

# *Scholarship in Medical Education*

## *AAMC / GEA Project*

### **TEACHING SCHOLARSHIP SCENARIOS**

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#### ***Background***

Medical schools now recognize that the professional development, reward and promotion of faculty who support the core mission of education has been limited by the inability to critically evaluate candidate's scholarship in this arena. To address this need, the GEA of the AAMC undertook a project on educational scholarship in an effort to develop, disseminate and facilitate implementation of a renewed concept of scholarship as it relates to medical education. The project steering committee began with a definition of scholarship and subsequently developed a set of "teacher as scholar" scenarios to explore teaching as scholarship. These scenarios were presented at the 1999 regional GEA meetings and are provided below as tool to stimulate critical discussion regarding teaching as scholarship. For more detailed information about the project, associated definitions and criteria for scholarship, please see the article in the December, 1999 issue of *Academic Medicine* by Deb Simpson and Rhee Fincher titled, "Making a Case for the Teaching Scholar".

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#### **Case Authors**

Special thanks to Gary Rosenfeld, Arthur Rothman, Rhee Fincher, and Deb Simpson, all members of the GEA Project on Scholarship who authored the cases provided below

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#### **Instructions**

Each of the brief scenarios presents a medical school faculty member, emphasizing their educational scholarship. These cases were deliberately constructed to provide what we believe are examples (as well as non-examples) of scholarship related to education and in some cases specific to teaching. The cases are intended to provide a concrete stimulus for discussion at the department, medical school and national level regarding scholarship and the evidence used by educators to document their work. We recommend that you review each of the scenarios, and complete the tasks/questions listed below.

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#### **Some Recommended References**

For background reading on scholarship and associated criteria, read:

1. Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate* 1990; The Carnegie Foundation for the Advancement of Teaching: Princeton, NJ.

2. Dauphinee D. *Research and Education in the Health Sciences: Isn't It Time to Redefine the Meaning of Scholarship* *Advances in Health Sciences Education* 1998; 3:231-234.
  3. Glassick CE, Huber MR, Maeroff GI. *Scholarship Assessed Evaluation of the Professoriate* 1997 Jossey-Bass: San Francisco.
  4. Hansen PA, Roberts KB. Putting Teaching Back at the Center *Teaching and Learning in Medicine* 1992; 4(3):136-139.
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**Trigger Questions/Tasks**

1. Cite examples of how each individual does/does not demonstrate scholarship. Justify your assessment relative to the criteria for teaching as scholarship.
  2. Assuming no additional research/scholarly activity, given the quantity, repertoire of teaching methods and evidence of quality as teachers:
    - Should these individuals be promoted?
    - If not, what additional scholarly activities would be necessary for each not promoted individual to achieve promotion?
    - Explain your decisions.
  3. What would happen in your institution? Are you aware of any effective models for defining, quantifying, and rewarding excellence in the scholarship of medical education?
  4. Underlying Questions:
    - Should there be a standard of relative balance among service, research, and teaching for promotion OR should the expectations for promotion be linked to the faculty member's responsibilities as outlined by his/her chair?
    - Should faculty be promoted primarily on the basis of their teaching and educational activities?
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***Scenario #1: Cynthia Spezio, MD***

**Introduction**

Dr. Spezio is a general internist who is also boarded in psychiatry and has a special interest in psychosomatic medicine. She has been 5 years in rank at the level of an Assistant Professor. At her chair's direction, her primary role is clinical service. Her teaching is typically done in the context of her clinical activities and includes:

General Medicine	Other Teaching
Attending: Wards 4-5 mos/year;	Presenter: Allied health and

	nursing students 3-4 times/year)
Attending: Continuity Care clinical 5- _ days/week	Presenter: Basic Science or ICM (1/year)
Attending: In-Patient Consult Service 4 months/year	PBL Tutor: 2 hrs/week/12 weeks
Presenter: Grand Rounds 1/year	Small Group Facilitator: 1 hr/week/10 weeks
Presenter: Resident/Medical Student Case Conferences	Other: Always available as needed

Dr. Spezio is an extremely knowledgeable clinician, enjoys teaching, and is a supportive colleague (e.g., covering for colleagues who are away at meetings or on vacation). Her preferred method of teaching is formal presentations. She limits her use of audiovisuals and audience participation to insure that she is able to cover all the material. Her heavy clinical service load provides ample opportunities for clinical teaching, which typically include a series of mini-lectures. Given her clinical expertise, students and residents often seek Dr. Spezio for counsel regarding personal problems.

