

# **Chapter 12: Career Development for Medical Student Clinical Educators**

**Ralph F. Jozefowicz, MD and Fredrick S. Sierles, MD**

## **Introduction**

Becoming a successful medical student educator in an academic institution is not impossible. What one needs is a clear vision of one's career path, drive and determination to achieve this, unabashed enthusiasm for teaching, appreciation of the components of a good medical student education program, a friendly personality, an ambition and willingness to lead, and writing skills.

This is a lot to expect, but the fact that you are reading this chapter suggests that you are such a person. You have probably experienced some success and enjoyment in these activities as a student, resident, or new faculty member. If you fit this description, every academic department needs doctors like you. It also helps to have mentors, including a department chair or dean, who can provide professional and—in the case of chairs or deans—salary support.

In this manuscript, we will begin by listing eight overall points to keep in mind throughout your career as a medical student educator. Following this, we will suggest specific strategies to apply during the early, middle, and late phases of your career.

## **Overall Points for Successful Career Development in Education**

### **Know What You Want to Do**

Although this may seem obvious, it is imperative to have a clear vision of your future career in academic medicine. This will shape your development, and your colleagues and superiors will respect you for it. Budding medical educators who display ambivalence about their plans (e.g., “I like to teach, but I don't know if I want to make a career of it.” “I don't know if I want the hassles of administration.” “Writing is not my cup of tea.”) are delaying their goals and likely to fail. If medical student teaching is your second career path, the same points and strategies still apply, starting when you decide to become a medical student educator.

### **Communicate Your Vision Effectively to Your Superiors**

The next most important point is to be able to communicate your vision clearly to your mentors, your chair, and your dean. They will be unable to support you unless they know exactly what you want to do, and they will be better able to advise you if they do know. Your vision should be well thought out and written down. You should review this periodically, especially during the early years of your career.

## **Be Versatile**

Successful medical educators should be willing and able to wear many hats simultaneously, which makes them valuable to their department chairs and deans. An effective educator must be able to teach at all levels – preclinical medical students, clinical students, residents, and fellow faculty, both in and outside your specialty. You should also be comfortable teaching in numerous venues, including one-on-one, small group, and lecture formats. You may not be highly skilled at each immediately, but you will improve with motivation, practice, and guidance (see chapters in this guidebook on these topics).

## **Become an Able Administrator**

It is imperative that you are, or will become, an able administrator, and you should strive to run some of the courses in which you teach. Once you have become expert at what you do, it is, with some exceptions, far superior to tell others what to do rather than to be told what to do.

Not only must you wear multiple teaching hats, your versatility must also include two leadership hats. Like the residency director, chairperson, associate deans, dean, and site coordinators, the clerkship director is also a middle manager. In the One Hat Solution, Rogers writes, “Unless you one day become a chief executive officer, you will always report to someone who is a slot above you in the organization chart, and you will have people reporting to you.”<sup>1</sup> Table 1 lists suggestions for success in middle management.

## **Be Patient**

It takes years to develop skills and a reputation for being an excellent educator. Be patient and persistent as you attempt to achieve your career goal. As long as you are reasonably aware of your strengths and weaknesses, with guidance from a mentor when necessary, you shouldn't be discouraged by setbacks, a few of which are bound to occur. If your ultimate goal is to become a clerkship director, a full professor, a tenured faculty member, associate dean, chair, or dean, being initially bypassed or rejected should not discourage you.

## **Concentrate on Excellence Locally**

As Tip O'Neill<sup>2</sup> said: “All politics is local.” One's national reputation for excellence in education should be based upon local excellence. You should continue to teach extensively at your local institution, while simultaneously developing a national reputation as an educator. This will set the right example for your colleagues, benefit your students, ensure that you continue to hone your teaching and administrative skills, and develop ideas and programs that you can present nationally.

## **Get to Be Known Nationally**

In a complementary fashion, local success depends upon national success. You should share, with a national audience, the talents and expertise that you develop locally. Giving presentations at national meetings, becoming involved in national committees, publishing education-related papers in medical journals, and being invited as a grand rounds speaker or visiting professor are several avenues for developing national prominence. You must also be able to travel to gain national exposure as an educator.

