Academic standards and scholarship

> "We believe that it is time to move beyond the tired old 'teaching versus research' debate and give the familiar and honorable term 'scholarship' a broader, more capacious meaning, one that brings legitimacy to the full scope of academic work. Surely, scholarship means engaging in original research. But the work of the scholar also means stepping back from one's investigation, looking for connections, building bridges between theory and practice, and communicating one's knowledge effectively to students."
>
> *Boyer 1990*

Introduction

Academic standards are what the academy and society mutually agree upon as benchmarks of quality that shape and frame the roles, responsibilities and actions of the professoriate. Education and the scholarship of education are not neutral. They are political, social and historical (Freire 1993) and involve choices about setting the agenda for what and how future health professionals will learn and whom they will serve, and how teachers will live and work in the academic world. Scholarship is a cornerstone of university life that can guide the future of medical education and the development of teachers in the health professions. In most parts of the world, opportunity for academic advancement is limited.

Standards, like culture, are slow to adapt to changing circumstances. There continues to be a need for adaptive change in medical education, to modernize curricula to be more socially responsible, incorporate other pedagogies, introduce early and sustained clinical experiences, promote viable community-based education and use new technologies in the learning/assessment process. At the same time, strained economies and the migration of health professionals are pushing already overburdened health systems to adapt. The pressures on faculty and staff to do more with less are greater than ever before. Monetary pressures have pushed academic medical centre leaders to adopt values and fiscal policies more attuned to the entrepreneurial world of business than to the primary goals of health, learning and scholarship. There is a danger that the core values of learning and scholarship are being subjugated to a profit-oriented world. The internet, diseases without borders, conflicts and other international events emphasize the essential role of collaboration in the face of complex regional and transnational issues. The call for international or global standards in medical education that respect regional cultural integrities grows stronger.

Brazil, India, Australia, the United States, many parts of Africa and Asia have published national requirements and standards for the implementation of core (standard) competencies for medical education. Paradoxically, one observes in medical curricula less attention and time devoted to discussion, reflection and problem solving related to failure of healthcare systems and the millions of people who are without access to basic attention and healthcare.

Double standard: Research, patient care and teaching

> "The scholarly enterprise of teaching includes the creative development of innovative pedagogic practices and course materials, and aims to encourage independent learning and critical thinking. Scholarly teaching requires enthusiastic, intellectually engaged faculty who are well informed about the latest advances in their disciplines."
>
> *Marks 2000*

There is a double standard: one for research and patient care and another one for education. Research and patient care have clear, well-established rules, expectations and standards and formal preparation for professional roles and responsibilities. The ability to

generate outside funding from research and/or clinical care confers influence and status in academic and political processes. The culture of research and patient care is highly developed and almost universally accepted. Not so for scholarly work in education. Unlike research and patient care activities, teachers in the health professions rarely receive formal preparation for the teaching–learning process, education and assessment of learners. Poor teaching performance is tolerated, whereas poor quality in research and substandard patient care are not. Peer review is well established for research and patient care activities, yet still remains relatively undeveloped in teaching and other educational activities. Teachers at medical schools are well aware that the rewards and recognition for research and patient care are substantive and those for teaching and education much less so.

The absence of a common language in education and related shared values presents a major barrier to the coherent integration of scholarship and teaching. Few teachers can accurately describe how people learn, what is known about the development of expertise or the application of basic concepts and approaches to assessing learners. Even fewer can formulate and pursue research questions related to health professions education. It is a disturbing observation that those who are entrusted with the care and preparation of their successors are ill-informed about contemporary approaches to learning, teaching and education. We profess, but are we professional?

Professionalizing teaching

It is time to professionalize teaching and education; to have agreed-upon standards for teaching that are part of, rather than separate from, scholarly work and to hold teaching to the same high standards as research and patient care. How can this be done? Broadening the definition of scholarship to include the scholarship of discovery, application, integration and teaching (Boyer 1990) makes it feasible to articulate and reward all forms of excellence and to support an enriched culture for education and teaching in health professions schools.

