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Establishing and Sustaining a Regional Medical Educator Professional Home

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Key Words: medical education, professional identity, professional development, mentoring, volunteer organization, citizenship, leadership,
Abstract

Purpose

The Association of American Medical Colleges (AAMC) seeks to foster members’ growth, leadership skills and networking opportunities through its professional development groups. Its Group on Education Affairs (GEA) focuses efforts on advancing medical education and developing educators across the medical education continuum nationally and regionally. However, there has been no investigation into how these regional volunteer member groups establish and sustain a culture which supports members’ professional development. This project seeks to address this gap.

Method

The culture of a region can be understood through the lens of members using a key informant approach. In the central GEA (CGEA), medical education laureates are senior members and leaders recognized for significant contributions to shape the region with tenures dating back to CGEA’s shift to a member group. Semi-structured, individual phone interviews were conducted and recorded with 19 of 20 laureates between February-March 2015. Shared values, themes, and critical events in the CGEA’s history emerged and were confirmed during the 2015 CGEA Regional meeting.

Results

Establishing the CGEA’s culture as a professional development home began with clear, shared values focused on collegiality and inclusiveness. These values are sustained through citizenship expectations and leadership succession development, which result in outcomes of innovation and scholarship.
Conclusions

The CGEA as a professional home within the medical education community is inclusive of members with diverse backgrounds and nurtures their professional identity as medical educators. Sustained through accountabilities to members’ and leaders’ professional growth, the CGEA’s attributes and culture align with features of successful organizations.
Establishing and Sustaining a Regional Medical Educator Professional Home

Medical education has gained recognition as an academic endeavor.\textsuperscript{1,2} To foster their own professional development, medical educators often seek affiliations with professional societies and organizations focused on medical education. The Association of American Medical Colleges (AAMC) seeks to foster member growth, leadership skills and opportunities for networking\textsuperscript{3} through professional development groups such as the Group on Education Affairs (GEA).

The GEA focuses its efforts on “advancing medical education and educators through faculty development, curriculum development, educational research and assessment” across the continuum of medical education.\textsuperscript{4} It is uniquely positioned among medical education-related associations and organizations because it operates not just across the medical education continuum, but also across basic science disciplines, clinical specialties and medical educator “roles”.\textsuperscript{5,6} Within the GEA, its four regions are designed to “encourage communication among members and provide a forum for discussion of medical education matters”\textsuperscript{7} and to foster the professional growth of its members. Each region operates as a “volunteer organization” with elected members serving as leaders, established bylaws, and various programmatic initiatives/meetings to meet their goals.

Literature examining governance, attributes,\textsuperscript{8} and citizenship of volunteer professional groups \textsuperscript{9} which support and sustain medical educator professional identity formation is limited. During times of change (e.g., AAMC’s restructuring of its medical education meeting and its
reunification with the annual meeting) and within the context of on-going research about medical educators’ professional roles and identity definition/development, understanding the history and role(s) of the regional GEAs in supporting medical educator professional development is vital. However, there has been no investigation into how these regional GEA groups establish and sustain, as volunteer organizations, a culture which supports its members’ professional development. This project seeks to address this gap.

**Method**

The culture of a group can be understood through the lens of its members and leaders. A key informant approach with corroboration through a review of archival documents and member review was used to investigate how one regional group, the central GEA (CGEA), established and sustained a culture to support its members’ professional development. The project team (EH, HH, LH, GP, ER, DS) was comprised of junior, mid-career and senior experienced medical educators within the region.

The CGEA, through its bylaws, established the Medical Education Laureate award to recognize individuals who have made significant leadership contributions to shaping the CGEA, its annual program, and/or developing careers of other medical educators while epitomizing the highest standards in the medical education profession. Upon the inception of the Laureate award in 1998, seven individuals whose work predated the award were selected as charter members. Thereafter, one to two individuals annually are selected as laureates and recognized at the annual regional meeting. As of spring 2014, 25 individuals received the award; five are deceased.
The laureates, some whose tenure dates back to the CGEA’s shift from a dean’s delegate to a member organization, are uniquely positioned to inform our understanding on how the CGEA’s professional development culture was established and sustained given their specialized knowledge of the people, processes, and historical events of the group.\textsuperscript{13}

All living CGEA laureates through 2014 (N=20) were invited to participate as key informants through the senior author (DS). All laureates who agreed to be interviewed were then contacted by one of the other authors to set up an interview time/date.