## **Be Persistent**

These rules apply regardless of your gender or ethnicity, even though it is well established that women and members of ethnic minorities are subject to discrimination and that glass ceilings, however unethical, are real.<sup>3, 4</sup> The roles of clerkship director, residency director, and associate dean are quite open to and frequently attained by women and members of minorities. Half of the members of the Alliance for Clinical Education, who are national leaders in clinical education and sponsors of this guidebook, are women. It is possible, although harder, to be successful in an educator's track if you begin in a part-time position, as long as you assert—right away—what career path you want to take. Although many of the principles are the same for becoming a chair or dean, how to become a chair or dean is beyond the scope of this chapter.

## **Appreciate That You Will Probably Not become Wealthy**

The joys that accompany successful teaching and program development, the local and national professional respect that you receive as an academician, and the pleasures of collaborating with bright, caring, and like-minded people, is counter-balanced by the fact that your income as a medical educator will probably be considerably lower than that received by ambitious private practitioner colleagues. Although you will probably earn a fine income and accrue a sizeable pension when you retire, unless you're in a special circumstance (e.g., you're married to someone who also earns a fine income) you cannot expect to be wealthy, drive a luxury car, or live in a mansion. Don't build up your hopes, your partner's hopes, or your family's hopes, for your wealth.

## **Four Phases of Career Development**

It is best to consider development of a career in medical education as a step-wise process, with specific and discrete goals for applicants for a faculty position (Senior Resident or Fellow), Instructors and Assistant Professors, Associate Professors, and full Professors. These will be detailed below.

### **Applicant for Faculty Position (Senior Resident or Fellow)**

The beginning years of a career in medical education should be focused on defining your goals, communicating these to your mentors, and finding the right people with whom to work.

- Communicate your career plan to your superiors: Tell your prospective chair and program director that you want a career as a medical educator.
- Surround yourself with good people: Accept a faculty position only if your prospective immediate supervisors are ethical people who care about your career; who, right off the bat, will support your development as a medical educator; and will protect at least 25% to 50% of your time for teaching, educational administration, and research.
- Know exactly what will be expected of you: Ask what students and residents you will supervise, what classes you will teach, and what programs you will run.
- Characterize your practice and academic habits: If, during your residency, you were efficient and tended to finish work early or, alternatively, you tended to work late and

work on weekends, expect that this will be the case in your academic practice. Tell your partner or prospective spouse to expect these habits and, simultaneously, ensure that you will be available to your family to their satisfaction.

## Early phase – Instructor and Assistant Professor

The early years of a career in medical education should be focused on obtaining local stature as an excellent teacher. Consider the following points during this phase:

- Do a fellowship in a subspecialty: If this is professionally necessary for your specialty, fellowship training will allow you to develop an area of expertise in your primary specialty, and will also allow you to gain additional clinical experience in a supervised setting.
- Get involved teaching clinical students and residents: Opportunities abound for junior faculty to teach in a clinical setting, whether on rounds, at clinical conferences, or at grand rounds. Junior faculty interested in a career in medical education should teach often and well. Medical schools are required to evaluate faculty teaching efforts, and positive student evaluations can help in launching an education career. Request all written feedback that is available about your teaching performance, read it carefully, use it to improve your teaching, save it in your own teaching dossier, and ensure that it is appropriately filed in your chairperson's performance folder.
- Meld your clinical work with your education goals: Use your initial clinical assignment as a laboratory for your leadership and teaching and clinical skills. Likely your first job will include at least a half-time patient care assignment. This job should include having students and residents assigned to you—ideally the same students and residents throughout their rotations—whenever you are at the clinical location.

As discussed in the chapter on clinical teaching, you should make ample time to provide fine patient care, assign students and residents the maximal amount of clinical responsibility that their abilities permit, observe these trainees caring for patients and give them ample, prompt feedback, and take time to generalize beyond each case. If you teach with care, the trainees will be glad to do much of your routine work, like charting and arranging follow-up appointments. All meetings in which you and the trainees participate should include a teaching component and should further a teaching culture, and should never be purely bureaucratic. During this initial assignment, you might also serve as an education site director for your department.

- Teach in a basic science course: Pre-clinical basic science courses, such as a pathophysiology course, are an excellent venue in which to learn effective lecturing techniques, small group instruction, writing multiple-choice questions, and grading and evaluation techniques. Teachers in such courses are exposed to large numbers of medical students, and positive feedback from such a course can have a profound impact on one's stature as a teacher. In addition, such courses often have line item budgets that may be a source of salary support.
- Get involved in local education committees: Being a member of a local curriculum committee, a student evaluation and promotions committee, and/or your department's education committee will help you to understand the political climate of education. In the

case of school-wide committees, being a member allows you to develop professional relationships with faculty outside your discipline and, in some cases, allows you to participate in school-wide curricular reform.

