

Harmonizing Educational Research Programs for Early Faculty Development
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Background: Medical school master's level programs provide didactic training and mentored research and educational scholarship that enhance the career development of future leaders in academic medicine. Over 20 different divisions, centers, and departments participate in the Yale School of Medicine Master in Health Sciences (MHS) programs. Oversight of degree requirements, mentoring, and negotiation of tuition payment arrangements is local within program. The current structure maximizes the flexibility of the training programs to the individual trainees, provides content-specific oversight and mentoring, and low cost. However, the decentralized structure limits opportunities for peer cohort building, exposure to methods and topics outside each trainee's research domain, and allows for variability in thesis requirements, cost sharing, and protected time.

Objectives: To harmonize the current MHS structure to enhance the training of clinicians to perform impactful research and educational scholarship, increase likelihood of future independent funding, provide accurate accounting of costs and revenues, create cohorts of peers (enhancing retention), and fill existing gaps in available training programs, while preserving the flexibility and creativity inherent in the current model.

Methods: An initial meeting with the Dean of the School of Medicine defined the scope and focus of the work. Individual or small group meetings with MHS program directors and other stakeholders were completed. After initial insights were gathered, opportunities and potential changes were discussed with Departmental Chairs, the Director of the CTSA, and relevant Deputy and Associate Deans (ongoing) for input on challenges and to gauge enthusiasm. Monthly meetings with the Dean throughout the process provided ongoing updates and continuing input.

Results: Current programs include the National Clinical Scholars Program, Medical Education Program, and 18 individual specialty programs (herein designated MHS-clinical paths). 40 meetings (to date) were held with stakeholders to discuss individual programs, institutional objectives, and challenges and opportunities. Programs varied in the trainee cohort (residents, fellows, junior faculty) in the MHS programs and the sources of financial support. Insights from stakeholders were incorporated into a proposal to enhance the infrastructure of the MHS-clinical paths. This plan preserves local programmatic mentorship and training but provides an infrastructure that ensures a meaningful and robust training program that accelerates trainee research careers and harmonizes financial accounting, tuition payment arrangements, and enhances the development of an interdisciplinary peer cohort.

Discussion/Summary: A rigorous training program for clinicians who have not completed formal research or medical education training (or have recently shifted directions) can be transformative in launching academic careers. These programs are also used for recruitment and to support institutional training grants and individual career development award applications. The goal is optimizing the balance between flexibility for individual and divisional/programmatic needs and a centralized infrastructure to ensure rigorous training to advance the careers of trainees to become leaders in the field. Presentation of a proposed, multiyear, phased series of changes to the MHS program to the School of Medicine Chairs Council is planned for the Spring.