**Data collection**

Semi-structured phone interviews using a standardized protocol (Table 1) were conducted from February-March 2015. Each project team member, with the exception of the senior author, interviewed three to four laureates to explore how they initially became connected with the CGEA and their involvement in the CGEA. Each laureate was then asked to identify critical incidents/tipping points, for three time periods (early, middle, and later in their CGEA participation) which made a difference to the group’s creation, evolution, and success. Inclusion of a critical incident technique is uniquely suited to uncovering and elaborating the laureates’ perceptions around specific events.\textsuperscript{14} All interviews, ranging between 30 to 60 minutes, were digitally recorded with verbal permission from the laureate. During the interview, the team member took field notes, and then transcribed and documented personal reflections for each interview.
Concurrently, project team members collected and reviewed publically available archival data. The data were then used to validate themes and to construct a matrix of timelines reflecting laureate contributions and service periods.

**Analysis**

The data for each interview, including transcripts, field notes, and interviewer reflections were de-identified prior to project team analysis with random codes assigned to protect laureate’s identity. Two team members independently analyzed all interview data using a grounded theory data analysis method; remaining team members were assigned three to four interviews to analyze and identify main themes. All team members then shared their emerging themes which were then compared and revised until final consensus on key themes was reached.

The laureates’ critical events, dates, and significant contributions were then cross-referenced with archival data as a means to validate findings\(^{15,16}\) and to populate the CGEA timeline. A dedicated, unopposed session at 2015 CGEA Regional Spring Meeting was then used to validate the timeline and thematic findings. Team members and seven laureates, serving as small group facilitators, engaged meeting participants in a brainstorming and affinity diagramming\(^{17}\) process to document the shared values of the CGEA through the eyes of the CGEA members. Each small group then synthesized and reported out emerging themes. The key themes emerging from laureate interviews with representative quotes were presented and their congruence with the meeting-generated findings was examined.
This project was submitted to Aurora Health Care’s Research Subject Protection Program and was determined not to be human subject research.

**Results**

All laureates agreed to participate. Ninety-five percent (19/20) of interviews were completed prior to the CGEA annual meeting. Collectively these individuals provided a 30+ year perspective on the CGEA’s history and significant events (see timeline in Figure 1). Key themes, confirmed at the 2015 CGEA Regional Spring Meeting, revealed that the CGEA’s culture as a professional group began with the leaders’ establishment of clear, shared values focused on collegiality and inclusiveness. The culture was sustained through clear norms around expectations of members as citizens of the group, to engage, mentor and collaborate. Regional activities and initiatives, explicitly focused on member’s professional growth and through leadership succession development, resulted in outcomes of innovation and scholarship that reinforced and sustained the CGEA’s cultural values and norms (see Figure 2).

**Establishing the CGEA as a professional development group for medical educators**

During the 1970s into the 1980s, per laureate interviews, medical schools did not reward or promote medical educators; and educators faced barriers limiting their ability to engage in meaningful efforts to improve education in their home settings. At this time, the AAMC was a ‘Dean’s Delegates Group’ with membership limited to a dean-designated representative from each school. As a result, the GEA was viewed as an organization which did not promote educators’ professional development. Per a charter CGEA Laureate “The CGEA almost stopped existing (during this time). In the late 1980’s the incoming CGEA chair (Dr. Alberto Galofre)
called every single school after the meeting and identified individuals who were interested in CGEA... (that ultimately) brought the CGEA to life.”

Recognized numerous times throughout interviews, Dr. Galofre was described as passionate about creating a regional culture which welcomed medical educators regardless of their degree and position in medical education. To achieve this vision, Dr. Galofre harnessed the support of individual medical educators and leaders in the region dissatisfied with the then-current state of the CGEA; and together they wrote new regional bylaws. Through the bylaws, these leaders created the structure for an inclusive organization with leadership and member expectations framed as service to the regional group. Another of the charter laureate’s described these efforts:

*Alberto Galofre was mindful of trying to set up continuity among the leadership so things did not fall through the cracks. You would have a group of people who were committed and knowledgeable and could pass on the culture, if you will, of the central group. Their role was to… Take care of the central group (and I think that they did beautifully). Take care of people interested in medical education in a way that was easily accessible to seasoned and unseasoned medical educators in the region.*

The leadership and service commitment prompted, and then nurtured, the CGEA’s culture forming an accessible, inclusive member-driven professional group.
CGEA evolution framed by shared values

The CGEA has an “incredible set of shared values…” per an early Laureate. Collegiality and inclusiveness values, imbued by the CGEA’s early leaders into the region’s vision and bylaws resulting in an aligned organizational structure, were evident amongst all laureates’ interviews. The shared values permeated laureates’ initial and progressive CGEA involvement and, as a result, enabled the development of deep, professional and personal relationships. An enduring structure emerged from the relationships and was marked by reciprocal citizenship expectations of mentorship, collaboration, and leadership succession development.