Before accepting an appointment, ask one or two current committee members, including perhaps the committee chair, and a mentor, what will be expected of you, and how you might benefit from—and enjoy—committee membership. But don't accept too many committee assignments, either now or later in your career.

During the first several months of your initial committee membership, don't be overbearing. While expressing your views frankly and taking a stand when necessary is essential, there is nothing that annoys senior committee members more than a know-it-all new junior faculty member who doesn't understand the politics of education or the ways of the school, and who doesn't respect senior colleagues' wisdom.

- Get involved in national organizations: This is the time to start developing national exposure for your teaching, curricular development and educational administration efforts. In addition to national clerkship directors' organizations, many other national organizations (see Table 2, Chapter 1: The Role of the Clerkship Director) have a significant interest in education and are looking for junior faculty members to join their ranks. Belonging to committees in such organizations allows one to meet colleagues with similar interests from other geographic areas and, in some cases, from other specialties. This network of your peers and senior colleagues will include fellow educators who will eventually write "national" and "outside" letters of recommendation for your promotions and tenure.
- Publish on education: Although publishing in education may not be as important for career advancement as in research tracks, it does provide a national audience for one's education interests and research. Many academic centers require a certain number of publications in education to satisfy promotion requirements for academic education tracks.

If you are inexperienced at research and are deciding on a research question or topic, you will be surprised to learn that most questions you already have about medical education or clinical care are fine starting points for a study (Sierles, 2003). The vast majority of these questions have not been answered decisively in the medical education or patient care literature. Yager, for example, published a huge list of education topics worth studying.<sup>6</sup>

Although extensive research has established that there is zero correlation between publishing research articles and being a good teacher<sup>7-9</sup> doing both simultaneously is personally gratifying and professionally important. There are rare examples of academicians who have simultaneously published extensively in the clinical arena and run major education programs successfully—with a minimal amount of educational research—but this is not a typical track for a medical educator.

- Start a personal library of key articles: Throughout your career, you (and other successful academicians) will refer to or assign key articles for reading. Keep them available in an organized fashion. Many articles that you regard as classic and unusually

helpful early in your career will remain so for the rest of your career. You need relatively prompt access to them.

- Sign up for your university's retirement annuity program: Perhaps the best financial investment you will ever make is in your retirement annuity program (TIAA-CREF is the standard), for which your school will contribute a sizeable share.<sup>10</sup> Later in your career, when you contemplate your retirement, you will appreciate this immensely.

## **Middle phase – Associate Professor**

Faculty members who have been successfully promoted to associate professor in an education track typically have an outstanding local reputation for teaching excellence. During their years as an associate professor, they should concentrate on obtaining national stature as an outstanding educator. In this regard, consider the following points:

- Become a course, clerkship or program director in your medical school: By being in a position of authority, you have the ability to effect change, fairly easily, in the program you direct. In many medical schools, these faculty positions come with some salary support. Recent position statements from clerkship and program director organizations<sup>11, 12</sup> suggest that these positions are a 25% time effort, plus an additional 25% for classroom and conference teaching, and should provide a similar amount of salary support. Specific line item salary support should be part of your negotiations before accepting one of these positions. When assuming one of these positions, do so with enthusiasm, with a several-year commitment to the position, and with a specific plan to improve the course, clerkship, or residency program. In some cases, assistant professors are invited to direct clerkships. If the other conditions discussed above are right, this can work successfully.

Being a course, clerkship or program director also allows you to become active in national directors' organizations, and provides another opportunity for national prominence.

Many clerkship directors aspire to remain in this role for the rest of their careers,<sup>13</sup> and can be promoted to professor and—in many schools—become tenured, while being a program director. The academic ranks eventually achieved by clerkship directors are the same as those eventually achieved by residency directors.

Every once in a while, when a residency director leaves his or her post through resignation or promotion, the clerkship director is offered the position of residency director, in addition to or instead of being the clerkship director. Working in both roles simultaneously can be difficult, and for career development and in consideration of one's family, it is best to be—and excel at—one or the other. Appreciate that, although many of the same skills and personality traits are valuable in both roles, on balance the two positions are quite different, as depicted in Table 2. That said, it is possible to successfully assume the added responsibilities of program director, as long as your clerkship is running well and you have excellent administrative support for each position.

