall Conference

12 clerkship director participants/graduates

* Application period currently open

https://www.aan.com/education/leadership-programs

AMERICAN ACADEMY OF NEUROLOGY®

Association of American Medical Colleges

CORE Leadership Development Program

- New series of progressive learning experiences as career stages evolve
  - Leading for Impact February 2025
  - Others being piloted

LEAD Certificate Program

- 12-month experience
- Early to mid-career faculty; 60 per year
- Workshops, reflective learning, professional development activity, coaching

Various virtual and in-person programs

- GME Leadership Development Certificate Program
- Organizational Leadership in Academic Medicine for New Associate Deans and Department Chairs an
- Minority Faculty Leadership Development Seminar

https://www.aamc.org/career-development/leadership-development

AAMC

Drexel University Executive Leadership Programs

12-month part-time fellowship program

Women faculty in medicine, dentistry, public health and pharmacy

Develop professional/personal skills for senior/advanced leadership roles

Special attention to unique challenges facing women in leadership positions

Drexel University Executive Leadership Programs

Executive Leadership in Academic Medicine (ELAM)

- Focus on education and research
- Prepare women for senior leadership roles in academic centers

Executive Leadership in Health Care (ELH)

- Focus on clinical operations and health care delivery in hospitals/health care systems
- Designed for senior-level women leaders interested in CEO, CMO, CFO positions

Harvard Macy Institute Professional Development Courses

- Health Care Leadership Series
  - Innovations in teamwork
  - Business strategy
  - Economics
  - Reducing racial disparities
  - Digital health

- Health Care Leadership Certificate of Specialization
  - After successfully completing 3 courses within 18 months

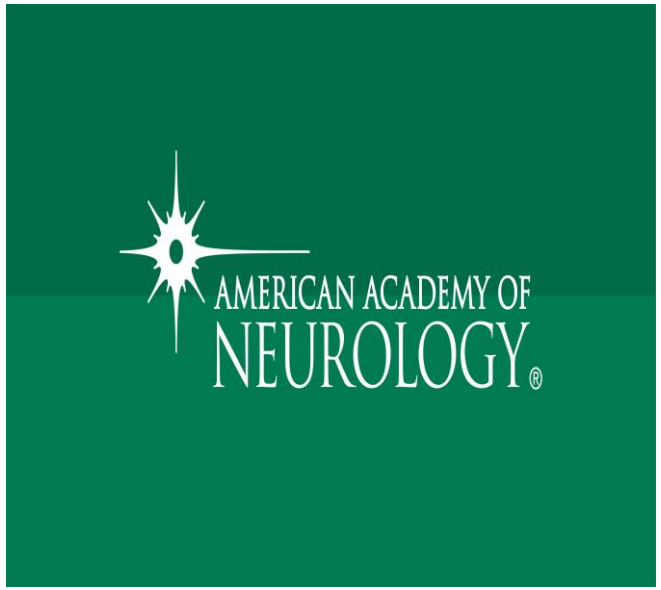
Rush University Center for Innovative and Lifelong Learning

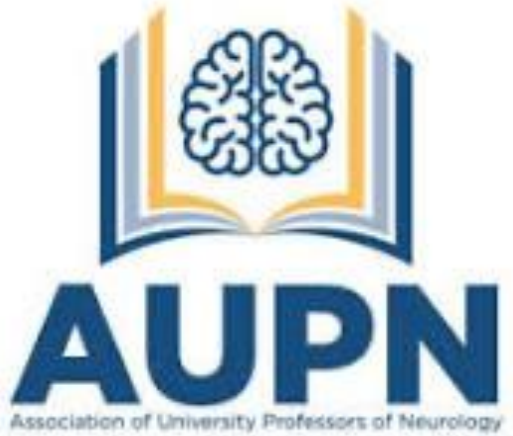
Immersive leadership development retreats

- Beyond Problem Solving: Leading with Appreciative Inquiry
- Making Strategic Choices when Everything Seems Important
- Transforming Conflict to Strategic Collaboration
- Negotiating Essentials for Getting What You Need
- Designing & Implementing Your Leadership Brand
- High Impact Communication Strategies for Leaders
- Values-based Influencing for Leaders
- Building Engaged, High Impact Teams
- Motivating & Developing Future Leaders

Acknowledgements

Clerkship directors and staff of :





Thank You

Madhu_Soni@rush.edu