

Abstract 10

Roles, Responsibilities and Funding Mechanisms of Vice Chairs of Education: A survey of U.S. pediatric department chairs

Background: The educational mission of academic pediatric departments require strong leadership skills to meet the needs of learners at all levels of training. The term “Vice Chair of Education (VCE)” first appeared in the medical literature in 2012 but it is unknown how pediatric department chairs view this role in their leadership structure, their educational responsibilities, and how they are funded.

Objective: To determine the prevalence, benefits, responsibilities and funding mechanisms of VCEs in pediatric academic departments.

Methods: An anonymous web-based survey was sent to all U.S. members of the Association of Medical School Pediatric Department Chairs (AMSPDC). To determine generalizability of the results, comparisons were made with the demographics of the AMSPDC membership and membership of the Association of Pediatric Program Directors (APPD). Univariate analyses were performed and themes were identified from free text responses.

Results: 43.4% (63/145) of AMSPDC members (chairs) responded. These responding members reflect the geographic distribution and faculty size of all U.S. academic pediatric departments. Among the responding AMSPDC members, the percentages of pediatric department vice chairs of education, research and clinical affairs were 90%, 87% and 77% respectively. Only 49% of the chairs reported they had VCE job descriptions. 64% of VCEs held additional leadership roles: fellowship or residency program (57%), pediatric clerkship (16%) or continuing medical education (CME) (4%). Responsibilities were varied with oversight of training programs (80% residency, 65% undergraduate medical education, 59% fellowship and 33% CME) being the most common. VCEs were also responsible for mentoring educational leaders (75%), oversight/mentorship of educational scholarship (59%), educational budget (41%), and faculty development (24%). 70% received funding through the departmental discretionary budget and 19% received support from graduate medical education funding sources. 67% of VCEs had additional full-time equivalent support set aside for their VCE role (mean 0.21, range 0.05-0.5 FTE). Upon analysis of free-text responses to the VCEs “greatest contribution to the educational mission,” the main theme was “coordination of educational efforts” while less specific, several chairs also responded that the role “enhances excellence.”

Conclusions: VCEs are frequently present in pediatric departments but they have diverse and varied responsibilities and protected time. Further research should focus on identifying key benefits VCEs provide the department and what skills are needed for this important educational role.

References

1. Brownfield E, Clyburn B, Santen S, et al. The activities and responsibilities of the vice chair for education in US and Canadian Departments of Medicine. *Acad Med.* 2010;87:1041–5.
2. Sanfey H, Boehler M, DaRosa D, Dunnington GL. Career development needs of vice chairs for education in departments of surgery. *J Surg Educ.* 2012;69:156–61.
3. Lewis PJ, Probyn L, McGuinness G, et al. Developing a job description for a vice chair of education in radiology: the ADVICER template. *Acad Radiol.* 2015;22:933–8.
4. Cowley, D.S., Lehrmann, J.A. & Dalack, G.W. *Acad Psychiatry* (2017).
<https://doi.org/10.1007/s40596-017-0779-0>