

Exploring the various roles of the Medical Director

James Meyer, MD

- Course coordinator and lecturer for Behavioral Medicine, Physical Diagnosis, Clinical Lab Medicine, and End of Life Care elective.
- Small group leader for Physical Diagnosis and Clinical Medicine
- Assist with Clinical Assessment Day activities for clinical year

James Meyer, MD

- Member, PA Committees
- Interviewer for new applicants
- Perform site visits
- Assist with student problems in didactic and clinical years
- Member of Arizona Regulatory Board of Physician Assistants

Joe Schwenkler, MD

- Course Director and lecturer for Biochemistry, Anatomy, Neuroanatomy, and Nutrition courses
- Small group leader for physiology course
- Leader at Clinical Seminar weekly meetings
- Lecturer in clinical medicine and psychiatry courses

Joe Schwenkler, MD

- Member admissions and academic achievement committees
- Coordinator of information technology initiatives
- Supervisor of ambulatory care and geriatric rotations

Exploring the Various Roles of the Medical Director

Joseph Schwenkler, MD
 Medical Director
 University of Medicine & Dentistry of New Jersey

James Meyer, MD
 Medical Director
 Midwestern University College of Health Sciences

Bridget C Calhoun, MPH, PA-C
 Chairman
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 University of Medicine and Dentistry of New Jersey

Types of Positions for Medical Directors

- Full time faculty
- Part time faculty
- Medical Director & Program Director
- Program Staff

Salary and Tenure

Table 34. Salary and Months in Position of Medical Directors by Region

Consortia Region	Medical Director's Salary*				Months in Position			
	N	Mean	Median	Range	N	Mean	Median	Range
Northeastern	16	\$ 66,748	\$ 53,833	\$15,000-175,000	20	84.1	66.0	3-324
Eastern	16	\$ 80,248	\$ 87,740	\$10,000-200,000	15	95.3	60.0	7-287
Southeastern	16	\$ 95,287	\$ 77,680	\$ 5,000-380,000	17	66.1	46.0	20-180
Midwestern	16	\$ 75,129	\$ 35,500	\$ 5,000-229,800	17	50.6	36.0	1-136
Hearland	8	\$142,758	\$115,050	\$ 7,000-300,000	10	88.1	98.5	5-192
Western	16	\$ 93,347	\$105,402	\$ 7,000-187,000	16	53.8	36.0	5-228
Total	88	\$ 87,661	\$ 80,000	\$ 5,000-380,000	95	72.0	65.1	1-324

* Corrected for full-time equivalent.

Data from PAEA 22nd Annual Report

Academic Rank

Table 38: Program and Medical Directors: Academic Rank

Academic Rank of Faculty	Program Director		Medical Director	
	Number	(%)	Number	(%)
Full Professor	14	16.3%	18	26.9%
Associate Professor	36	41.9%	24	35.8%
Assistant Professor	29	33.7%	20	29.9%
Instructor/Lecturer	7	8.1%	5	7.5%
Total	86	100.0%	67	100.0%

Data from PAEA 22nd Annual Report

ARC-PA

- A2.13 The Medical Director must be:
- a currently licensed allopathic or osteopathic physician.
 - certified by an ABMS- or AOA-approved specialty board.
 - knowledgeable in current-practice standards and the PA role.
 - an advocate for the program within the medical and academic community.
 - responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards.
- A2.1 If the position of medical director is shared, each individual must have defined roles and responsibilities.

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Michael Essig, MD

- Teaching
 - Medical Sciences I and II
 - Clinical Medicine I, II and III
 - Applied Pharmacology
- Clinical Teaching
 - Clinical Encounter for didactic phase
 - Clinical Rotation
- Medical Director for School of Pharmacy initiatives
- Interviews faculty candidates
- Served as Interim Chairman

Report to PAEA Education Committee

November 4, 2007

Proposal: Exploring the Various Roles of the Medical Director

Proposal Number: 210

Format: Roundtable

Date of presentation: 10/26/2007

Time: 11:00-12:00, 1 hour

Presenters: Joe Schwenkler, Matt McQuillan, Bridget Calhoun, Jim Meyer

The purpose of this workshop was to facilitate discussions between Medical Directors (MDs) and the PA faculty, and to generate ideas for programs on fully engaging and maximizing the role of the MD. Three of the four presenters are members of the FDI and will use the information gathered at this session to help guide future FDI projects for MDs.

Participants included Medical Directors, Program Directors, PA faculty, and Physician faculty.

The discussion at the roundtables was focused around four questions posed by the facilitators:

1. Is the Medical Director part of the team in your program?
2. Should the MD be full-time?
3. How can the role of the Medical Director evolve in the future?
4. Explore the suggestion that the PAEA board have a designated position for a Medical Director.

After the roundtables had an opportunity to address these issues, the participants were asked to view the issues from the alternate perspective, with MDs taking the role of the Program Director, and PDs the role of MD.

The roundtable discussions regarding the four issues listed above can be summarized as follows:

1. The role of the MD varied considerably among the participants. Their role was at times poorly defined and lacking a clear job description. This led to some concerns about how MDs “fit in” with the team of PA educators at their programs. All participants agreed that this issue needs to be addressed by the individual programs to encourage the team concept.
2. There was a general discussion about the reasons ARC-PA dictates that all PA programs need to have a MD. The pluses and minuses of having the MD spend more time at the program were considered. The consensus was that each program is unique and therefore the MD demands vary considerably.
3. The future role of the MD was difficult to predict. The need for the MD to become more involved with site development was an important issue. The faculty participants spoke about a variety of ways that the MD could become more involved with non-academic duties. For example, curriculum evaluation, faculty development, and outreach into the community to promote the PA profession were all considered.

4. There was a strong consensus from the MD participants that they would like to become more involved with the PAEA organization. Dr. Schwenkler spoke of his election to the FDI, and his belief that MD views were well received by the PAEA hierarchy. Other means of MD involvement were discussed. The idea of a permanent MD representative on the PAEA board was strongly supported by the MDs at the roundtables.