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Leadership and Medical Education

The Role of Administrative Skills in a Career as an Academic Clinician Educator

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Abstract

Administrative skills are essential tools for clinician educators to maximize success, however they are not considered a core component of a medical school or residency curriculum. This perspective describes domains of administrative skills that can be used with practical tools provided to increase productivity in clinical, academic, and leadership activities.

A successful academic clinician educator is expected to develop multiple domains: clinical proficiency, a unique area of expertise, excellence in teaching, innovation, scholarship, and garnering respect and recognition across institutions.[1,2] The paths to success can be broadly categorized into clinical, academic, and leadership responsibilities. Examples of clinical activities include patient care and documentation; academic activities include scholarship and teaching, coaching, mentoring, and sponsoring at the medical student, resident, or faculty level; and leadership activities include hospital committee work, quality improvement initiatives, and medical school or residency program leadership.

To achieve success in these responsibilities, proficiency in administrative skills is essential, yet often not explicitly taught in the medical school or residency curriculum. Classic examples of administrative skills as described by Garg et al. are those performed by internal medicine chief residents: creation of resident schedules, room reservations, organizing or ordering food, technical support, and maintaining online information.[3] Additionally, for the busy clinician educator, effective time management is critical to achieve efficiency. The pathway for chief residents to take these administrative tasks and pave them into paths for an academic career has been previously described in the literature, and those themes can be extrapolated to medical students, residents, and faculty.[4]

In 1989, Aluise et al. described four domains of administrative skills specifically for academic family medicine clinicians, but which apply to all academic clinicians: environment, organization, leadership, and management.[5] Administrative skills that academic clinicians use to achieve success in their various clinical, academic, and leadership tasks can be categorized into these domains. The theme underpinning all of these domains is the necessity to understand the goals of the institution and stakeholders and to bridge the gap by creating a collaborative environment to generate solutions.[5]

The domains mentioned above have a tremendous amount of overlap. Therefore, we propose reframing domains of administrative skills as follows: organization, preparation, and reflection. Although these domains are not unique to administrative skills, categorizing administrative skills into these domains is useful for deliberately applying these skills to achieve success in clinical, academic, and leadership responsibilities. Organization refers to the development of the overarching plan, preparation refers to the logistical steps taken to optimize a session in advance, and reflection entails introspection that is needed to address what is and is not effective.

As a supplement to this framework, we will explore two tools that can be employed effectively for administrative success: task prioritization and SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals. We will also describe two of the most universal areas of application: electronic mail management and calendar management. Applying task prioritization and SMART goals to these two areas within each of the domains suggested in this article (organization, preparation, and reflection) can lead to success in balancing the responsibilities of the academic clinician. Table 1 revisits these categories of responsibilities and provides additional examples within the refined domains suggested in this article.

TASK PRIORITIZATION

Medical training helps clinicians develop the ability to triage clinical situations, but rarely focuses on developing the skill to triage non-clinical duties. The Eisenhower decision matrix can be a helpful framework when learning

Table 1. Responsibilities of academic clinician educators and examples of successful use of tools within each administrative skills domain

	Examples of responsibilities	Administrative skills domains		
		Organization	Preparation	Reflection
Clinical Responsibilities	Effectively responding to coding queries	• Blocking time in the day to respond to coding queries • Responding to queries in a timely manner (without deprioritizing clinical care) • Keeping track of which queries have been addressed	• Reviewing relevant clinical data to appropriately respond to queries	• Recognizing recurrent queries and considering ways to adjust documentation in the future to prevent • Scheduling meetings with coding experts to discuss best practices
	Modeling discharge documentation	• Completing discharge documentation in a timely manner • Maintaining a clear organizational structure or template for discharge documentation • Creating a system to avoid note bloat in documentation	• Having access to relevant clinical data to effectively complete discharge documentation • Documenting effectively throughout a patient's hospitalization in order to facilitate quicker documentation on discharge	• Reviewing post-discharge events for patients (if possible) or reaching out to primary care providers to assess if documentation was effective • Considering other physician's practices in discharge documentation and adopting effective habits
Academic Responsibilities	Delivering a "chalk talk"	• Identifying a topic of appropriate scope • Using educational theory to craft learning objectives	• Timing the talk • Requesting peers and learners to review content for feedback • Organizing the room and ensuring appropriate materials are available	• Requesting feedback from learners (with particular attention to clarity and legibility) • Implementing iterative changes with each delivery based on feedback
	Presenting a lecture	• Using Bloom's taxonomy to craft learning objectives • Minimizing text and creating a narrative-driven theme	• Timing the lecture • Delivering the lecture to peers for feedback • Requesting peers and learners to review content for feedback • Organizing the room and chairs • Ensuring appropriate audio-visual setup	• Requesting and reviewing feedback from learners (including faculty peers and mentors)
	Publishing a manuscript	• Crafting hypothesis and objectives • Determining methods and creating a statistical plan prior to proceeding with data collection • Assembling a team with clearly defined roles • Creating a timeline for project completion	• Setting agendas for each meeting • Delegating tasks with subsequent revisions/reviews using SMART goals	• Requesting feedback from team members about the process
Leadership Responsibilities	Conducting quality improvement projects	• Completing a needs assessment • Determining the appropriate methodology to operationalize the project	• Having educational resources or intervention prepared in advance (e.g., printed handouts, setup of multimedia education materials)	• Requesting feedback from front-line staff • Running an additional PDSA (Plan-Do-Study-Act) cycle based on initial cycles
	Participating in committee work	• Identifying one's role in the committee • Generating a needs assessment and tackling tasks to meet those needs	• Reviewing the agenda and brainstorming ideas prior to meetings	• Organizing members to determine if goals of committee are being met using SMART goals