Shared values of collegiality and inclusivity. Inclusivity manifested itself in the organization with a strong interdisciplinary peer network and lack of traditional hierarchy. The CGEA was described as having a culture of genuine openness as many laureates reported that titles and degrees were not used to differentiate status during meetings.

*I wanted all name badges to have just the name. . . This leveled the playing field . . . You do not have to ascend an imaginary (degree or job title) ladder just to have (y)our voice heard.*

*The meeting has always been driven by people who wanted it to be inclusive of new comers.*

Laureates reported initial exposure to the CGEA was often through an invitation or a recommendation to attend a CGEA meeting. When the laureates attended a CGEA meeting for
the first time, they often were there to present their scholarship or attend a workshop. While some did not remember the topics of their presentation, given the intervening years, they clearly remembered who they met at the meeting and being impressed with inspiring, nurturing, innovative, and fun people.

The laureates’ reported multiple early meeting experiences highlighting the value of collegiality with many reporting that their voices were heard and were respected. Members were perceived as open to all ideas and willing to provide honest critique during constructive, rich dialogues.

*The biggest thing that stood out for me was that even when I first started coming to the CGEA meetings, I felt like I was a player at the table. It did not matter what your role in medical education was... everybody was all in and listened to what you had to say.*

The shared values of collegiality and inclusivity enabled deep, professional relationships and lifelong friendships. Through these relationships members were prompted to think outside of the box in a “safe” environment to arrive at potential solutions to challenging educational problems.

*I found folks in similar roles with similar problems. They were very dedicated and inspiring... Like being attracted to a community of scholarly and practical people. A lot of our work was not valued by our institutions but it was important. But what a blessing, what an amazing group of people. Always encouraging, always supportive...friendly criticism and creativity.*
Citizenship expectations. An enduring set of citizen expectations to mentor and collaborate emerged from these shared values, constructive dialogues and relationships formed. These relationships were reported by multiple laureates as critical to sustaining the cycle of engagement and mentoring among members as juniors became seniors. One laureate explained this through a story and tagline of, “mentoring with nothing to gain” with examples including picking-up a phone, at a whim, to call a member after a conference just to discuss an article.

Each laureate recollected when they were mentored and described circumstances, which made a difference in their lives; laureates felt validated and received direction as they formed their medical educator identity. Laureates also recognized receiving the award came with the continued responsibility to nurture junior members, paying it forward through mentoring and inviting junior members to collaborate on projects to further their professional development. Regionally, laureates encouraged their colleagues to go to CGEA to present their work, join a SIG and collaborate with other people to sustain one’s professional growth and that of the organization.

I said to myself, you better up your game because you’re a Laureate. The next few years . . ., I really tried to take leading and mentoring seriously. I met a few people I didn’t know and I encouraged them to become involved and present.

Leadership succession development. Within the CGEA’s inclusive and collegial culture, laureates described another citizenship level, typically occurring relatively early in their CGEA tenures. Laureates reported working on or with the executive committee as members-at-large, as
a special interest group (SIG) chair, or part of the regional meeting’s host school delegation. Taking on these roles provided additional opportunities to engage with CGEA members, including senior mentors, helping these future laureates acquire leadership skills and professionally grow through their projects.

Several of the past group leaders for the SIG had been project driven and that has helped move the group forward and help participants to be ... a bit better because they were all working towards a common goal.

A distinguishing feature of the CGEA as a leadership and professional development venue was noted by the laureates. As one laureate stated, the CGEA “is not a stepping stone . . . it is engaging in and of itself.” The ongoing, active engagement of senior CGEA members’ is crucial to the development of the next generation of medical educators and CGEA leaders. This leadership succession development cycle assures the continuation of the culture and the structure.

