

# Codifying educational leadership in modern hospital medicine: The Director of Education

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## INTRODUCTION

The role of hospital medicine (HM) within academic medical centers (AMCs) continues to evolve.<sup>1</sup> HM groups recruit, develop, and promote leaders in many well-established AMC missions: clinical operations, quality improvement/patient safety (QI/PS), informatics, research, and medical education. Leaders may be appointed to direct these efforts, such as unit-based leaders<sup>2</sup> or directors of clinical operations or QI.<sup>3</sup>

Medical education, an essential mission of HM, lacks representation within the traditional ranks of HM leadership. This perspective describes the benefits of codifying educational leadership within HM groups as a Director of Education, and offers an organizing framework. We additionally share examples of groups employing Directors of Education to discuss areas for future growth and evolution of the role.

## WHY DO HM GROUPS NEED A DIRECTOR OF EDUCATION?

The growth of HM and concurrent rise in interest in medical education are well-described.<sup>4-6</sup> Seminal work from a multi-institutional study of AMC hospitalist leaders described tensions in supporting both clinical and educational missions.<sup>5</sup> Clinical expansion brings opportunities such as novel service structures for hosting learners or new affiliations with diverse learner pools, but may also threaten equitable distribution of teaching time and career satisfaction in an environment where resident-covered teaching time is still seen as a mainstay of the academic

hospitalist role.<sup>5,7</sup> A multipronged approach is necessary to adapt to the changing environment—both in maximizing resident-covered teaching service time and in innovating to grow the HM educational footprint outside of traditional spaces.<sup>5</sup> Such innovations are increasingly described in the literature.<sup>8-12</sup> But without dedicated and supported leadership, these strides may lack cohesion and organization.

Establishing a Director of Education is a structural HM group solution that serves this purpose. Hospitalists increasingly occupy formal educational roles, like clerkship directors and residency program directors (PDs).<sup>12-15</sup> In the 2022 Association of Program Directors in Internal Medicine (APDIM) survey, 61% of PDs identified as hospitalists, compared to only 6% in 2007.<sup>15,16</sup> However, the primary function of leaders in these roles—whether they are hospitalists or not—is to administer and educate within these traditional bodies, not to advocate for the HM group and members within the AMC. An educational leader seated within the HM group, on the other hand, will be empowered to serve this function and holistically further the HM educational mission.

## THE DIRECTOR OF EDUCATION IN HOSPITAL MEDICINE: KEY FEATURES OF THE ROLE

Informed by our experience at three AMCs employing this position, we propose a framework to codify the role of the Director of Education for HM groups seeking to elevate the experience of hospitalist educators within their AMCs. Specific goals will differ based on HM group needs

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and may include: (1) increasing teaching opportunities; (2) improving teaching quality; (3) generating educational scholarship; or (4) promoting and sponsoring hospitalist educators. The guiding principles embodied in this framework can be applied to meet individual HM group goals and shape responsibilities of the Director of Education (Table 1).

1. *Bridge*: “Bridging leaders” in QI/PS are well-described within AMCs.<sup>17,18</sup> The Director of Education must possess a deft understanding of the needs of traditional AMC educational programs such as medical schools or residencies to best align their HM group members and activities with educational program needs. Internally, they must bridge HM education with other missions, such as operations or research. This may include chairing an education committee, onboarding new faculty regarding educational expectations, or facilitating education for advanced practice provider (APP) groups.
2. *Create*: The Director of Education must develop environments for hospitalists to thrive as educators, thinking beyond resident-covered teaching services.<sup>4</sup> This leader is uniquely situated to understand what HM group members offer and how ideas can be positioned within the landscape of the AMC to create optimal educational experiences. This could be building de novo rotations, hosting learners or drafting electives harnessing a unique skillset of hospitalist educators. The Director of Education may also collate available teaching, educational training, or scholarship resources to make accessible to HM group members.<sup>6</sup> Whether developing courses, rotations, tracks, or entire training programs, creativity and innovation are key.
3. *Evaluate*: The Director of Education must critically appraise HM group educational efforts and measure results against the group's goals. For example, if the HM group aims to improve teaching quality, the Director of Education should systematically assess teaching evaluations or consider employing peer observation programs.<sup>19</sup> Evaluation also supports educational scholarship by ensuring HM group innovations reach broader audiences through wider dissemination. Evaluating educational efforts is vital for measuring impact and ensuring accountability.
4. *Advocate*: The Director of Education must promote HM group members to AMC educational programs through coaching, mentorship, and sponsorship. Advocacy also occurs internally within HM groups, such as promoting educational accomplishments or formalizing roles and responsibilities for individuals in specific spaces (e.g., APP educational leads). A critical area where the Director of Education must advocate is in developing systems for just distribution of scarce means, such as time on resident-covered teaching services.<sup>6</sup> Making transparent the process and requirement for teaching time distribution is a key issue on the minds of HM group leaders.<sup>5</sup>