Abbreviations: SMART – (Specific, Measurable, Achievable, Realistic, and Timely)

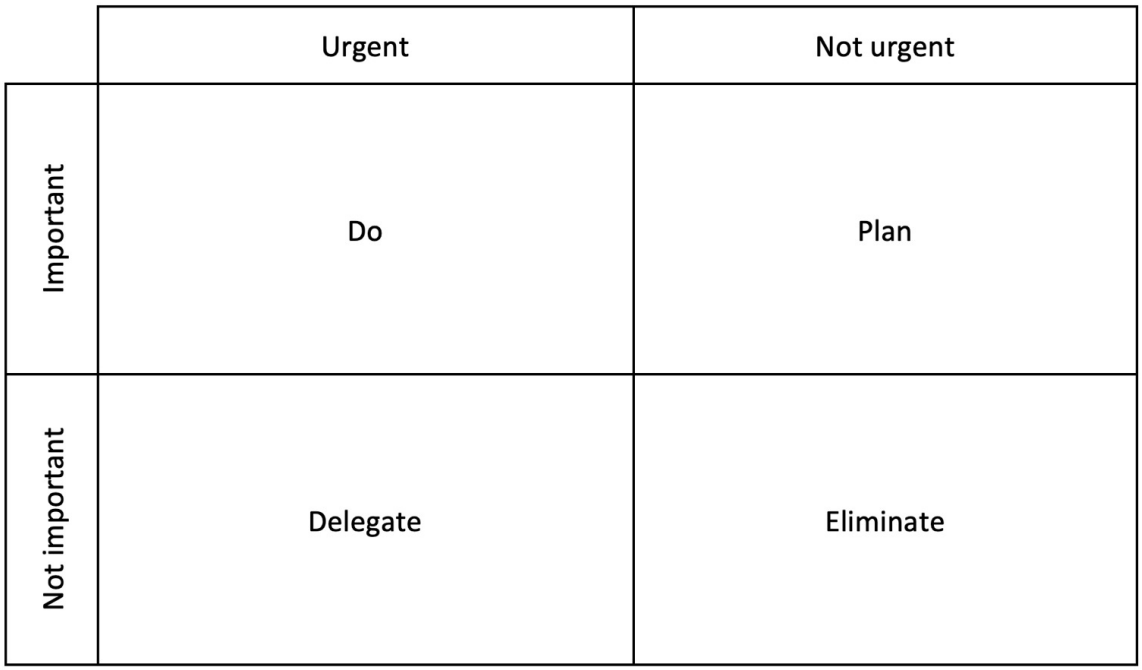

Figure 1. Eisenhower Decision Matrix[6]

how to prioritize tasks (Figure 1).[6] The tool involves categorizing a task as important versus not important and urgent versus not urgent, triggering an action. A robust extension of the decision matrix is the Sung diagram, which incorporates the concept of a fit, where one should ask if they are required for the task.[7] It should be noted that delegation of tasks requires some degree of autonomy and assigned authority to make decisions. While the matrix can be useful for simple decisions or tasks that arise, complicated decisions requiring input from multiple stakeholders should be made tactfully and with required guidance for specified individuals as part of a mentoring program. Admittedly, the greatest challenge is determining the urgency and importance of a non-clinical task. For example, while next week's meeting with your Department Chair about your proposal for a quality improvement project may be less urgent than preparing for tomorrow's meeting of the Transfer Center Oversight Committee, the Department Chair meeting is likely more consequential and deserves attention. Poor prioritization of non-urgent tasks can lead to insufficient time for completing urgent tasks, or a backlog of non-urgent tasks which then becomes insurmountable. It can be helpful to ask colleagues with experience in task prioritization to help hone this skill.

