

Staff Professionals as Key Collaborators for Educational Success

Tuesday, Nov. 4, 2025

10:15 – 11:15 a.m.

Presenters

Tyrese Hinkins-Jones, EdS, Med
Director, Medical Education
Emory University School of Medicine
thinkin@emory.edu
S.P.A.C.E. Chair

Deb Birnbaum, MBA
Educational Affairs Innovations Director and
Scholarly Concentrations Program Director
Indiana University School of Medicine
debbirnb@iu.edu
S.P.A.C.E. Chair-Elect

Jon Goforth, MBA
Director of Continuous Quality Improvement
Wake Forest University School of Medicine
jon.goforth@advocatehealth.org
S.P.A.C.E. Secretary

Brian Herman, MPA
bjhmpa@gmail.com
S.P.A.C.E. WGEA Representative

Learning Objectives

- ❖ Understand the importance of staff professional development for growth and retention to the benefit of the staff and institution.
- ❖ Discuss and share S.P.A.C.E. opportunities with their staff professionals.
- ❖ Become an advocate for their own staff's development.

Who is in the room?

ARS

“In one word, what’s a *hidden superpower* of staff professionals at your institution?”

Think – Pair - Share

Q1: “Name one outcome for *learners, faculty, programs, or accreditation* that simply wouldn’t happen without staff professionals.”

Q2: “Recall a time when a staff vacancy disrupted work. What broke first—**continuity, quality, or speed**? Why?”

Background: Faculty vs Staff Development in U.S. Medical Schools

Faculty Development	Staff Development
98% of schools offer faculty development annually	0 field-wide requirements
LCME Element 4.5: Must provide professional development REQUIRED	LCME standards: No element mandates staff development programs NOT REQUIRED
ACGME: Annual faculty development REQUIRED	ACGME standards: Focus on faculty only, not administrative staff NOT REQUIRED
AAMC: National infrastructure & coordination	AAMC: SPACE section of GEA General approach: Ad hoc, institution-specific initiatives driven by local HR

Why Staff Retention & Development Matters

Continuity & Institutional Memory

Staff preserve critical knowledge of systems and processes, ensuring smooth operations and accreditation continuity.

Quality & Consistency of Education

Experienced staff uphold high standards in student support and curriculum delivery, improving learning outcomes.

Innovation & Institutional Growth

Skilled, supported staff drive creative improvements and cross-team collaboration.

Culture, Morale & Mission Alignment

Recognition and development foster belonging, morale, and long-term institutional commitment.

Efficiency & Cost-Effectiveness

Retention reduces costly turnover, minimizes onboarding time, and optimizes limited education budgets.

Regional Special Interest Groups

SGEA:

- Coordinators & Administrators in Medical Education (CAIME)
- Staff Professionals Across the Continuum of Education (SPACE)
- Continuous Quality Improvement in Medical Education (CQI)

CGEA:

- Clerkship Administrators
- Technology in Medicine
- Medical Education Learning Specialists
- Libraries in Medical Education
- Accreditation Preparation & Quality Improvement (APQI)

NGEA:

- Medical Education Learning Specialists (MELS)
- Medical Education and Instructional Computing (MEDIC)
- Librarians in Medical Education (LiME)
- UME Accreditation and CQI

WGEA:

- Computer Resources in Medical Education (CRIME)
- Accreditation Preparation & Quality Improvement (APQI)

Origins of S.P.A.C.E.



Fishbowl

Q1: What is one practice that has **amplified** staff impact?

Q2: What is one practice that **inadvertently diminished** staff capacity?

Medical School Professional Staff Survey

Version 1.0 (2017-18)

Brian Herman, MPA, Stanford
Gary Beck Dallagan, PhD, Illinois
Sara Clemons, MA, UCSF
Alison Ricker, MPA, Dartmouth

Version 2.0 (2021-22)

Brian Herman, MPA, Stanford
Pauline Becker, MA, Stanford
Michael Campion, MA, Washington
Sara Clemons, MA, UCSF
Cynthia Irvine, M.Ed., Stanford
Carol Taras, Stanford
Teggin Summers, PhD, Stanford
Daniel Bernstein, MD, Stanford