Broadening the definition of scholarship

> *"What we urgently need today is a more inclusive view of what it means to be a scholar – a recognition that knowledge is acquired through research, through synthesis, through practice and through teaching."*
>
> *Boyer 1990*

The traditional academic definition of scholarship applied by health professions schools to the work of the professoriate is exclusive; reserved only for those who conduct research and publish in peer reviewed journals. Large areas of legitimate academic activity and productivity vital to fulfilling the educational mission in the health professions are excluded by this definition. The work of the professoriate essential to the success of educational change and innovation is at risk of failing to be recognized because it lies outside the purview of the traditionally accepted forms of scholarship. A broader and more inclusive definition of scholarship goes beyond the discovery of new ways of knowing and new knowledge to include integration, application and teaching. It enables educators to pose important questions (Table 46.1) (Boyer 1990, Glassick et al 1997). This broader approach to scholarship is *inclusive*, establishing criteria for and recognizing the value of teaching as part of the merit and promotion process at a time when changes in education are needed (McGaghie 2009).

Table 46.1 Four arenas of scholarship

Category of scholarship	Description	Questions posed
Discovery	Knowledge for its own sake	What is known? What is yet to be found?
Integration	Making connections across disciplines, illuminating data in a real way, interpreting, drawing together and bringing new insight to bear on original work	How do these findings fit together … with what is already known?
Application	Engagement with society to apply what is known	How can what is known be responsibly applied to consequential problems? How can it be helpful to individuals, society and institutions?
Teaching	To make accessible and to participate in the transformation of what can be known with others	How can what is known be shared? How can what is known be transformed?

From Boyer EL: *Scholarship Reconsidered: Priorities of the Professoriate.* The Carnegie Foundation for the Advancement of Teaching. San Francisco, 1990, Jossey-Bass.

Criteria for scholarship in education

Criteria for scholarship (Boyer 1990, Glassick et al 1997, Hutchings & Schulman 1999) require that:

- Educational activities be informed by both the latest ideas in the subject field and the most current ideas in the field of teaching
- Be open and accessible to the public
- Be subject to peer review critique and evaluation using acceptable criteria
- Be accessible in a form upon which others can build.

> "Inspired teaching keeps the flame of scholarship alive. Almost all successful academics give credit to creative teachers – those mentors who defined their work so compellingly that it became, for them, a lifetime challenge. Without the teaching function, the continuity of knowledge will be broken and the store of human knowledge dangerously diminished."
>
> *Boyer 1990*

Most teachers in the world work in an environment where day-to-day activities leave little time for scholarship. Strategies for linking everyday educational activities and scholarship through a relative value, stepwise process have been developed by Morahan and Fleetwood (2008). This is especially important in places where resources are limited and opportunities for academic advancement few.

> "A teacher has a scholarly approach when he/she uses best available practices and documents a systematic approach to the planning, implementation and evaluation of educational activities based on the literature."
>
> *Simpson et al 2007*

When an anatomist or a paediatrician reads the latest literature on a topic, adds relevant contemporary findings, and places his or her teaching in a clinical context relevant to learners he or she is building on existing knowledge and is said to be taking a scholarly approach. A deeper level, educational scholarship, occurs when a teacher produces a work that is shared publicly with the education community in a form such that others can build on it. Being in the public domain, educational work is subject to peer review using accepted criteria for assessing scholarship. When a teacher makes his or her work available to other teachers, presents it at a peer reviewed professional meeting, has it accepted by an approved peer reviewed clearing house, or disseminates it on a website, he

or she has demonstrated educational scholarship. The teacher has engaged with and contributed to the broader educational community. Other forms of scholarship may consist of the production and sharing of syllabi, web-based instructional materials, fellowship programmes, continuing medical education programmes, performance data about learners, accomplishments of advisees and educational leadership programmes (Morahan & Fleetwood 2008, Simpson et al 2007). How can the teacher's department and school recognize and count this work toward merit and promotion?