Outcomes of innovation and scholarship

The CGEA, throughout the evolution of its culture and structure, has contributed regionally and nationally to medical education through innovation and the dissemination of scholarship. As individuals, laureates emphasized the importance of the CGEA’s collegial network as vital to their own innovation and scholarship.
I needed all the help I could get. There was much more creativity, energy and new ideas. It was like going back to see friends who shared freely good practical solid advice and mentorship.

CGEA is a place for discussing innovations in medical education, for allowing people to think out of the box in a safe way and for comparing what was going on in your back yard to someone else’s backyard. It really became a wonderful opportunity for creative action.

Regional innovations emerged through understanding both its members and the organization’s needs, per the laureates. This understanding resulted in new initiatives ranging from the spring meeting activities (e.g., medical education resource exchange, special interest groups) to professional development initiatives through formal certificate programs (e.g., medical education research, educational leadership, clerkship administrator) and established of a collaborative small grant program.

These (Faculty Development SIG) efforts started the Medical Education Research Certificate Programs, then it was adopted by the CGEA and now it has been picked up by others (evolving into MERQ). The SIG groups are always working towards something new.

These programs signify the essence of the CGEA by “capturing what was in the people and bringing it to the CGEA.”

The CGEA “is a place where people can come together to create new products and programs that address real needs and set new standards.”
CGEA - A professional development home

The CGEA was recognized by the laureates as their professional home as medical educators.

The CGEA anchored me and it is my home.

I found an intellectually stimulating regional home within the CGEA.

The CGEA as a professional development home was where individuals with diverse professional backgrounds (e.g. physicians, statisticians, researchers) converged and were supported to develop as medical educators. Intellectually stimulated and inspired by learning about others’ innovative works in a “safe”, inclusive environment, the laureates’ shared ideas, were mentored, mentored others and collaborated regionally and, over time, nationally. The CGEA is where members “grew up”, from new investigators to senior leaders in medical education. As one laureate described it, his involvement in the CGEA was a time in which a career transition as a medical educator occurred by “hanging around” well respected medical educators with a common interest in educating medical students. This individual is now a nationally recognized medical educator and leader.

Discussion

The project sought to elucidate how a regional membership group for medical educators establishes and sustains a culture which supports its members’ professional development.

Through key informant interviews, archival data confirmation and member validation, the CGEA culture was established by its early leaders’ vision for a professional home for medical educators driven by two key values: collegiality and inclusiveness. Through their participatory leadership around these shared values, the CGEA became a professional home for medical educators.
sustained by (1) citizenship expectations to engage, mentor and collaborate, (2) leadership succession development and service, and (3) outcomes including scholarship and innovation. These professional development home features are interdependent, dynamically sustaining the CGEA’s culture and reinforcing its values.

Prior research has demonstrated the importance of one’s professional network to career success and satisfaction\textsuperscript{18,19,20,21} Professional development requires senior members to actively engage and collaborate with junior colleagues as mentors and peers\textsuperscript{18,20,22} in a safe environment which promotes critical critique and exploration of new ideas\textsuperscript{18,19} providing growth opportunities for all members. This sustained involvement of senior members as citizens actively nurtures and sustains an organization’s cultural norms.\textsuperscript{8}

The essential elements necessary to support innovation\textsuperscript{23,24} align with the attributes identified throughout the laureates’ interviews. Innovation is dependent on aiming high, collaborating, failing well (which requires a safe environment), learning fast and repeating the cycle –attributes that emerged throughout the CGEA laureate interviews.

As authors of this qualitative inquiry, we experienced firsthand the CGEA’s cultural values of collegiality and inclusiveness. An idea was generated at a CGEA business meeting and a collaborative team comprised of junior/mid-career CGEA members from diverse backgrounds with senior members was formed to carry out the project. Any requests for help, from searching for archival data to interviewing laureates, were met with enthusiasm and support. The project itself has promoted our professional and leadership development with scholarship outcomes.
The study was limited by its focus on a single GEA region. Archival data utilized for secondary analysis of critical events were limited to publically accessible data as these historical records revealed occasional gaps due to the 30 year time frame, leadership turnover consistent with CGEA bylaws, and data storage evolution from hard copy paper files to floppy discs and personal thumb drives.

Our findings are intended to serve as a foundation for further inquiry into how professional development groups are established and sustained to support members’ growth and development. Future directions include collaborating with other GEA regions to determine if these findings are similar across regions and evaluating the impact of these groups on medical educators’ professional development.