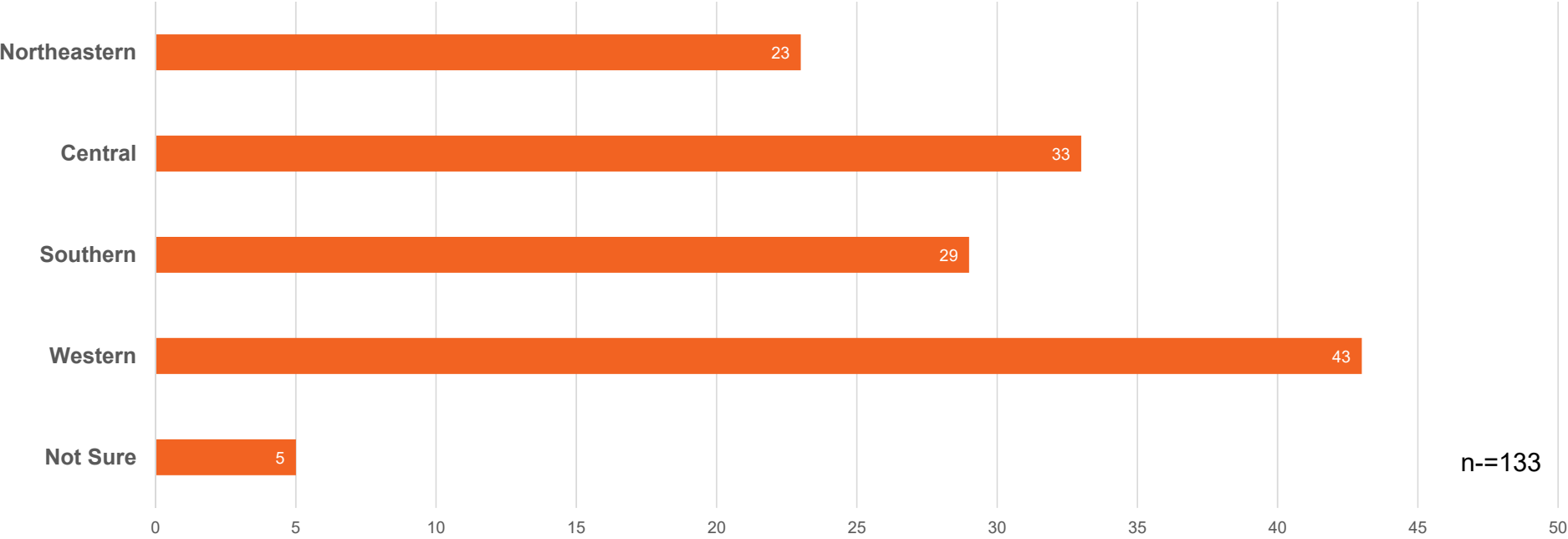
Version 3.0 (2025)

Brian Herman, MPA, Stanford
Pauline Becker, MA, Stanford
Deb Birnbaum, MBA, Indiana
Michael Campion, MA, Washington
Sara Clemons, MA, UCSF
Jon Goforth, MBA, Wake Forest
Jenn Handrop, Ed.D., UAB
Tyrese Hinkins-Jones, Ed.S., M.Ed., Emory
Cynthia Irvine, M.Ed., Stanford
Sarita Martinez-Moran, Columbia
Richard O'Neal, MS, Wake Forest
Carol Taras, Stanford
Teggin Summers, PhD, Stanford
Daniel Bernstein, MD, Stanford