Assessing scholarly teaching and educational scholarship

> "Academics feel relatively confident about their ability to assess specialized research, but they are less certain about what qualities to look for in other kinds of scholarship, and how to document and reward that work."
>
> *Glassick et al 1997*

Academic standards for recognition and promotion based on scholarship and scholarly activities require credible documentation that includes (1) the quantity and (2) the quality of the educational activities and (3) a description of the nature of the person's engagement with the wider educational community (Simpson et al 2007). Quantity refers to the types and frequencies of educational roles and activities. Quality refers to measures of the effectiveness and excellence of the educational activity. Engagement with the education community occurs when the educational activity is informed by what is known in the field (scholarly approach) and educational scholarship when the educator contributes to the knowledge in the field. Table 46.2 illustrates the application of the criterion from Glassick et al (1997) to scholarship in lecturing, precepting, small-group facilitation and educational administration (Fincher et al 2000).

Institutional support for scholarly teaching and education

> "The effort to broaden the meaning of scholarship simply cannot succeed until the academy has clear standards for evaluating this wider range of scholarly work. After all, administrators and professors accord full academic value only to work they can confidently judge."
>
> *Glassick et al 1997*

Table 46.2 Illustrative applications of the scholarship criteria of Glassick et al (1997) to lecturing, precepting, group work and educational administration

Six criteria for scholarship (Glassick et al 1997)	Criteria for quality teaching (Fincher et al 2000)	Documentation of evidence (Simpson et al 2007)			
		Quantity	Quality	Draws from field to inform own work (*scholarly approach*)	Contributes to field to inform others' work (*educational scholarship*)
Clear, achievable goals that are important to the field	Establish clear, achievable, measurable, relevant objectives	Teaching role, how long (duration and frequency)	Awards with criteria, evaluation by students, peers, consultants	How teaching approach is informed by the literature	List of interactive learning exercises is accepted in peer-reviewed repository
Adequate preparation, including an understanding of the existing work in the field	Identify and organize key materials appropriate to audience level and objectives	Where (required courses, venue)	Evidence of learning (self-reports, performance on standardized tests)	Impact of colleague discussions on subsequent practice	List of invitations to present teaching approach at regional, national and/or international conferences
Appropriate methods relative to goals	Select teaching methods and assessment measures to achieve and measure objectives	Formats, number and level of learners			
Significant results that contribute to the field	Assess learner performance				
Effective communication of work to intended audiences	Assess quality of presentation–instruction				
Reflective critique to improve quality of future work	Critical analysis of teaching that results in change to improve it				

From Fincher RME, Simpson DE, Mennin SP, et al: Scholarship as teaching: an imperative for the 21st century, *Academic Medicine* 75:887–894, 2000, with permission.

Mechanisms exist to support peer-reviewed basic and clinical science research, while those for teaching are variable and intermittent. The support of departments, medical schools, universities and professional organization sis required to elevate teaching to the level of scholarship by providing resources equivalent to those that support traditional basic and applied research. Table 46.3 presents an outline useful to assess an organization's infrastructure related to the scholarship of teaching and education.

The change process and the scholarship of teaching

> "Adaptive leadership consists of mobilizing people to do work that consists of the learning required to address conflicts in the values people hold, or to diminish the gap between the values people stand for and the reality they face. Adaptive work requires a change in values, beliefs or behavior."
>
> *Heifetz 1994*

Leadership can be top-down (traditional hierarchical leadership) or bottom-up (emergent). It is important to be able to recognize this and know when and where they fit best (Hazy et al 2007). Experience teaches us that the role of leadership is critical before, during and after change and innovation in medical education. Insight into the dynamical nature of change as a process and the sociopolitical and economic interactions related to academic life, teaching/learning, healthcare and health are essential if the scholarship of teaching is to become part of the structural and cultural reality in medical schools (Bloom 1988, Mennin & Krakov 1998).

Change requires a disturbance of the status quo. The scholarship of teaching, for most medical schools, has relatively little impact. However, it can be linked to larger issues like promotion and merit. The status quo can be disturbed when new information and information-seeking activities about scholarship are present at multiple levels within the institutional organization (Departments, clinics, hospitals, deans, etc.). Important strategies are to provide information iteratively, have frequent formal and informal discussions, inform leadership and opinion leaders and clarify issues (if possible via research in medical education) by posing questions about scholarship such as:

- What is it?
- How does it work?
- Why do we need it?
- What's wrong with the way things are now?
- What are some advantages and disadvantages?

