The Changing Face of Academic Medicine: Navigating the Tumultuous Waters

Tools for Educators of Emergency Medicine Conference
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“The Good Ole Days. . . .
When Giants Walked the Halls”

• The era of the “triple threat”
  – Funded researchers
  – Master clinicians
  – Extraordinary teachers
Near-extinction of the “Triple Threat”

- Conversion of “scholarly” faculty to “clinical” faculty
  - Rise of clinician /educators or non-educators
  - Less time to teach, especially students
  - Cadre of faculty who have no track record in research
What Happened?

- The rise of medical research
  - Creation (1948) and growth of the NIH
  - Growth in size of faculty
  - Competition for $$
    - Diminution of low-key collegiality
  - Salary expectations increased
What Happened?

- Expansion of clinical practice
  - Medical care as a basic right
    - Medicare/Medicaid
    - Teaching hospitals flourished
    - Faculty size increased to meet clinical demands
    - Remuneration rates decreased
      - More patients must be seen to earn same income
Trends of the ’90s

U.S. Medical School Faculty Members by Degree and Department, 1989-1999
What Happened?

- Growth and maturation of graduate medical education
  - Expansion of sub-specialty training
- Student education overshadowed
Balancing Education, Clinical Care, and Research Became More Difficult

- A prophesy from the ’60s
  - “’Employment of fulltime staff as money makers contained the germ of self-destruction’ of academic life”.

Why Academic Medical Centers May Fail in Their Educational Mission

Petersdorf: *Acad Med* 70:S41-S47, 1995

- Excessive emphasis on
  - research
  - teaching residents rather than students
  - clinical practice
- Excessive expectations of faculty
- Departmental barriers
- Misguided academic personnel policies
If Not “Triple Threats”, Then What?

• Many junior faculty are
  – Enthusiastic, superb clinicians
  – Excellent teachers

• Who make
  – Important contributions to their institutions

• But may be at risk
  – of not being promoted because they have not engaged in legitimate scholarly activity
Consequences

• Consequence
  – Faculty become frustrated and leave academic medicine

• My conclusions
  – Faculty lose and institutions lose
  – Career development is of vital interest to
    • faculty and
    • their institutions
Two Approaches to Career Development

• Do what you are asked to do and *hope* you will meet the promotion expectations

• Be proactive and negotiate responsibilities to be *sure* you will meet promotion expectations
Remember

No one cares more about your career development than you
Your Role

• Read and understand the guidelines
• Are you on the “right” track?
• Meet with your chair to:
  – Discuss your responsibilities
  – Discuss expected outcomes
  – Negotiate congruence between
    • Responsibilities and
    • P&T guidelines
Common Expectations for Promotion

- Reputation
  - Regional
  - National/international
- Research/scholarly activity
Building Your Reputation

• Attend a meeting
  – Learn from the sessions
  – Meet and talk with peers and “gurus”
  – Establish connections promptly

• Become active
  – Collaborate on a workshop proposal
  – Get appointed to a committee
  – Present an abstract
Evidence of a Reputation

- Publications
- Meeting presentations
  - Invited and peer reviewed
  - Abstracts (oral and poster)
- Invitations to other medical schools
- Editorial boards
- Reviewer (journal, abstracts, grants)
- Collaborators from elsewhere
Assume Scholarship is Required

• Look for support
  – Mentors (need more than one)
  – Colleagues with similar interests
  – Departmental/school/institution
    • Office of Educational Development
    • Faculty Development Center
    • Career Development and Education Center
Find Scholarship in Your Daily Activities

• Your research/scholarship should follow from your daily activities
  – What do you feel passionate about?

• Identify colleagues as collaborators
  – Get involved with an on-going project
  – Brainstorm about your ideas
  – Develop a “small” project
Do the Work

• Do a project
• Write it up
  – Submit an abstract
  – Submit a manuscript
• Get to a meeting
  – Develop a network
• Clinical
  – How will your work be assessed?
  – What records are kept by others?
    • Billings? Collections? RVUs? Numbers of shifts? Numbers of patients?
  – What should you track?
  – *When in doubt, save the “evidence”*
Document Research/Scholarship

- Curriculum vitae: a work in progress
  - Documentation *and* planning
    - Does CV paint picture you want it to paint?
    - Gaps? How can you fill them?
    - Are committees congruent with your goals?
    - Are administrative assignments congruent?
    - Is it well organized? Easy to follow?
Document Teaching

• Start an educator’s portfolio
  – Why?
    • Will help you teach better
    • Guide for career development in education
    • Documentation for promotion consideration
  – How?
    • Use your school’s format (if there is one)
    • Keep track of what you do
    • Save the “evidence” of quality/impact
Portfolio Caveats

• Collect information continuously
• Reflects *individual* accomplishments
• Find a “portfolio mentor”
• The Mark Twain principle
  – Bigger isn’t better
Portfolio Next Step

Attend Gloria Kuhn’s workshop!
Annual Performance Review

• Learn what is expected
  – Forms? Specific data required?