- Take a sabbatical in education: Experienced educators widely agree that too few—rather than too many—faculty members take sabbaticals. Good university sabbatical committees, chairs, and deans support well-planned sabbaticals rather than provide

roadblocks for them. Eighty percent of faculty members who have taken sabbaticals perceive them as a strongly positive experience.<sup>14</sup> The early years of associate professorship are an ideal time to take a sabbatical in medical education.

Sabbaticals allow one to refocus academic interests, and to develop research, or curricular reform, projects that can be brought back to one's own institution. In applying for a sabbatical, convey to your chair and your colleagues that you want to do this to enhance your career *in your department's interest*, and not to escape from the department. In the latter case, your stature in your department will decrease. Also try to envision, for when you complete your sabbatical, a) what, if anything, will change about your role when you return, and b) whether you will have time protected to continue projects that you began during your sabbatical. After a productive sabbatical, your subsequent opportunities and obligations (e.g., papers in progress, collaborations begun) will probably increase.

- Get education grants: Although these are difficult to obtain since they are few in number, they can provide salary support, justification for an educational research project, and national exposure.<sup>15</sup>
- Get involved in international medical education: In many ways, the future of American medical education is international medical education. European and Asian medical schools are undergoing similar curricular reform as are our own schools, and collaboration with international medical schools on educational projects will allow senior faculty to gain international prominence in their field. This may be necessary in some medical centers to achieve promotion to a full professor in an education track. Perhaps more important, the rich experiences gained from such international collaboration may be their own reward. Setting up a successful international exchange program in education for residents and medical students is another gratifying aspect of international exchanges.
- Get involved in education in other medical specialties: Collaboration with education colleagues in other medical specialties increases one's own effectiveness as a medical educator, and increases one's stature as a teacher.
- Increase your national involvement in education committee work: At this phase of your career, you will have a track record of helping your colleagues nationally, and will naturally assume more and more leadership positions in national education societies. This provides you with an opportunity to foster and disseminate innovations in medical education at a national level.

If you have been successful and collegial during your associate professorship, some of your colleagues nationally will ask you for letters of recommendation for their promotion. Write these letters as if the letter were being written for you. Don't hesitate to use superlatives if they apply. Statements like "Dr. A is one of the best academic public speakers I ever heard"; "Dr. B contributed a wonderful chapter—terse, thoughtful, superbly referenced—to a book I edited"; "Doctors like her are the heart and soul of every medical school department" are very helpful and much appreciated. When it comes time for you to be promoted to professor, or to become tenured, these recipients of your prior support may be equally helpful to you.

## Late phase – Professor

The main focus at this stage should be to mentor junior educators, both locally and nationally. The following points may help in this regard:

- Continue to teach, both locally and nationally: Senior educators are, by definition, outstanding teachers, and should continue to share their wealth of knowledge by teaching frequently. You should continue to teach extensively at your local institutions, and not be tempted to become a traveling “celebrity.”
- Continue your clinical work: Teachers must have a basis from which to teach, and cannot teach in a vacuum. By maintaining a clinical practice, senior educators continue to be challenged by new clinical material as a substrate for their teaching. Nobody knows how much clinical practice is necessary to keep up-to-date as a teacher.
- Become a mentor: This is perhaps the most important responsibility for senior educators. By virtue of your position, you act as a mentor to and role model for medical students, residents, and junior faculty members. Becoming a mentor also allows senior educators to refocus their reward system, such that they derive pleasure from seeing their students succeed, rather than from their own success.

Start grooming a junior faculty member to become your assistant director, and perhaps to replace you eventually in your directorship. Even if you never give it over, the skills that you impart and the support that you give will facilitate that person's obtaining that role at another school. You should help some past graduates of your medical school and residency program to obtain good positions at your or at another school.

