

“Toward a Common Understanding”

Advancing Education Scholarship for Clinical Faculty in Canadian Medical Schools

A Position Paper

EXECUTIVE SUMMARY

Canadian Association for Medical Education (CAME)
Advancement of Education Scholarship Working Group

AUGUST 2012

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Acknowledgements

We would like to thank the CAME Board of Directors and Executive for their ongoing vision and support which was instrumental to this work. We would also like to thank Libby Alexander (Research Assistant), Queen's University for providing her research expertise on this project and Stephanie Mustchler, Association Manager (CAME) who provided us with excellent administrative support. Annie Lévesque, Researcher, Université de Sherbrooke, was instrumental in conducting interviews in French. Carolyn Scott Lee (Administrative Assistant), Queen's University also provided assistance in organizing the data. Finally, we would like to thank those individuals from each of the medical schools who so willingly participated in this research.

Suggested Citation:

Van Melle E, Curran V, Goldszmidt M, Lieff S, Lockyer J, St. Onge C. *Toward a Common Understanding: Advancing Education Scholarship for Clinical Faculty in Canadian Medical Schools. A Position Paper*. Ottawa:ON: Canadian Association for Medical Education; 2012.

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The current situation:

Demands for evolution and transformation of medical education in Canada have never been greater.¹⁻³ Indeed, providing leadership in developing new approaches in health professions education is emerging as a critical role for Academic Health Science Centres.^{4,5} As a result, there is a growing need for faculty members to focus on education scholarship as part of their academic commitment. Consequently, the Canadian Association for Medical Education (CAME) adopted the following recommendation as part of their 2010 strategic planning initiative:

“That CAME should create a position paper on the scholarship of education in Canada”

Accordingly, an Advancement of Education Scholarship Working Group (AES-WG) was established. This position paper presents the findings and recommendations of the AES-WG.

Our focus:

In creating this position paper we had one central concern: to ensure that the amount of time and work that CAME members and other clinical faculty often dedicate to the development of educational programs and strategies is appropriately recognized as legitimate academic work. And so the following question was used to guide our work.

What strategies are required to appropriately evaluate and support clinical faculty involved in education scholarship?

What is education scholarship?

Unfortunately, when Boyer (1990)⁶ first introduced the ‘Scholarship of Teaching’ as one of the four pillars of the professoriate (the others being discovery, application and integration) the term was not well described.⁷ And so in answering our question, we first had to define education scholarship. Reviewing recent initiatives and literature^{8-13,15-28} led us to craft the following definition.

Education Scholarship is an umbrella term which can encompass both research and innovation in health professions education. Quality in education scholarship is attained through work that is: peer-reviewed, publicly disseminated and provides a platform that others can build on.

This definition is deceptively simple. It reflects the growing understanding that education research is a multifaceted field including basic, applied and practice-based areas of inquiry;¹⁴ anyone of which can inform the evolution and transformation of health professions education.

This definition also acknowledges the important contribution of the design, implementation and evaluation of educational innovations (e.g., teaching strategies, workshops, curriculum etc). Understanding education scholarship as encompassing both *research and innovation* is important since it expands our consideration of what can be ‘counted’ as legitimate academic work. The challenge then lies in ensuring that, regardless of the focus, the work is scholarly and can therefore be evaluated using appropriate academic standards. Accordingly, the qualities of “peer review, public dissemination and in a platform that other can build on” are highlighted in the definition. Most importantly, this last quality calls for *making explicit conceptual frameworks which inform the work so that* those engaged in education scholarship can advance the field by contributing to a deeper understanding of the area under investigation.

This definition also reinforces that education scholarship is an activity separate and distinct from teaching.²⁹⁻³¹ Indeed, participation in teaching and educational administration/leadership can lead to involvement in education scholarship. Education scholarship, however, calls for the development of skills and knowledge distinct from teaching and leadership. Specific strategies to evaluate and support clinical faculty must be directed accordingly.

Methods:

Understanding the Canadian context provided the key starting point. We felt that taking stock of the current situation would provide a solid foundation for moving forward. And so we began by examining how education scholarship is represented in promotion policies guiding academic clinical faculty. We then conducted interviews with key informants at each of the 17 Canadian medical schools regarding opportunities for participating in and academic advancement and recognition through education scholarship. We also held a think tank with key leaders and faculty where we shared preliminary results and sought further direction. Our work was also informed by the results of an environmental scan of Canadian fellows and scholars programs. Finally, throughout our work we consulted the literature.

