

Short Communication



# Recommendations to guide Vice Chairs for Education in serving as effective leaders

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## Abstract

**Background:** Vice Chairs for Education play an increasingly important role in academic medicine. They often serve in supportive roles overseeing educational initiatives and faculty development, ensuring that education remains prioritized. Literature in this area is limited, especially in obstetrics and gynecology. Prior literature has not been sufficiently directive in identifying best practices in role, mission, and scope for Vice Chairs for Education.

**Methods:** We developed and facilitated a workshop at the Association of Professors of Gynecology and Obstetrics - Council on Resident Education in Obstetrics and Gynecology (APGO-CREOG) annual meeting in February 2020. We brought together a national group of medical education faculty to elucidate the role of Vice Chairs and offer recommendations. After utilizing a previously described technique for gathering and reporting group recommendations, notes from small- and large-group discussions were collated, coded, and collapsed.

**Results:** Four broad recommendations resulted. First, role clarity must be ensured, ideally with co-developed guidelines for responsibility. Second, the Vice Chair for Education should be charged with identifying departmental educational initiatives, including faculty development, utilizing best educational practices. Third, Vice Chairs for Education should implement and evaluate educational initiatives to enhance faculty well-being and promote a robust clinical learning environment. Finally, they should integrate with other Vice Chairs for Education within their institution and as part of national organizations to collaborate and develop best practices.

**Conclusion:** These serve as guidelines to establish success and increase impact and suggest the potential for a national body of Vice Chairs for Education leaders to improve local and national educational outcomes.

## Introduction

The Vice Chair for Education has become increasingly prevalent in academic medicine, frequently seen in emergency medicine, internal medicine, surgery, psychiatry, and obstetrics and gynecology, since as early as 2010. Vice Chairs for Education superintend a broad swath of education at academic teaching hospitals with wide variation in scope and responsibility.<sup>1-3</sup> They often serve in supportive, rather than supervisory, roles for course, clerkship, residency, and fellowship program directors.<sup>4</sup> Vice Chairs for Education are typically responsible for supervising educational initiatives and faculty development, and, in some cases, developing

and monitoring educational budgets.<sup>5</sup> The role has previously been studied in Emergency Medicine,<sup>3,6</sup> Internal Medicine,<sup>4,7</sup> Psychiatry,<sup>5</sup> Pediatrics,<sup>2</sup> Radiology,<sup>8,9</sup> and Surgery,<sup>10</sup> using surveys, qualitative analysis, and exploratory case studies. A PubMed search found no published articles specifically investigating the Vice Chair role in obstetrics and gynecology. Prior literature has not been sufficiently directive in identifying best practices in role mission and scope for Vice Chairs for Education.

## Materials and Methods

We developed and facilitated a 60-minute workshop entitled "The Vague Vice Chair: How Do We Optimize the

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Role in Obstetrics and Gynecology?” at the Association of Professors of Gynecology and Obstetrics - Council on Resident Education in Obstetrics and Gynecology (APGO-CREOG) annual meeting in February 2020 in Orlando, Florida. Our goal was to bring together a national group of obstetrics and gynecology medical education faculty from all over the United States to elucidate the Vice Chair for Education role and to offer recommendations to guide current and future Vice Chairs for Education in serving as influential leaders.

In all, 22 participants joined the workshop. Approximately one-third were Vice Chairs for Education at their institutions; others were in educational leadership roles and/or aspired to a future role. We created an opportunity for interactive participant feedback utilizing a previously described technique for gathering and reporting group recommendations.<sup>11</sup>

Participants were given an index card and asked to write responses to the question: “How do we optimize the role of the Vice Chair for Education?” intended for participants to consider what encourages role effectiveness in a department. Workshop participants then randomly exchanged cards several times. At four identified intervals, participants were charged with scoring their opinion of the response written on the card they were holding at that given time. At each scoring, the new holder of the index card ranked the idea on a scale of 1-5, with 1 being the lowest ranking and 5 being the highest-ranking score for the idea written on the card. The four highest-scoring ideas were then identified in the larger group, and each idea was assigned to one of four discussion tables for small-group discussion. These small-group discussion groups were tasked with answering the following questions: (1) What specific needs are you trying to address? (2) What exists already?; and (3) Who can help advance this idea? Each small group compiled brief notes summarizing their discussion, and the authors recorded a summary of the large-group discussion.

As data anonymously collected in aggregate, this work did not meet the federal definition of research and required no additional review by the Mass General Brigham Human Research Committee per their policies. All written comments were collated, coded, and then collapsed into four broad recommendations which begin to portray the global vision of an ideal role and responsibilities. Each of the four recommendations contains a subset of recommendations aimed at focusing the role of Vice Chair for Education and maximizing role efficacy for an academic obstetrics and gynecology department.