- Remain a model “citizen” in your institution: Senior educators have an amazing amount of influence locally with their students, their residents, and with fellow faculty members. You can use this influence in a positive sense to facilitate curricular reform, build consensus, and effect administrative changes that favor education. The respect that is accorded to senior educators by their local institutions is a privilege that has its own responsibilities.
- Remain enthusiastic: Enthusiasm for teaching is a key quality for medical educators that must be maintained, especially in the latter years of your career. If you lose enthusiasm for your work (and you are not clinically depressed), it is time to retire.
- Travel – be a visiting professor: By virtue of your national stature, you may be invited to speak at other institutions. This is an excellent opportunity in which to be an ambassador for your own institution, for medical education, and for your specialty. If you are not invited to be a visiting professor, travel anyway. The world is becoming more accessible, and in some ways we are as much citizens of the world as we are of our hometowns.
- Plan for your retirement: A few years before you're eligible to retire, size up your reasons to retire—or not to retire—when you become eligible. If you've been contributing to an annuity program all along, you're in the best possible shape. Find out from your annuity counselor, and from printouts from the annuity program and from Social Security, how much monthly pension income you'll be entitled to at various

potential retirement dates. Estimate what your monthly expenses will be like, depending on what you expect your standard of living to be.<sup>10</sup>

As a rule, the longer you work, the larger your income will be after retirement. This is an excellent option if you continue to love your work. On the other hand, it is comforting to know that you can stop working and still receive a sizeable enough income to live well. After all these years, you can now be paid not to work! There are intermediate options, such as being a part-time fee-for-service consultant at your medical school while collecting your retirement pension. It will boil down to what you think you'll enjoy most.

We hope we've conveyed that enjoyment of what you do should be your standard at any stage of your career.

## **Summary**

Requirements for a successful medical educator are conviction and enthusiasm – conviction in knowing what you wish to accomplish in your career, and unabashed and persistent enthusiasm in pursuing that conviction. It is important to stay focused on education and to be patient in achieving success. Finally, support and advice from a respected mentor is invaluable along the way.

**Table 1**  
**Suggestions for Clerkship Directors and Other Middle Managers\***

**I. General Rules**

- A. Reward people for helpful behavior, and you will obtain the results you want. Fail to reward, and you'll obtain the wrong results.
- B. Productive, successful people work hard, often beyond "assigned" hours.

**II. Communication**

**A. With Your Chairperson**

- 1. Keep your chair posted about what you're doing. Ask what are the routine matters about which he or she does not want to be apprised.
- 2. Keep your chair posted about important developments and problems. Don't surprise your chair in public.
- 3. Ensure that you and your chair agree about priorities, and that you and the clerkship faculty are also in accord about priorities.
- 4. Praise your chair when it is merited, but don't engage in idle flattery.
- 5. Let your chair know which faculty are doing topnotch work, and go to bat for them when rewards are in order.
- 6. Don't ask the chair for something important when he or she is in bad spirits.
- 7. Take notes during meetings with the chair.
- 8. Don't make "end runs" around the chair. Complaining about the chair to the dean, or to the clerkship faculty, or committing the department's time without the chair's concurrence, is committing academic suicide.
- 9. If your chair makes a request that you consider excessively demanding or inappropriate, consider the following:
  - a. Ask for some time to think it over.
  - b. Explain why your honoring the request will hurt the department.
  - c. Suggest a better alternative.
- 10. Find out what pressures the dean is putting on your chair, and bear this in mind in your planning. "Help to keep your boss's boss off your boss's back."

**B. With Clerkship and Other Faculty**

- 1. Listen a lot, and take notes. The higher you are in the school's hierarchy, the more you should listen and the less you should talk.
- 2. When you listen, pay attention. Don't doodle or look out the window.
- 3. Let clerkship faculty know that you will meet with them promptly, sometimes on the spur of the moment.
- 4. Don't talk down to anyone.
- 5. If you are talking with one or more colleagues, and someone is not listening—stop talking.
- 6. Be wary if you are discussing important plans and the other person is not taking notes. Ask the person if he or she will remember what you're saying.
- 7. Seek the opinions of people that work with you and for you.
- 8. Admit you're wrong when you're wrong.
- 9. Say you don't know when you don't know.
- 10. Lighten up. Poke fun at yourself.
- 11. Don't overload people with your memoranda or other documents. The more you send memos of minimal import, the less likely that faculty will read your more important communications.
- 12. To persuade others to do what you would like them to do, do so in person, one-to-one, not by mass appeal at formal meetings.
- 13. Criticism should be like a sandwich. Slip it in between layers of praise.
- 14. Criticize colleagues in private, not in public.
- 15. Write terse notes of praise.
- 16. When you are praised, thank the person for the compliment. Don't be falsely modest.
- 17. Don't gripe about a situation unless you can offer a better solution.
- 18. Don't threaten people.
- 19. Tolerate the idiosyncrasies of very talented and productive faculty.