• Prepare well
  – Updated CV
  – Clinical data
  – Educator’s portfolio
  – Your timeline for promotion
Annual Performance Review

- Use documentation to
  - Demonstrate your accomplishments
  - Demonstrate connect or disconnect with meeting promotion expectations
    - If there is a disconnect, negotiate
    - Meeting departmental needs ($) may not be meeting your needs (promotion)
  - Establish expectations *and outcomes* for next year
- Partnership with chair
National Trends in Response to Changing Face of Academic Medicine

- New tracks: Clinician/educator
  - Sometimes, clinician/non-educator...
  - Contractual, usually non-tenure
- More infrastructure for education
- Broader definition of scholarship
  - Research as *one* form of scholarship
Two Tracks, Three Categories: Medical College of Georgia

- Tenure Track*
  - Basic science researcher
  - Clinician-investigator
  - Educational researcher

- Non-tenure Track
  - Clinician-educator
  - Educator-clinician
  - Basic science educator

*Extramural funding required
Infrastructure to Support Faculty as Educators: Professional Organizations and Institutions

- Structural
- Human resources
- Political
- Symbolic

Bolman and Deal: *Reframing Organizations*
Valuing Teaching and Educational Scholarship

• Societies or Academies
  – Recognize accomplishments based on selection criteria

• Faculty development centers
  – Career development
  – Teaching/educational research skills
Career Development and Education Center (CDEC)

Medical College of Georgia

• Established: 2002

• Purpose
  – Support all junior faculty
    • Integration into academic community
    • Career development
  – Support all faculty as educators
    • Teaching-related skills workshops
    • Educational research seminars
Medical College of Georgia
Career Development & Education Center

• New faculty
  – “The First Six” career development program for new faculty

• All faculty
  – Teaching-related skills development
  – Educational research seminars
The “First Six” Program

• Target group
  – Junior faculty: assistant professors appointed since January 1, 2002

• Program goals
  – Meet colleagues, foster collaboration
  – Proactive career planning
    • Promotion to associate professor
    • Tenure, if applicable
Topics, AY ‘03

• Joining an Academic Community
• Promotion & Tenure System
• Teaching
• Research/Scholarship
• Presentations and Publications
• Preparing for Your First Annual Performance Review with Chair/Chief
• Getting Money
Society of Teaching Scholars
Medical College of Wisconsin

• Established: 1990
• Application
  – CV, description of teaching, evidence of scholarship in teaching/education
• Selection
  – Internal peer review
  – “Innovation & excellence in medical education”
  – Membership: 12 initially; 3/year
Although teaching has long been extolled as the heart and soul of academic medicine, it has been overshadowed as the primary mission of medical schools by research and clinical service. This gradual process has occurred despite the fact that faculty throughout the country have continually voiced concern that the teaching mission is adrift, frayed and no longer sufficiently valued."
Academy of Medical Educators

Harvard

- Established: 2001
- Goals
  - Restore central role of teaching
  - Establish a community of scholars who excel in medical education
  - Enhance teaching skills, excellence
  - Foster educational research
- Selection
  - Active, excellent teachers of students at HMS
  - External and internal peer review
Academy of Medical Educators

UCSF

• Established: 2000

• Selection
  – Direct teachers of medical students
  – Outstanding in at least one area
    • Direct teaching
    • Curriculum development, design, & assessment
    • Advising and mentorship
    • Educational administration and leadership
    • Education scholarship; enduring educational materials
  – Internal and external peer review
Fulbright & Jaworski Faculty Excellence Award

Baylor College of Medicine

- Established: 2001
- Academy of Distinguished Educators
  - 5-year membership
- Selection: criterion based
  - Designated standards of quality, quantity, and breadth as educators
  - Peer review of educational skills
    - Similar to NIH study section peer review
Research As One Form of Scholarship

• *Traditional research:* No argument!
  – Discovery of new knowledge
  – Peer review of results
  – Dissemination (publications; abstracts)

• Faculty essential to the core mission of education are not promoted because they do not engage in traditional forms of scholarship
These Faculty . . .

• Conceptualize, design, evaluate
  – New curricula
  – Interdisciplinary courses
  – Assessment instruments
  – Web-based learning materials
  – High-quality syllabi

• Serve as
  – Course directors, teachers, mentors, and role models
What Is The Impact of Their Work?

• Their products may
  – extend into the public domain
  – be critically reviewed by peers
  – be adopted by other faculty

• They may be invited to
  – share expertise at other schools
  – give national presentations
To Recognize Scholarly Contributions, We Need . . .

- A definition that recognizes legitimate scholarship in addition to discovery
- Methods to assess education-related scholarship that parallel research
- Infrastructure to support faculty as teachers and educational scholars
AAMC’s GEA Scholarship Project

• Purpose
  – Develop, disseminate, and facilitate implementation of broadened concept of scholarship

• Results
  – Broader definition
  – Defined infrastructure to support faculty as educational scholars

Broader Definition

- Scholarship is demonstrated when knowledge is advanced or transformed by application of one’s intellect in an informed, disciplined, and creative manner.
  

- Teaching becomes scholarship when it demonstrates knowledge, pedagogical innovation, invites peer review, and explores learning.

Next Steps in Assessing Educational Scholarship

• Peer review
  – Internal
  – External
    • Generate reviewer lists similar to journals?
    • National organizations?
    • Clearinghouse for “products”?

• Dissemination
  – How broadly?
  – Through what venues?
GEA Scholarship Project Phase 2

- *Academic Medicine* supplement
  - Teaching as a form of scholarship
  - Rewarding faculty for teaching/education
  - P&T guidelines
- Where does education scholarship fit?
  - Documenting education scholarship
  - Structural models for advancing education
Scholarship in Addition to Research: *Focus of Breakout Session*