Results:

The themes emerging from the data were grouped into four levels: national, institutional, support system and individual (see Table 1). These levels correspond to the focus and scope of the finding e.g., a national level issue is one that is common across all organizations. The individual level, however, captures themes directly applicable to those involved in education scholarship.

At the national level, we found that education scholarship is explicitly represented in 9 of the 17 promotion policies. However, the description and focus varied widely. Consequently, in these policies, it was often difficult to understand and/or distinguish the relationship among teaching, leadership, research and education scholarship. This finding was further reinforced in the key informant interviews.

At the institutional level, the need for explicit metrics for assessing the impact of education scholarship emerged as a key theme. At the support system level, department heads were

identified as being critically influential in providing career advice. A number of informal initiatives were described with respect to providing support, but few formally organized or coordinated systems. As well, these initiatives tended to be focused on a range of activities, of which education scholarship was just one component.

Table 1 – Results

<p>NATIONAL LEVEL:</p> <ul style="list-style-type: none">• The inclusion and level of description of education scholarship in promotion documents varies widely amongst institutions.• The boundaries between education scholarship, teaching, leadership and research tend to be blurred.
<p>INSTITUTIONAL LEVEL:</p> <ul style="list-style-type: none">• Evidence for accomplishments in education scholarship tends to focus on traditional metrics such as peer-reviewed publications.• It is difficult to measure and evaluate the impact of education scholarship.
<p>SUPPORT SYSTEM LEVEL:</p> <ul style="list-style-type: none">• The department head plays a central role in advancing education scholarship as a possible career path.• Institutions tend to rely on informal mentoring to support those interested in undertaking education scholarship.• Having conversations with knowledgeable individuals is a key strategy for successfully engaging in education scholarship.• Institutional support systems for those interested in education scholarship tend to be idiosyncratic and ad hoc.
<p>INDIVIDUAL LEVEL:</p> <ul style="list-style-type: none">• Incentives for engaging in education scholarship tend to be intrinsic (e.g., personal satisfaction) versus extrinsic (e.g., funding or other rewards).• Success in education scholarship is maximized through alignment of interests with other academic roles.• There are multiple ways in which individual clinicians can become engaged in education scholarship (e.g., through teaching activities, educational leadership roles, etc).

Finally, for individual faculty it was readily acknowledged that education scholarship tends to be just one “*building block*” of an academic career; with involvement ranging from one project to undertaking a significant program of research. Successful engagement is aided by declaring an area of interest thereby creating a “*density of activity*” across multiple academic roles. Being explicit about roles and expectations, particularly with respect to protected time, was identified as a critical strategy.