### THREE EXAMPLES

At the University of Colorado, a 700-bed AMC, the Director of Education role was created in 2012 within the Division of Hospital Medicine. Three past and current directors (presently Catherine

Callister) have developed an onboarding curriculum, grown a divisional HM Grand Rounds and Journal Club series, standardized expectations for learners on resident-covered teams, and led research querying teaching time distribution.<sup>5</sup> The director also supports a diverse set of educational programming including HM fellowships in QI, health systems leadership, global health, evidence-based medicine, and point-of-care ultrasound; an APP fellowship; a Health Innovation Scholars Program for students in QI<sup>20</sup>; an HM acting internship; and the internal medicine (IM) residency Hospitalist Training Track.<sup>12</sup>

The University of Chicago, an 800-bed urban AMC, created the Director of Education role in 2019 following a clinical expansion of 29 new hospitalists in the Section of Hospital Medicine. The inaugural director (Shannon K. Martin) additionally serves as associate PD of the IM residency. Responsibilities and accomplishments include leading the Section Medical Education Committee, expanding learner rotations on direct care services, sponsoring hospitalist educators into educational leadership roles (e.g., IM residency core faculty, medical school curriculum leaders), and establishing a skills development and mentorship program.<sup>6</sup>

Finally, at the University of Pennsylvania, an urban AMC covering four sites, the Director of Education role was created in 2023 after transitioning from a Section within General Internal Medicine to an independent Division of Hospital Medicine. The inaugural director (Margot E. Cohen) also serves as the IM clerkship director. Responsibilities and accomplishments include leading and evaluating a peer observation program,<sup>19</sup> leading a professional development series on education for new faculty, creating and expanding residency HM electives (including external rotators), and collating educational resources and opportunities for the division.

### AREAS FOR FUTURE DEVELOPMENT

As Director of Education roles are in their infancy, many areas remain for further exploration. Candidate qualifications will vary based on HM group goals. Some requirements could include formal training in curriculum development, master's training (e.g., MEd), educational leadership or administrative experience, or educational scholarship skills. Some directors, as in our examples, may occupy additional educational leadership roles within AMCs. Interestingly, a similar role at the departmental level—the vice chair of education—is reported to be increasing in prevalence within academic departments yet lacking in clear role descriptions and responsibilities in multiple disciplines.<sup>21,22</sup> We recommend that a clear job description be written for the HM Director of Education, encompassing the framework domains outlined above and describing the relationship to educational program leaders both internal and external to the HM group.

One important distinction is between this role and the HM Director of Faculty Development. These roles are related but distinct, with faculty development often encompassing broader mentorship and promotion in other HM focus areas. Core components include faculty engagement,

**TABLE 1** Roles of the Hospital Medicine Director of Education.

Roles of the Hospital Medicine Director of Education Example strategies to address goals		
Sample hospital medicine (HM) group goals	Bridge	Advocate
Increase teaching opportunities for HM group members	<p><b>Bridge</b></p> <ul style="list-style-type: none"> <li>Determine “pain points” of educational programs and how HM group members or services can meet needs (e.g., learner placement, rotation satisfaction, accreditation needs such as quality improvement/patient safety [QI/PS] content)</li> <li>Delegate leaders of specific educational rotations or areas (e.g., student elective, simulation, etc.)</li> </ul>	<p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>Represent HM group education abilities with educational program leadership, ideally by showing evidence and results of efforts to date</li> <li>Establish internal mechanism of just teaching time distribution for HM group members</li> </ul>
Improve quality of HM group teaching	<p><b>Create</b></p> <ul style="list-style-type: none"> <li>Build new learner rotations, electives, courses, or experiences to meet needs—especially via reviewing capacity on direct care service structures</li> <li>Push out calls for institutional teaching and educational leadership opportunities to make available to HM group members (e.g., student preceptor groups, morning report)</li> </ul> <p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Measure educational contact with learners and change over time (e.g., overall shifts with learners, number engaged in teaching outside of clinical responsibilities)</li> <li>Institute formal rotation or course evaluation or accreditation needs as applicable</li> </ul>	<p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Devised system to review teaching evaluations or other learner feedback in timely fashion</li> <li>Launch HM group peer observation program to support clinical teaching skills</li> <li>Provide educational coaching or support for individual HM faculty</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>Apply for funding to support HM group member faculty development needs (e.g., national teaching programs)</li> <li>Recommend internal and external grand rounds speakers on educational topics</li> </ul>
Generate educational scholarship	<p><b>Create</b></p> <ul style="list-style-type: none"> <li>Develop internal professional development offerings to support areas of need</li> <li>Create educational onboarding for new group members</li> <li>Collate existing institutional continuing medical education (CME) or professional development resources</li> </ul> <p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Find opportunities for scholarship within clinical work of HM group (e.g., clinical vignettes, QI projects)</li> <li>Establish structures to support scholarship for HM group members (e.g., writing accountability groups, research in progress sessions, peer mentorship programs)</li> </ul>	<p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Develop internal venues for dissemination and scholarship</li> <li>Record submissions and acceptances to targeted conferences, journals, or other venues</li> <li>Support faculty in submission of scholarship to national conferences and peer-reviewed journals</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>Push for additional internal resources (e.g., data support, research training)</li> <li>Solicit funding to support scholarship-associated fees</li> </ul>
Promote and sponsor hospitalist educators	<p><b>Create</b></p> <ul style="list-style-type: none"> <li>Create leadership roles or positions for HM group-specific initiatives (e.g., rotation leader, course directors)</li> <li>Collate relevant external educational opportunities and deadlines (e.g., national society committee applications)</li> </ul> <p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Maintain awareness of upcoming educational leadership opportunities or openings throughout institution</li> <li>Serve on departmental or institutional awards committees to propose HM faculty as relevant</li> </ul>	<p><b>Evaluate</b></p> <ul style="list-style-type: none"> <li>Track relevant HM group member metrics such as academic promotion, educational leadership positions, teaching awards, and so on</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>Nominate HM faculty for teaching awards</li> <li>Sponsor HM group member candidates for internal or external educational opportunities or roles</li> </ul>