SMART GOALS

The SMART goal framework is useful for task completion, especially as it pertains to work that needs to be completed in large groups.[1] Simple tasks that may be completed quickly may not require such a detailed framework (for example, sending your trainee an article about acetazolamide in acute heart failure that you discussed on rounds), but delineating clear and achievable goals can be critical for larger time-consuming projects. Creating a schedule can be daunting, but breaking the process into discrete tasks with defined endpoints can help make an overwhelming task more manageable. Investing a small amount of time up-front to decide on goals or benchmarks that are specific, measurable, attainable, realistic, and time-bound will pay dividends by ensuring that the project stays focused and on-task. It can be helpful to schedule regular brief check-in meetings with specific agendas and clear completion deadlines to help keep contributors accountable in meeting their SMART goals.

An example of SMART goal for a clinician educator is to develop three "chalk talks" per academic year and update them annually. This may not seem like many at first glance, but a modest goal is more likely to be achieved and a mid-career clinician will have over two dozen updated talks that can be delivered to trainees.

COMMUNICATION MANAGEMENT

Electronic mail is a critical element of communication, but its excessive burden and negative psychological impact has been described as early as 1996.[8,9] The COVID-19 pandemic has accelerated the volume of electronic communications in the form of electronic mail, secure chat, virtual meetings, and patient messaging portals, which have negatively impacted the well-being of healthcare workers.[10] A sustainable method for organizing electronic mail can be achieved through the iterative

application of SMART goals. It is helpful to derive a system to track important electronic mail, as timely, succinct, and clear responses are vital for professional success. We share here some of our best practices for managing the busy electronic mail inbox. These principles can be applied to other forms of electronic communication.

Organizing electronic mail into folders and creating inbox rules can reduce the cognitive load of electronic mail and overcome the limited search function of electronic mail applications. One can reserve the inbox as the folder in which to retain electronic mail and tasks on which they are actively working, while promptly archiving all other electronic mail to minimize inbox clutter. Developing a folder system for organizing archived electronic mail is helpful. Utilizing electronic mail flags with reminders, or pinning electronic mail to the top of an inbox, can help one to avoid losing track of important tasks or communications that require a response. For recurrent electronic mail responses, one may use an electronic mail draft for templated text or organize templates as electronic mail signatures (facilitating easy insertion of the template into an electronic mail draft). For recurring tasks or reminders, scheduling electronic mail to be sent at necessary intervals can also minimize cognitive load for the busy clinician.

Some electronic mail management can fall into the "non-urgent" task category, and thus it is helpful to schedule time in one's day or workflow when these non-urgent tasks can be completed. For example, if an educator knows that the best time for their creative and cognitive abilities is in the early morning, then electronic mail management may be best saved for the afternoon. Timely and efficient responses to electronic mail within this dedicated time has the potential to create opportunities, especially since responding to electronic mail in a timely manner has been de-emphasized by many individuals.

An example of other communication management is creating a concrete timeline and clearly communicating this timeline when writing an interesting case report with a team, keeping in mind submission deadlines for conferences and confirming that items are being consistently completed as the projects progress.

CALENDAR MANAGEMENT

Use of a work calendar can allow for an organized workflow on days of clinical and non-clinical service. Many electronic mail-based calendars are equipped with various powerful tools such as automatic schedulers, reminders, and plug-ins that the educator can leverage to save time and minimize electronic mail burden. Calendars face many of the same issues as electronic mail, as each electronic mail service will have its own calendar, presenting challenges for the clinician educator who rotates at various institutions with multiple electronic mail accounts. Synchronizing calendars into a unifying calendar can help prevent missing time-sensitive meetings. Utilizing recurrent reminder systems with a calendar can reduce the cognitive load of having to remember tasks while busy with other responsibilities.

An example of calendar management as it pertains to mentorship of trainees is to set a recurrent reminder in a calendar to reach out to mentees to see how they are doing, thereby reducing the cognitive load of the mentor and preventing a lost opportunity to meet with trainees during a less busy time of the day on service.

CONCLUSION

Administrative skills require cultivation and are a worthy investment to enrich the varying roles of an academic clinician educator. Faculty should prioritize using the aforementioned tools to schedule dedicated time during administrative time to work on project creation. As scholarly output is a measured output by university affiliates, junior faculty in particular should prioritize working on conference abstract and poster submissions as well as peer-reviewed publications. Projects can be initiated during administrative time, and having an organizational framework can assist faculty to continue to advance projects even during times of higher clinical responsibility.

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