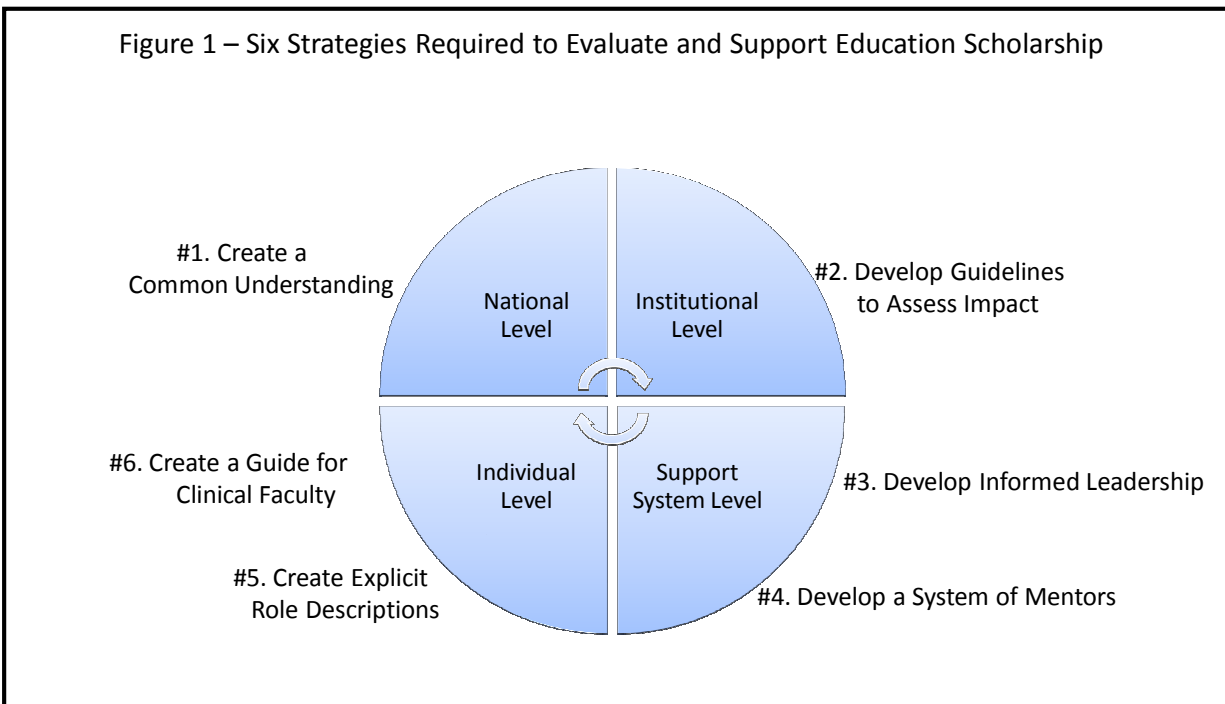
Recommendations:

Recommendations were then developed in accordance with each of the key issue areas (see Table 2). In the body of the position paper, each recommendation is augmented with material from the literature which is followed by suggested next steps. For example, recommendation #5 calls for being explicit about how education scholarship can contribute as one building block within an individual’s academic career. Based on a study of faculty career tracks,⁵² a rubric is provided. The rubric provides a template that can guide decision making such as the amount of protected time required for education scholarship activities within a broader academic portfolio. As a next step, it is suggested that the rubric be further developed including examples of education scholarship activities and possibly guidelines for protected time.

Table 2 – Recommendations

<p>NATIONAL LEVEL:</p> <p><i>Recommendation #1</i></p> <p>Adopt a common language and definitions for education scholarship which clearly distinguishes amongst teaching, administration/leadership, research and education scholarship.</p>
<p>INSTITUTIONAL LEVEL:</p> <p><i>Recommendation #2</i></p> <p>Develop guidelines which articulate the range of products, appropriate evidence and describe how to assess the impact of education scholarship.</p>
<p>SUPPORT SYSTEM LEVEL:</p> <p><i>Recommendation #3</i></p> <p>Ensure that those in key leadership positions have a robust understanding of how to integrate education scholarship into an academic career.</p> <p><i>Recommendation #4</i></p> <p>Ensure that there are specific mentors identified and developed across the system who can provide advice and assistance to clinical faculty on how to engage in and “package” education scholarship as a viable academic career path.</p>
<p>INDIVIDUAL LEVEL:</p> <p><i>Recommendation #5</i></p> <p>Make explicit how activities related to the various roles of academic clinicians would qualify as education scholarship.</p> <p><i>Recommendation #6</i></p> <p>Ensure that each school has and disseminates a guide for clinical faculty that describes the institutional approach to, opportunities and supports available for clinical faculty to successfully engage in education scholarship.</p>

As illustrated in Figure 1, the recommendations work together to ensure that clinical faculty engaged in education scholarship are appropriately evaluated and supported. We would suggest, however, that **Recommendation #1: Creating a common understanding is a foundational strategy**. Such a common understanding will provide the basis for developing appropriate metrics, informed leadership and mentors as well as creating explicit role descriptions and a guide for clinical faculty.



In Conclusion:

Since the time of Boyer, education scholarship has taken on a critical role in advancing health professions education. We argue in this position paper that properly evaluating and supporting this work begins with acknowledging that education scholarship encompasses a broad spectrum of activities; activities related to both education research and innovation. Indeed, clinicians who engage in education scholarship are most likely to be involved in multiple activities, e.g., teaching, education leadership and clinical care. Creating a common understanding of educational scholarship will allow for the contributions of these “*amazing*” and “*extraordinary doctors*” to be appropriately recognized.