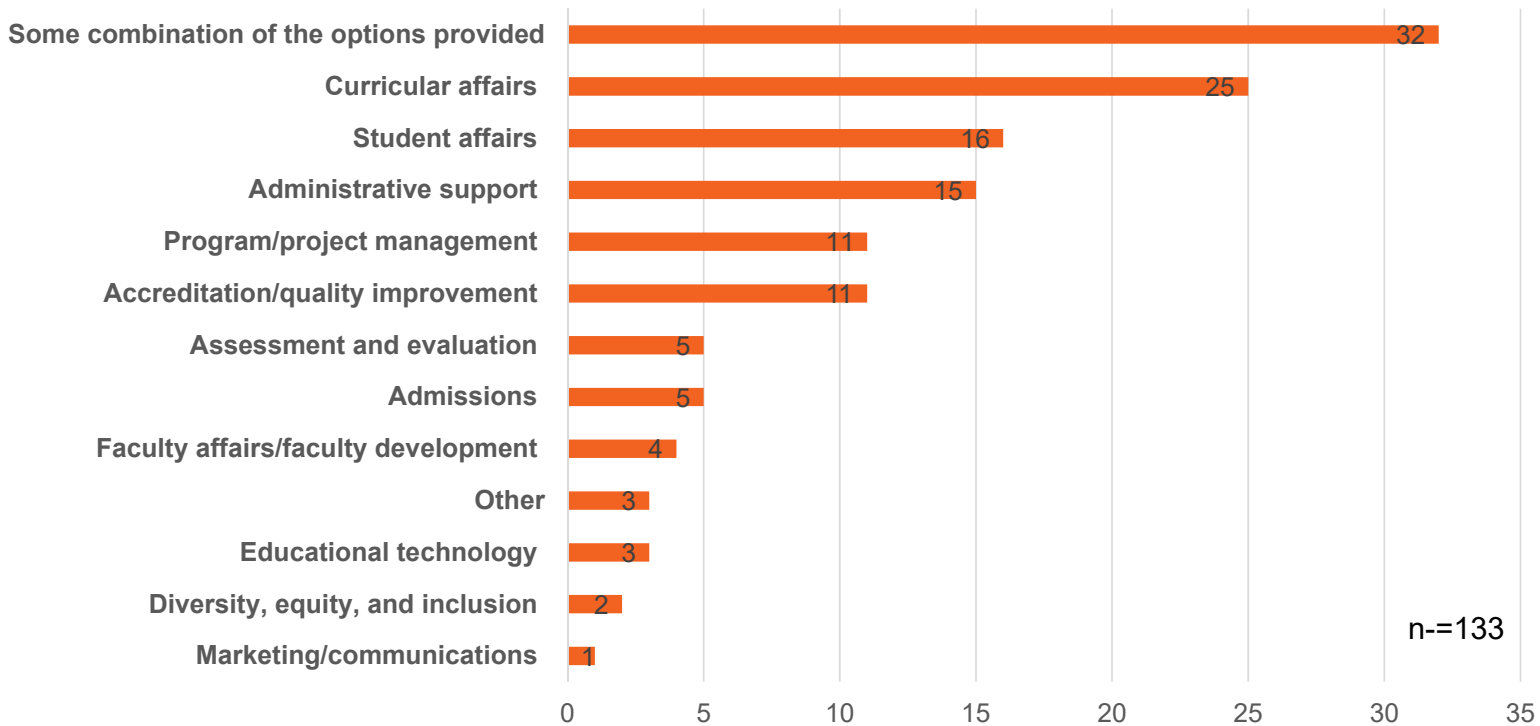
Survey Instrument

- 9 question instrument designed to collect data about staff work experiences to:
 - develop improved strategies for infrastructure support;
 - discover the intrinsic rewards for staff who stay in the medical education field; and
 - to better understand effective support for professional development and scholarship.
- Distributed early April to early May 2025 (regional conference season) through:
 - National S.P.A.C.E. member list
 - National GEA/GSA member lists
 - AAMC S.P.A.C.E. virtual online community
 - Promotion at regional conferences
 - Word of mouth
- 133 respondents nationally