mentorship, coaching, and structured curricula and programming supporting the diverse skillsets held by HM faculty members.<sup>23</sup> While faculty development is part of the Director of Education role, its prominence will likely be individualized based on HM group leadership structures and goals. Establishing the relationship, role distinctions, and communication patterns between these positions within HM groups is recommended during role development.

While the optimal way to define success and impact for the Director of Education is not yet described, the proposed framework can be utilized to create an evaluation structure tailored to individual HM group needs. Additional considerations include funding and support, which should be commensurate with other leadership positions within the HM group. Our three examples vary in funding support from 10% to 20% full time equivalent (FTE) and are all funded by the Division or Section. The Directors of Education in our examples all report to the Division or Section Chief. Different HM group structures may also dictate this practicality; independent divisions or sections may have different capabilities and needs than those operating under different governances.

Finally, a greater understanding of the impact of this role on the national HM landscape is needed. While this perspective offers guiding principles to define or propose the position, a rigorous understanding of the scope of these positions should be undertaken. With this, a professional network could be constructed to connect individuals serving in this role and create a community to foster resource sharing and collaboration. Such a network could serve to not only organize the community, but also disseminate or develop relevant educational leadership and scholarship training offerings for the position.

While developed in and inspired by HM, this framework could be applicable to other disciplines seeking to elevate the role of education within their groups. Other specialties with high clinical workloads (such as emergency medicine, critical care, or primary care) also navigate similar tensions between clinical and educational missions. Our framework could be easily applied and adapted to other groups large enough to warrant a dedicated leader in this space.

## CONCLUSION

Hospital medicine has made great strides in medical education and is well-poised to continue its growth and evolution. Utilizing the Director of Education role, HM groups can elevate their educational mission by bridging connections, creating new educational opportunities, evaluating the efficacy of their work, and advocating for hospitalist educators. Our framework can assist HM leaders in galvanizing the considerable efforts of their talented groups toward improved education for trainees and career satisfaction for hospitalists.

## CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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## REFERENCES