The adoption of a curriculum change and of different standards in medical education and the implementation of scholarship in teaching are unlikely to happen unless the leadership and teachers feel that they will resolve some crisis or uncertainty that affects them directly and that they will improve the quality of their daily work life. Some important strategic approaches at this stage involve embedding the scholarship of teaching into larger institutional and societal needs such as the introduction of community-based medical education in service of regional health needs or national and international movements to improve health professions education.

Academic organizations, like other living organisms, establish boundaries, rules and values based on individual and institutional history, context and initial conditions. In a bounded organization, change is more likely to occur when an environmental change makes living within the current boundaries unworkable, when the institution fails to achieve its stated and desired goals or when it is thought that the goals can be better satisfied in another way (Levine 1980). An internal review at the University of Kentucky School of Medicine revealed that its faculty recruitment, development, retention and promotion processes were not working optimally, particularly in the clinical departments (Nora et al 2000). A task force, including a broad representation of senior basic and clinical scientists, as well as nontenured faculty and others, collected data, developed procedures, examined policies and perceptions, kept in close contact with the larger faculty community, the university administration and governing bodies and reported findings publicly to the general faculty. These activities represent normal academic processes. Although the mission of the school embraced all four areas of scholarship outlined by Boyer (1990), the majority of the faculty perceived that only the scholarship of discovery mattered in the promotion process. Subsequently the university clarified promotion guidelines and implemented new mechanisms to support faculty in all forms of scholarly work. They also reaffirmed their support for the basic values in all forms of scholarship, including teaching (Nora et al 2000).

> "Most individuals do not evaluate an innovation on the basis of scientific studies of its consequences; instead, most people depend mainly upon a subjective evaluation conveyed to them from other individuals like themselves who have already adopted the innovation."
>
> *Rogers 2003*

The implementation of the scholarship of teaching will require careful attention to how education is perceived by both individuals and groups of teachers

Table 46.3 Key infrastructure features of medical schools and professional organizations supportive of the scholarship of teaching/education

Department/medical school	Professional organization
[Frame 1: Structural]	
Educational leadership positions listed on organizational chart • Equivalent to research and/or clinical practice positions	Formal affiliation opportunities for medical educators • Committees, sections, special interest groups, leadership positions related to education
School-wide medical education office, committee or individual	Peer review committees/panels
Medical school library/website to access literature and websites specific in medical education	Society publishes peer-reviewed education papers
Education facilities and support personnel	Education clearinghouse/bookstore
[Frame 2: Human resources]	
Orientation programmes about medical education • For new faculty, course directors, clerkship directors, committee members	Fellowships in medical education • Teaching-career advancement, fellowships
Education handbooks/web-based materials • 'How-tos' for course and programme directors; relevant skills, resources, policies for education programmes	Educational resource materials • Society-support guidelines and materials for education-based work • How to document activities for promotion
Faculty development programmes/workshops • Curriculum development, teaching skills, preparation of promotion materials as educational scholarship, mentoring from senior faculty • Hiring process for educational positions	Faculty development workshops/programmes • Annual skills workshops, refresher courses related to educational skills
[Frame 3: Policies]	
Selection/election/appointment process for key positions and committees	Selection/election/appointment process for key positions
Educators in leadership positions • Chairs of key committees, working groups, promotion and tenure groups, budget process	Educators in leadership positions • Key decision-making positions, resource allocation, policy and by-law decisions
Educator coalitions to influence decisions • Influence resource allocation	Educator coalitions to influence decisions • Resource allocation, presence on organization website
[Frame 4: Symbolic]	
Public documents • Department/medical school committee agendas have a standing education line item	Public documents • Education is featured in multiple venues
Rituals/traditions/ceremonies • Awards, recognition for education scholarship	Ritual/traditions/ceremonies
Department/medical school-wide public forums • Visiting or distinguished lectureship on education attended by leaders • Education periodic focus of grand rounds or conferences	Public forums • Annual lectureship • Listservs for educators

From Fincher RME, Simpson DE, Mennin SP, et al: Scholarship as teaching: an imperative for the 21st century, *Academic Medicine* 75:887–894, 2000, with permission.