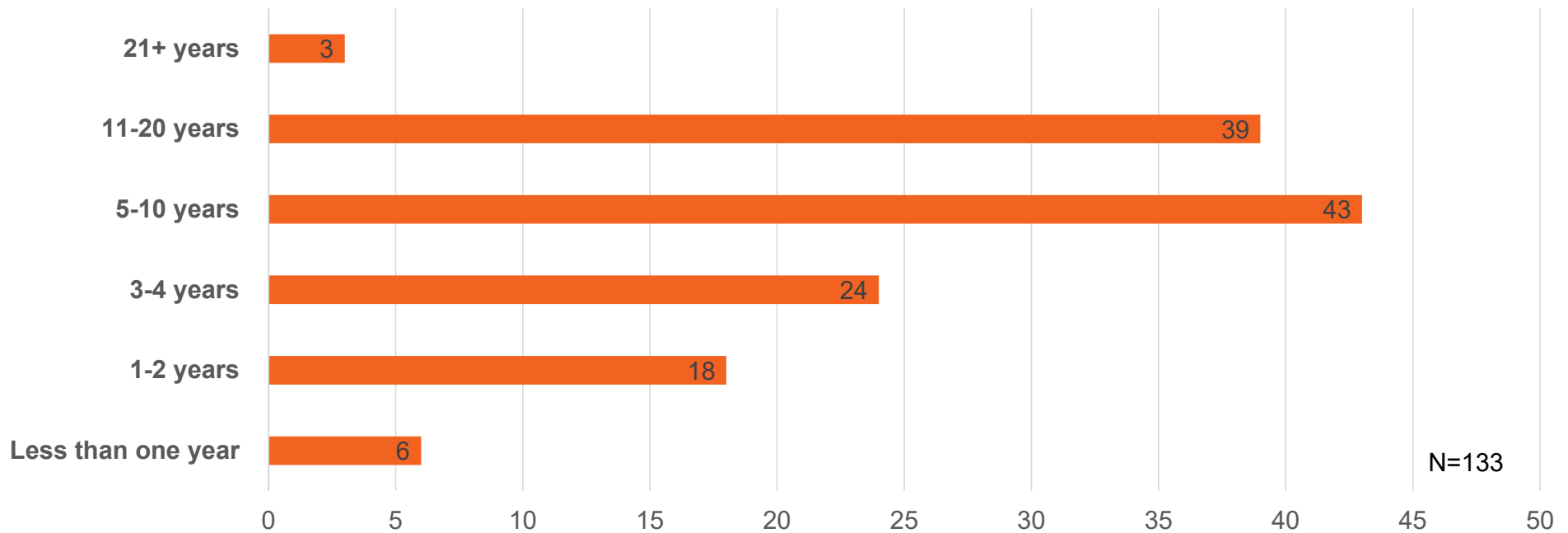
Respondents by Region



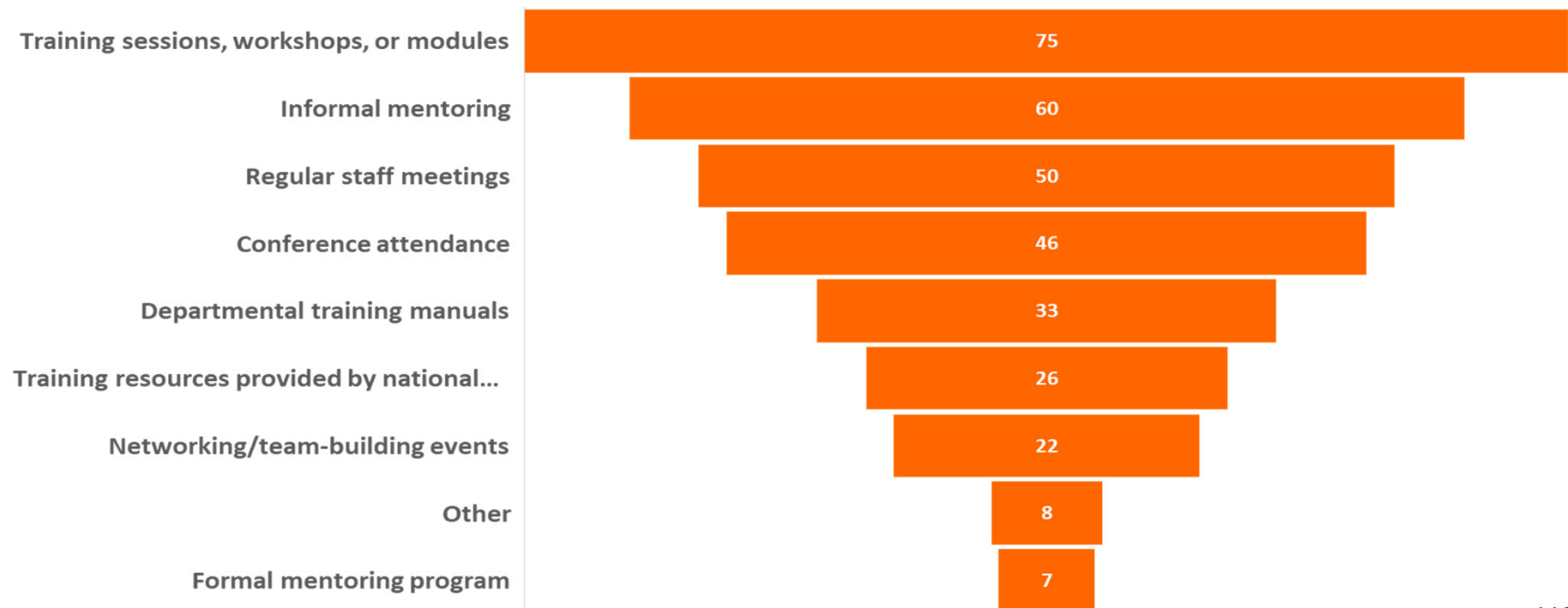
Position Best Described As:



Years Working in Medical Education

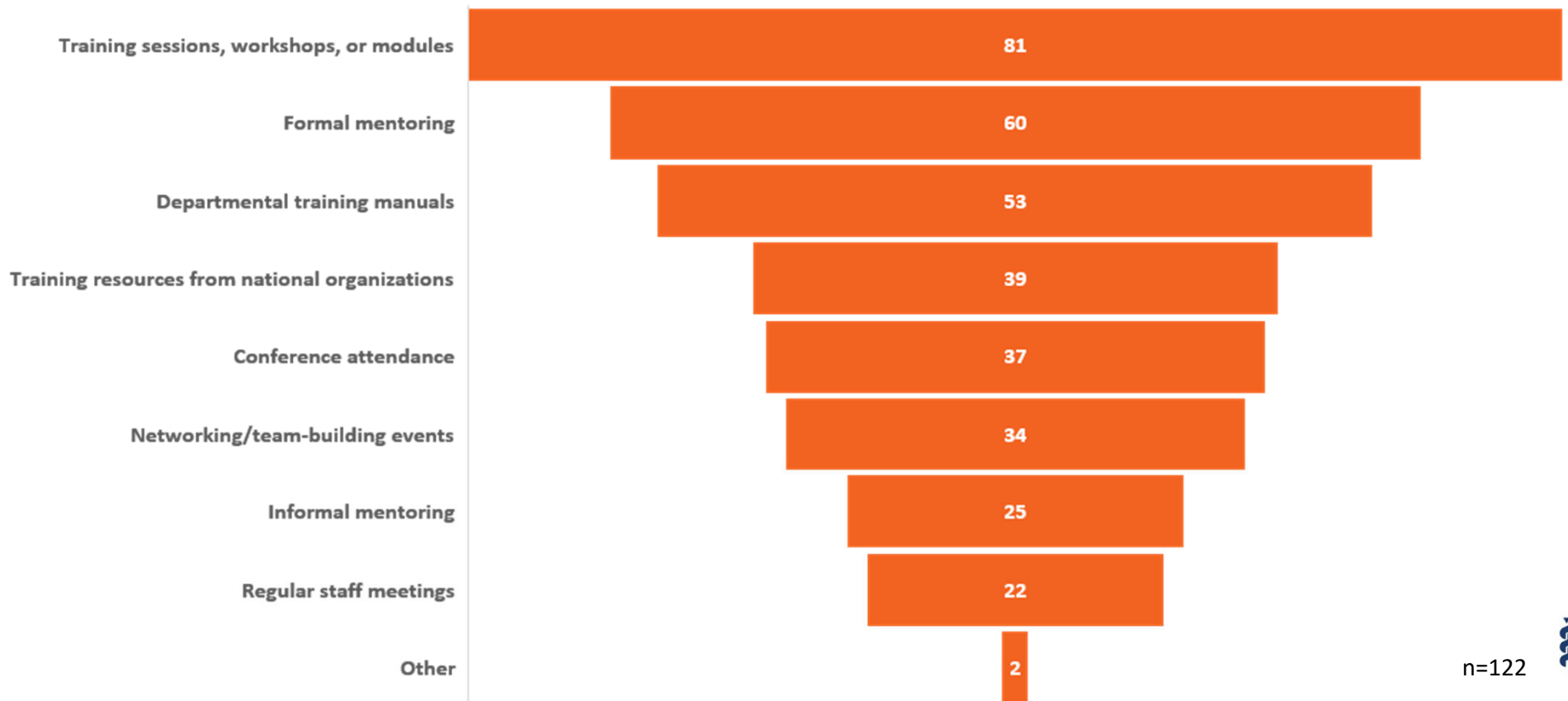


What tools or resources have helped **you personally** learn your role in medical education? Please select your **top three** choices.