- Flanders SA, Saint S, McMahon LF, Howell JD. Where should hospitalists sit within the academic medical center? *J Gen Intern Med.* 2008;23(8):1269-1272. doi:10.1007/s11606-008-0682-1
- Kim CS, King E, Stein J, Robinson E, Salameh M, O'Leary KJ. Unit-based interprofessional leadership models in six US hospitals. *J Hosp Med.* 2014;9(8):545-550. doi:10.1002/jhm.2200
- Pronovost PJ, Miller MR, Wachter RM, Meyer GS. Perspective: physician leadership in quality. *Acad Med.* 2009;84(12):1651-1656. doi:10.1097/ACM.0b013e3181bce0ee
- Caton JB, Martin SK, Burden M, Sargsyan Z, Brooks M, Ricotta DN. Rapid clinical expansion and the fate of the hospitalist educator. *J Hosp Med.* 2023;18(2):181-185. doi:10.1002/jhm.12984
- Patel V, Keniston A, McBeth L, et al. Impact of clinical demands on the educational mission in hospital medicine at 17 academic medical centers: a qualitative analysis. *Ann Intern Med.* 2023;176(11):1526-1535. doi:10.7326/M23-1497
- Murphy EA, White K, Meltzer D, Martin SK. Developing hospitalist educators when teaching time is scarce: the passport model as a professional development approach. *J Hosp Med.* 2023;18(9):860-864. doi:10.1002/jhm.13042
- Herzke CA, Hunt DP, Brotman DJ. Academic hospital Medicine 2.0: if you aren't teaching residents, are you still academic? *J Hosp Med.* 2020;15(10):622-624. doi:10.12788/jhm.3354
- Nagarur A, Lai CJ, Simmons LH, et al. Internal medicine student education on direct-care hospital medicine services: results of a national survey. *Am J Med.* 2020;133(7):868-875. doi:10.1016/j.amjmed.2020.03.016
- Nelson RE, Ricotta DN, Farkhondehpour A, et al. Missing voices: what early career hospitalists view as essential in hospital medicine-focused education. *South Med J.* 2023;116(9):739-744. doi:10.14423/SMJ.0000000000001600
- Bhandari S, Jha P, Thakur A, et al. Perceptions of third-year medical students of a non-resident hospitalist rotation. *Cureus.* 2019;11(3):e4214. doi:10.7759/cureus.4214
- Lackner C, Eid S, Panek T, Kisuule F. An advanced practice provider clinical fellowship as a pipeline to staffing a hospitalist program. *J Hosp Med.* 2019;14(6):336-339. doi:10.12788/jhm.3183
- Limes J, Gottenborg E, Anstett T, Brandenburg S, Diaz MJ, Glasheen JJ. A novel hospital medicine training track for internal medicine residents: description and program evaluation of the first 15 years. *J Grad Med Educ.* 2022;14(3):318-325. doi:10.4300/JGME-D-21-00730.1
- Liston BW, O'Dorisio N, Walker C, Torre D, Papp KK. Hospital medicine in the internal medicine clerkship: results from a national survey. *J Hosp Med.* 2012;7(7):557-561. doi:10.1002/jhm.1956
- Felde L, Burden M, Shah N, Ramos P, Chu ES. Characteristics of adult hospital medicine fellowships in the United States: a cross-sectional survey study. *J Hosp Med.* 2023;18(4):287-293. doi:10.1002/jhm.13052
- Beasley BW, McBride J, McDonald FS. Hospitalist involvement in internal medicine residencies. *J Hosp Med.* 2009;4(8):471-475. doi:10.1002/jhm.522
- APDIM. *Annual Fall Survey of IM Residency PD 2022 Survey Results (Webinar).* APDIM Annual Fall Survey of IM Residency PD 2022 Survey Results (Webinar). Accessed March 22, 2024. [https://www.im.org/viewdocument/2022-apdim-pd-survey-results-webin#\\_ga=2.138186354.356346295.1711132512-1829546063.1695235109](https://www.im.org/viewdocument/2022-apdim-pd-survey-results-webin#_ga=2.138186354.356346295.1711132512-1829546063.1695235109)
- Tess A, Vidyarthi A, Yang J, Myers JS. Bridging the gap: a framework and strategies for integrating the quality and safety mission of teaching hospitals and graduate medical education. *Acad Med.* 2015;90(9):1251-1257. doi:10.1097/ACM.0000000000000777

18. Myers JS, Tess AV, McKinney K, et al. Bridging leadership roles in quality and patient safety: experience of 6 US academic medical centers. *J Grad Med Educ.* 2017;9(1):9-13. doi:10.4300/JGME-D-16-00065.1
19. Cohen ME, Linganna A, Kim J, Orr AR. A novel hospitalist peer observation program to improve educational and operational rounding practices. *J Hosp Med.* 2024;19(3):200-203. doi:10.1002/jhm.13285
20. Gottenborg E, Anstett T, Diaz M, Pierce R, Sweigart J, Glasheen JJ. Teaching students to transform: the health innovations scholars program 6 years later. *Am J Med Qual.* 2021;36(4):277-280. doi:10.1177/1062860620961168
21. Brownfield E, Clyburn B, Santen S, Heudebert G, Hemmer PA. The activities and responsibilities of the vice chair for education in U.S. and Canadian departments of medicine. *Acad Med.* 2012;87(8):1041-1045. doi:10.1097/ACM.0b013e31825cf71a
22. McBride A, Li STT, Turner TL, Vinci RJ. Roles, responsibilities, and value of a vice chair of education in academic pediatric departments. *J Pediatr.* 2020;217:4-6.e1. doi:10.1016/j.jpeds.2019.10.072
23. Misky GJ, Sharpe B, Weaver AC, et al. Faculty development in academic hospital medicine: a scoping review. *J Gen Intern Med.* 2023;38(8):1955-1961. doi:10.1007/s11606-023-08089-4

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