As citizens of a volunteer medical education organization, understanding how to establish and sustain medical educator’s professional development communities is essential if we are to thrive and adapt in today’s ever changing health care and global medical education environments. As articulated by an early CGEA leader, “doing something for today is easy sometimes, but ensuring things will keep going on, that is the difficult part.”
--Acknowledgements: The authors wish to thank the laureates as their responsiveness to interview requests and engaging interviews epitomizes the CGEA’s values. Special thanks go to Louise Arnold, PhD for her constructive review of the manuscript and to Kristi Ferguson, PhD, Karen Marcdante, MD, and Brian Mavis, PhD for their on-going guidance regarding the project.

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--Other disclosures: None

--Ethical Approval: This project was submitted to Aurora Health Care’s Research Subject Protection Program and was determined not to be human subject research.
References


# Table 1. Interview Protocol

<table>
<thead>
<tr>
<th><strong>Introductions of Interviewer</strong></th>
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<tbody>
<tr>
<td>a. Thank you for agreeing to participate.</td>
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<tr>
<td>b. Restatement of interview purpose.</td>
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<table>
<thead>
<tr>
<th><strong>Laureate Background</strong></th>
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<tbody>
<tr>
<td>Tell me about your initial connection with CGEA.</td>
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<tr>
<td>a. Involvement with CGEA</td>
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<tr>
<td>b. Your evolution in CGEA (meetings, roles, leadership, etc.)</td>
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<tr>
<th><strong>CGEA Critical Events</strong></th>
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<tr>
<td>Tell me about a critical event/ tipping point</td>
</tr>
<tr>
<td>a. Early in your CGEA involvement …</td>
</tr>
<tr>
<td>b. Midway in your CGEA involvement …</td>
</tr>
<tr>
<td>c. Later in your CGEA involvement …</td>
</tr>
<tr>
<td>Any other things that stand out to you as critical for our CGEA History?</td>
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<table>
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<tr>
<th><strong>Thank you for participating and next steps</strong></th>
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<tbody>
<tr>
<td>a. Interviewers will individually transcribe the digital recordings of the interview</td>
</tr>
<tr>
<td>b. Note summaries will be shared with other interviewers and project team members</td>
</tr>
<tr>
<td>c. Themes and key events will be abstracted from the interviews using accepted qualitative methods with representative quotes as appropriate</td>
</tr>
<tr>
<td>d. Highlights of findings will be shared at the upcoming 2015 CGEA annual meeting at an open session. If you are available to attend the meeting, we would be delighted to have you as part of the session and/or to tell you’re your story on film</td>
</tr>
<tr>
<td>e. Findings will be summarized and shared regionally nationally in selected forums</td>
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Figure 1. CGEA Laureate History: 1998 to 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Laureate</th>
</tr>
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</table>
| 1998 | M. Brownell Anderson, M.Ed.  
Louise Arnold, Ph.D.  
Linda H. Distlehorst, Ph.D.  
Fred Ficklin, Ed.D.  
Alberto Galofre, M.D., M.Ed.  
Terrill A. Mast, Ph.D.  
Robert Winter, M.D.          |
<p>| 1999 | Deborah E. Simpson, Ph.D.                                               |
| 2000 | Ernest Yoder, M.D., Ph.D.                                               |
| 2001 | Ilene Harris, Ph.D.                                                     |
| 2002 | Fredrick A. McCurdy, M.D., M.B.A., Ph.D.                                |
| 2003 | John (Jay) Xenia Thomas, Ph.D.                                          |
| 2004 | Karen Marcdante, M.D.                                                   |
| 2005 | Larry Gruppen, Ph.D.                                                    |
| 2006 | Terri Cameron, M.A.                                                     |
| 2007 | Brian Mavis, Ph.D.                                                      |
| 2008 | Kristi Ferguson, Ph.D.                                                  |
| 2009 | W. Marshall Anderson, Ph.D.                                             |
| 2010 | Thomas Viggiano, M.D., M.Ed.                                            |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Names</th>
</tr>
</thead>
</table>
| 2011 | Gary L. Beck, M.A.  
Michele Raible, M.D., Pharm. D.  
Linnea Hauge, Ph.D. |
| 2012 | Janet Riddle, M.D. |
| 2013 | Heather Hageman, M.B.A. |
| 2014 | Anne Gunderson, Ed.D., GNP |
Figure 2. CGEA Professional Home: Evolution and Sustainability