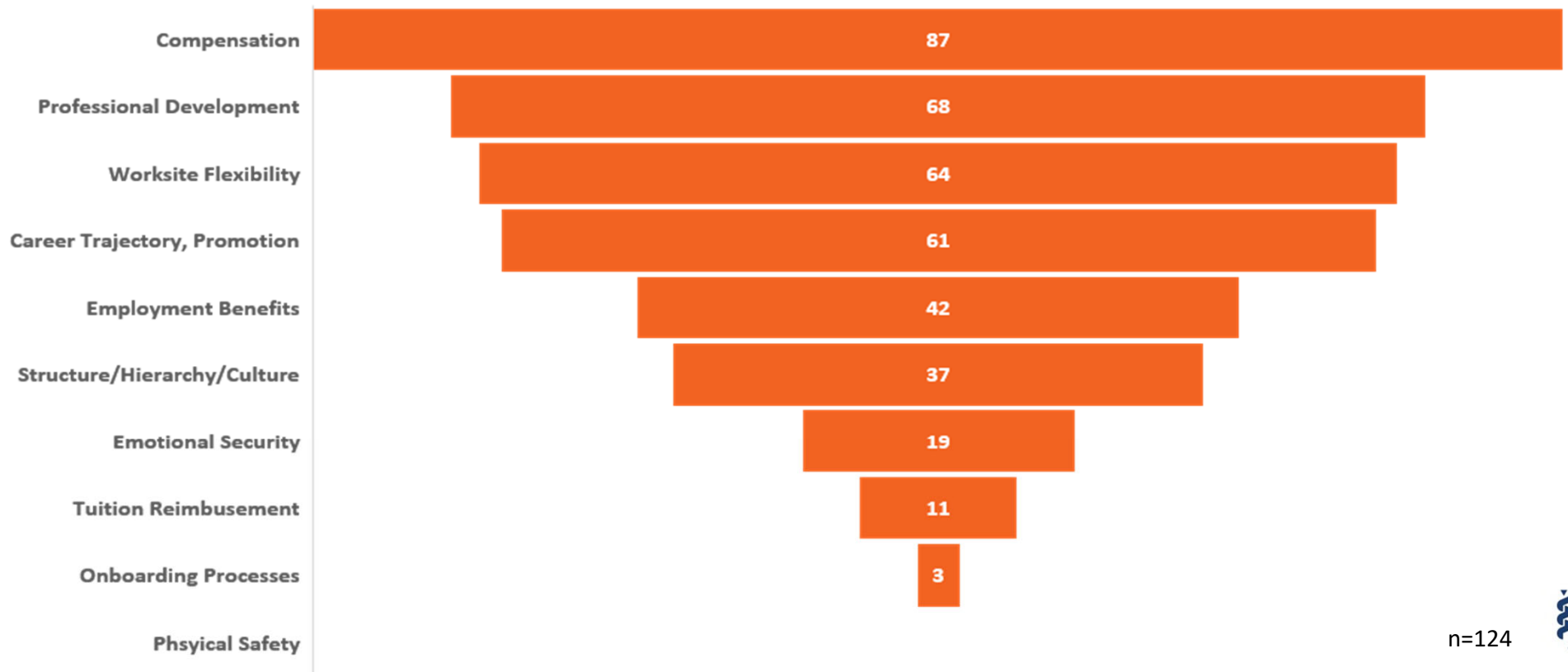


n=119

What tools or resources would be **most beneficial** to new medical education professionals? Please select your **top three** choices.



What are the most **important factors** to you in continuing your career in medical education? Please select your **top three** choices.



n=124

What We Learned: Pathways to Retention & Satisfaction

Mentorship & training are most valuable for learning the role.

Formal onboarding and **funded professional development** are most *desired* but least available.

Supportive supervisors are a key determinant of satisfaction and retention.

S.P.A.C.E. and **AAMC resources** increase belonging and professional identity.

Why This Matters: Staff Are the Backbone of Medical Education



Staff are **deeply mission-driven** — they stay because of their **impact on learners and programs**.

Yet many feel **undervalued, under-recognized**, and **unclear about career paths**.

High engagement doesn't equal high support — leaders must close that gap.

Retention = Recognition + Resources + Respect.

“I love what I do – I just wish the institution valued it as much as I do” – survey respondent

Strategy Exchange

Think about the time we discussed earlier about a staff vacancy...what were the downstream effects?

What were effects on learners, faculty, other staff?

What strategies does your institution use - or could use - to support staff development and retention?



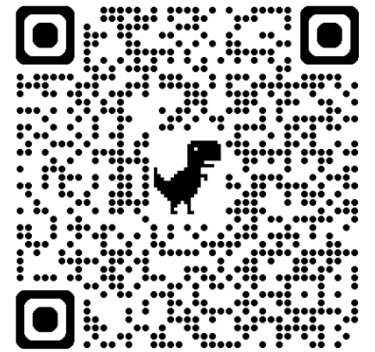
Q & A

Thank You for Attending
Thank You for Your Support &
Advocacy of Staff Professionals

#SPACEatAAMC25

#StaffinMedEd

#AAMC25



Join! Virtual Community



LEARN SERVE LEAD ²⁰₂₅

THE AAMC ANNUAL MEETING

SAN ANTONIO • NOV. 1-5