## Results

### ***Recommendation #1: Assure role clarity and co-develop guidelines for responsibility***

Many participants agreed that the Vice Chair for Education role often lacked definition, and in many cases the expectations for the role were unclear. This lack of clarity was sometimes challenging. A clear job description

detailing scope and responsibilities, co-developed with and with periodic review by the Department Chair to ensure the role aligns with departmental needs is essential while being mindful of minimizing overlap of responsibilities with other departmental leaders. The Vice Chair’s reporting structure should also be clarified. Considering whether the role should be separate from other educational roles, such as clerkship, residency, or fellowship director, and having clear lines is essential; nonetheless, role responsibility should be transparent and complementary. This may vary depending on department, institution, or local need. Providing adequate time and budget to effectively execute the Vice Chair role is paramount.

### ***Recommendation #2: Identify departmental educational initiatives and faculty development utilizing best educational practices***

Vice Chairs for Education can serve as a bridge across many constituencies—medical school, health system, department, chair, and faculty—to reduce silos and identify cross-cutting areas of need. Their breadth of knowledge regarding typical undergraduate, graduate, and post-graduate medical education accreditation requirements should be leveraged. They often serve as the educational leader with a “thirty-thousand foot view,” which allows for appropriate goal setting and alignment of activities across multiple domains. As administrative leaders, they can help maximize efficiencies and identify areas for further integration.

### ***Recommendation #3: Implement and evaluate educational initiatives to enhance faculty well-being and promote a robust clinical learning environment***

A common thread across all medical education levels and likely the area of most significant potential impact in a department for the Vice Chair for Education role is to support medical education faculty development. Through collaboration with department educational leadership and the implementation of high-quality faculty development, the Vice Chair for Education can ensure fulfillment of undergraduate (LCME), as well as graduate (ACGME) program accreditation requirements. They offer a true value proposition by optimizing opportunities for faculty to amass a baseline level of teaching competency, and excel at giving and receiving feedback. They can support a thriving clinical learning environment, encouraging well-being and interpersonal engagement among faculty and trainees, which is even more essential since physical distancing and overstressed systems may well be the new normal for the foreseeable future.

### ***Recommendation #4: Integrate with other Vice Chairs for Education within their institution and as part of national organizations to allow collaboration and sharing of best practices***

Participants noted little guidance in managing this relatively new role both in local settings and from national

organizations. Supporting initiatives that visibly allow advocacy for education is frequently more effective collaboratively. Suggestions to achieve this include development of leadership groups within institutions and consistent meetings to collaborate, troubleshoot, and share best practices. Establishing national meetings and online forums could be a meaningful first step.

### Discussion

We present the collective thinking of 22 obstetrics and gynecology medical education faculty and leaders as part of a discussion to consider how to optimize the Vice Chair for Education role. Four key recommendations were identified to maximize their impact. These recommendations align well with previous literature.<sup>1,2</sup> First, clarity of the Vice Chair for Education role must be ensured, ideally with co-developed guidelines for responsibility. These guidelines should be aligned with the mission and vision, and outlined through collaborative strategic planning.<sup>1,2</sup> Second, Vice Chairs for Education should be charged with the development of educational initiatives. As outstanding educators, their role modeling of best teaching practices and versatility in supporting scholarship and faculty development provides a useful foundation for success.<sup>1-3</sup> Third, Vice Chairs for Education should implement and evaluate educational initiatives to enhance faculty well-being and promote a solid clinical learning environment. Although previously recognized as necessary within the Vice Chair for Education role,<sup>1-3</sup> this need has been highlighted throughout the COVID-19 pandemic with the global transition to virtual teaching, increased demands on faculty time, and more severe emotional burdens. Finally, they should interact with other Vice Chairs for Education institutionally and nationally to collaborate and develop best practices. The benefits of networking and sharing successful experiences and opportunities for growth locally and beyond will benefit both the Vice Chair for Education as well as their department.<sup>1</sup>

### Conclusion

These recommendations serve as guidelines to encourage success and increase impact; indeed, they suggest a growing appetite for a national body of Vice Chair for Education leaders to improve local and national educational outcomes.

### Ethical approval

As data anonymously collected in aggregate, this work did not meet the federal definition of research and required no additional review by the Mass General Brigham Human Research Committee per their policies.

### Competing Interests

KD and LRB declare no competing interests. MH reports being a paid consultant for the American Medical Association. BSH reports being an APGO Board Member.

### Authors' Contributions

KD and LRB contributed to the study conception and design. KD and LRB collected the data. KD, LRB, BSH, and MH conducted the data analysis. KD and LRB wrote the first draft of the manuscript and all authors critically reviewed, revised, and approved the final manuscript for publication.

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