<b>III. Program Direction</b>
A. Don't make abrupt changes. B. When you promote someone from within the department (e.g., appointing an assistant program director), do this gradually, by giving progressively more responsibility. C. Don't change a successful program; "If it ain't broke, don't fix it." D. Teach others to do some of your tasks, and then delegate these tasks.
<b>IV. Problem Areas</b>
A. Don't let people disparage you. Say something like, "I know that you have a tough job and lots of pressure, but I must ask you to treat me with respect." B. If someone continues to spread dissension despite your best efforts, find a way to remove this person.
<b>V. Entries and Exits</b>
A. When you are new in a department, be friendly and introduce yourself around. Approach people in their offices. Don't put on airs. B. When you must leave a job, give considerable advance notice, and try to leave on good terms.

\*(modified from Rogers HG. The One-Hat Solution. New York: St Martin's Press, 1986)

<b>Table 2 Comparison of Clerkship and Residency Education</b>		
<b>Characteristics</b>	<b>Clerkship Clerkship Director</b>	<b>Residency Residency Director</b>
<b>Full-service Programming</b>	No. School has separate offices, and is responsible for admissions, student affairs, curriculum planning, and promotions standards. More help is available from outside the department.	Yes. Residency handles admissions, record-keeping, promotion standards, curriculum planning.
<b>Continuity of Relationships</b>	Intense but relatively brief (e.g., 4-12 weeks for third year clerkship) contacts, relatively little longitudinal continuity with majority of students	Continual, longitudinal responsibility for trainees' development.
<b>Trainee Characteristics, Trainee-Director Relationships</b>	Only a minority of clerks plans careers in the clerkship specialty. Many have to be convinced of the specialty's importance to their eventual practices. More salesmanship is required. Clerkship director must enjoy teaching the un-converted.	Residents have committed themselves to the specialty, and residency director can expect this.

## References

1. Rogers HC. *The One-Hat Solution*. New York, NY: St. Martin's Press, 1986.
2. O'Neill T. *Man of the House: The Life and Political Memoirs of Speaker Tip O'Neill*. New York: Random House, 1987.
3. Liebenluft E. Women in academic psychiatry. In: Kay J, Silberman EK, Pessar LF. *Handbook of Psychiatric Education and Faculty Development*. Washington, D.C.: American Psychiatric Association, 1999:95-108.
4. Bickel J, Wara D, Atkinson BF, Cohen LS, Dunn M, Hostler S, Johnson TR, Rorahan P, Rubenstein AH, Sheldon GF, Stokes E. Increasing women's leadership in academic medicine: report of the AAMC Project Implementation Committee. *Acad Med* 2002; 10:1043-1061.
5. Sierles FS. How to do research with self-administered surveys. *Acad Psychiatry* 2003; 27:104-113.
6. Yager J. Preparing psychiatrists to do educational research. *Acad Psychiatry* 2001; 25:17-19.
7. Hattie J, Marsh HW. The relationship between research and teaching: a meta-analysis. *Rev Educ Res* 1996; 66:507-542.
8. Feldman KA. Research productivity and scholarly accomplishments of college teachers as related to their instructional effectiveness: a review and exploration. *Res Higher Educ* 1987; 26:227-298.
9. Feldman KA. Effective college teaching from the students' and faculty's view: matched or mismatched priorities? *Res Higher Educ* 1988:28:291-344.
10. Schloss IS, Abildsoe DV. *Understanding TIAA-CREF: How to Plan for a Secure and Comfortable Retirement*. New York: Oxford, 2000.
11. Pangaro L, Bachicha J, Brodkey AC, et al. Expectations of and for clerkship directors: A collaborative statement from the Alliance for Clinical Education. *Teach Learn Med* 2003;15:217-222.
12. Kuhn TW, Cohen MJM, Polan HJ, et al. Standards for psychiatry clerkship directors. *Acad Psychiatry* 2002;26:31-37.
13. Sierles FS, Magrane D. Psychiatry clerkship directors: who they are, what they do, and what they think. *Psychiatric Q* 1996; 67:153-162.
14. Jarecky RK, Sandifer MG. Faculty members' evaluation of sabbaticals. *J Med Educ* 1986; 61:803-807.
15. Carline JD. Funding medical education research: Opportunities and issues. *Acad Med* 2004;79:918-924.