(McGaghie 2009). Some characteristics of innovations valued by potential adopters of innovations (Rogers 2003) include:

- **Relative value.** To what degree is the scholarship of teaching perceived as an opportunity for career advancement? Is it socially prestigious? Is it more satisfying? One advantage of introducing a broader definition of scholarship and recognizing it as part of the promotion process is to the retention of faculty vital to the success of a school's education mission in a rapidly changing world.

- **Compatibility.** Is the scholarship of teaching consistent with existing individual and institutional values, past experiences, the needs of potential adopters as well as societal values? Expanding the definition of scholarship to include application, integration and teaching in addition to discovery creates a more inclusive environment without lowering the standards of the scholarship of discovery. It fits well with teachers who produce educational materials and innovations and who are recognized for that work when it meets the criteria of scholarship. Promotion criteria based on a narrow interpretation of scholarship (publications, grants and awards) are inconsistent with the rising demands of clinical work and can result in the loss of outstanding clinicians and educators. The educator's portfolio can be an institutional strategy for clinical teachers to meet the criteria for promotion by providing acceptable evidence of the scholarship of teaching (Simpson et al 1994).

- **Degree of difficulty.** How difficult is it to grasp and implement the idea of the scholarship of teaching (McGaghie 2009)? For some faculty, education is not the most important part of their day-to-day activities. Few people give their best effort to activities for which they are insufficiently prepared or do not fully understand and for which they receive insufficient recognition. The University of Louisville, like many institutions, found itself caught in economic difficulty: having to earn more clinical income to support teachers and to subsidize other activities. The administration found itself using a research-focused promotion and reward system to evaluate clinician educators (Schweitzer 2000), something that is very common in the developing world. Further, structural changes requiring post-tenure review stimulated a reconsideration of the best way to maximize faculty resources and talent. The university adopted the Boyer approach, broadening the definition of scholarship to include the scholarship of teaching. However, the faculty had difficulty in understanding how scholarship applied to a variety of faculty activities, as did the promotion and tenure committee in seeing how the model could be adapted to their school. The model

was too difficult and burdensome and was not adopted by the faculty (Schweitzer 2000).

- **Trialability.** To what extent can teachers or institutions experiment with the scholarship of teaching on a limited basis? Educational approaches that can be pilot tested have a much better chance of succeeding than those for which a small-scale trial is not possible. Teaching, when perceived as not being appropriately rewarded, can result in teachers choosing not to pursue their interests in the educational process. The adoption of criteria for scholarship applied universally without regard to the forum in which the activity or the subject occurred can promote a shared understanding of scholarship applied to education.

- **Observability.** To what extent will the results of the scholarship of teaching be observable? If faculty can see it working in a department or with someone they respect (opinion leader), they will be more likely to adopt it. Visibility stimulates peer discussion and helps spread the innovation to others.

Summary

The definition of scholarship has been expanded beyond discovery and creation of new findings and their public presentation and publication in peer-reviewed media to include the scholarship of integration, application and teaching. The criteria for educational scholarship, like other forms of scholarship, require that activities be informed by both the latest ideas in the subject field and the most current ideas in the field of teaching; be open and accessible to the public; be subject to peer review critique and evaluation using acceptable criteria; and be accessible in a form upon which others can build. Teachers engaged in routine teaching activities can take a scholarly approach when they draw from the established literature and known practices in their subject area. Teaching becomes educational scholarship when teachers make original contributions to the existing peer-reviewed resources in their field. Academic standards for recognition and promotion based on scholarship and scholarly activities require credible documentation that includes the quantity and the quality of the educational activities and a description of the nature of the person's engagement with the wider educational community. The challenge is to promote the development and acceptance of documentation of scholarship as an important part of an educator's portfolio in support of merit and promotion.

Successful movements in medical education, such as the current expansion of the definition of scholarship and the refinement of documentation of evidence for recognition and promotion, depend on an

understanding of the practical and theoretical aspects of adaptive leadership. The introduction of educational scholarship requires dedicated staff and teachers capable of expanding the boundaries of education, together with a system capable of recognizing and supporting those who do so. Academic health science centres, medical education, and healthcare systems are part of a complex ecology that emerges from the local dialogues and activities we have with one another. It is up to each of us to engage with those around us so that an understanding and application of educational scholarship can emerge as part of a 'new traditional' institutional fabric supportive of academic careers in health professions education and the priority health needs of society.

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