### **Teaching Evaluations**

<b>Teaching Method</b>	<b>Department (1=low; 5=high)</b>	<b>Dr. Spezio (1=low; 5=high)</b>	<b>Comments</b>
Lectures	3.7	3.5	Soft spoken; Not dynamic Slides usually relevant but still 35 mm B/W need color Topic (psychosomatic) is important Too much material
PBL Tutor	4.2	4.2	Listens well; Encourages learners to make decisions; Contributions in form of "mini-lectures"
Clinical/Ward	4.3	4.3	Answers and

Teaching			asks questions in clear, organized manner Makes me think through decision based on evidence Extremely knowledgeable
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## ***Scenario #2: Daniel Berry, PhD***

### **Introduction**

Dr. Daniel Berry is a neuroscientist in the Department of Neurobiology and Anatomy at the rank of Assistant Professor. Since his appointment 6 years ago, he has published an average of 3 articles/year, 10 of which are in first rank journals including *Science*, *Molecular Pharmacology* and *Journal of Biological Chemistry*. Current extramural funding support is from the Parkinson's Foundation and the American Tobacco Institute with an NIH grant pending. He is Co-PI on a recently approved training grant.

### **Teaching**

<b>Course Title</b>	<b>Method / #</b>	<b>Audience</b>
Neuroscience Course	Lecture (10/year)	20 graduate students
Cell Biology	Lecture (2/year)	50 graduate students
Neuroscience	Lecture (10/year)	150 medical students
Second Year PBL Course	Tutor (6 hrs/wk for 8 wks)	10 medical students
Graduate Seminar Series	Socratic Discussion Leader (4/year)	10 graduate students
Research Fellowship	Laboratory Instructor (daily/year)	1-2 graduate students

### **Educational Administration**

1. Director Graduate Program in Neurobiology (1996 present)  
25 students  
recognized as effective administrator
2. Member: Graduate School Curriculum Committee (1996 present)
3. Member: Medical School Curriculum Committee (1994-1997)

### **Teaching Evaluations**

<b>Teaching Method</b>	<b>All Other Instructors in Course/Department (1 = low; 5= high)</b>	<b>Dr. Berry (1 = low; 5=high)</b>	<b>Comments</b>
Graduate Student Lectures	4.3	4.6	Lectures well organized Able to clarify extremely difficult concepts with examples draw from newest research findings Bare-bones outline
Medical Student Lectures	4.3	4.1	Clear, organized. Does not incorporate new computer simulations/modeling that would clarify difficult concepts. Question relevance of information to clinical practice
PBL Tutor	4.4	4.4	Encourages exploration of basic science issues germane to case Responsive to suggestions re: how to improve tutor style

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***Scenario #3: Raf N. Elli, MD***

**Introduction**

Dr. Raf Elli is Director of the Pediatric Infectious Disease Service and Clinic at Children's Hospital. This busy clinical service cares for pediatric patients from all over the state and regional referrals as well as providing a consultation service for physicians. It is a site for the required third year pediatrics clerkship, the required resident rotation in ID and has 2-3 fellows a year. Dr. Elli was promoted to the rank of Associate Professor in the Department of Pediatrics at the Medical College in 1991.

## Teaching

Dr. Elli has a heavy and varied teaching load for which he utilizes a multitude of teaching methods. His interactive lectures may include multi-media with presentation visuals interspersed with audio and videos clips or live patients with who he demonstrates interviewing and key physical findings. Morning report and small group discussion often use a problem-oriented approach in which he presents the case and asks learners what they want to know or Socratic questioning to force student analysis of key signs/symptoms in relation to underlying pathophysiology. Clinical teaching methods range for demonstration and role modeling to assigning the learner to have primary responsibility for patient with supervision by Dr. Elli. He often uses a PDA to track learner follow-up assignments and to review clinical protocols with learners. Typical teaching load includes:

<p>Attending: In-Patient Pediatrics Infectious Disease Service</p> <p>Preceptor: ID Out-Patient Clinic</p>	<p>5 days wk/6 mos/yr</p> <p>3-4 _ days wk/8 mos/yr</p>	<p><u>Per Month</u></p> <ul style="list-style-type: none"> <li>☐ 2 med students</li> <li>☐ 1-2 residents; 1 ID fellow</li> <li>☐ 2-3 allied health professions students (e.g., Nursing)</li> </ul>
<p>Lecturer: Pediatric Resident Core curriculum</p>	<p>4-6 /yr</p>	<p><u>Per Lecture</u></p> <ul style="list-style-type: none"> <li>☐ 60 Pediatrics residents + rotating Fam Med Residents</li> </ul>
<p>Lecturer: MS1-2 Pharmacology and Microbiology Courses</p>	<p>3-4/yr</p>	<p><u>Per Lecture</u></p> <ul style="list-style-type: none"> <li>☐ 200 medical students</li> </ul>
<p>Presenter: Pediatric Grand Rounds</p>	<p>1/year</p>	<p><u>Per Lecture</u></p> <ul style="list-style-type: none"> <li>☐ 130 faculty and community pediatricians</li> <li>☐ 40 residents; 30 MS-3's</li> </ul>
<p>Presenter: CME</p>	<p>6-8/year</p>	<p><u>Per Lecture</u></p> <ul style="list-style-type: none"> <li>☐ 300 Hospital/Community pediatricians</li> </ul>
<p>Adviser</p>	<p>On-going</p>	<p><u>Per Year</u></p> <ul style="list-style-type: none"> <li>☐ 4-6 medical students</li> </ul>

		☐ 3-4 residents; 2 fellows
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**Evaluation of Teaching**

Dr. Elli has been recognized as an outstanding teacher by his induction as a charter member into the Society of Teaching Scholars based on peer review. Residents and students have awarded him the departmental teaching award so often that the "Raf" rule was instituted creating an Emeritus Status for frequently awarded recipients. On follow-up surveys with residents five years post training, Dr. Elli continues to be cited as an outstanding teacher by graduates located throughout the US. Often sought out by faculty and community physicians for a consult, Dr. Elli sees this as just another opportunity to teach about the science and art of medicine.

<b>Course/Teaching</b>	<b>Aggregate 1 = Low; 5=High</b>	<b>Dr. Eli 1=Low; 5=High</b>
Clinical Teaching	4.1	4.9
Medical Student Lectures	4.3	4.7
CME Lectures	4.2	4.7

***Scenario # 4 Dr. Alan Rothy***

**Introduction**

Dr. Rothy education dossier covers the 12-year interval since his promotion to the rank of associate professor.

- ☐ Undergraduate level: hours of scheduled teaching have been far in excess of both his divisional and the departmental norms.
- ☐ Postgraduate level: yearly service as an attending and postgraduate supervisor and teacher are consistent with the expectations of a full-time faculty member in his specialty
- ☐ CME: Scope and extent of contributions have been more modest. He is a regular speaker at a variety of local and regional community events, and has received excellent evaluations.

**Educational Administration and Teaching**

- ☐ Served two terms as director of undergraduate education in his department during the difficult period that bridged both the new and old undergraduate program. Under his leadership this transition was carried out with remarkable smoothness. Served as the departmental representative on several pre-clerkship course committees.
- ☐ .Postgraduate program director for his specialty in his hospital during a period of difficult transition that involved drastic reductions in numbers of teaching beds and the restructuring of health care in our region

☑ Organizes an annual update event for Family Physicians in our region that receives high evaluations from its participants and is always oversubscribed. Demonstrated effects on quality of practice and patient outcomes. Two innovations in curricular design lead to presentations and publications in peer reviewed journals. Serves as his specialty's representative on the Faculty's Continuing Education Committee.

☑ Lead development of a state-wide primary care mentorship program in his specialty and developed supporting extremely effective and popular web-based educational materials.

☑ Served as the chair of the Professional Education Committee in his state specialty society and is a member of the national body.

**Teaching Evaluations**

☑ Dossier contains numerous evaluations of his clinic-group bedside teaching in the 'old curriculum' and as a PBL tutor in the 'new curriculum' that mark him as an outstanding teacher.

☑ Evaluations as a teaching attending from residents again identify him as outstanding.

☑ Annually cited as an excellent teacher in both external and internal on-site division reviews.

<b>Teaching Method 1 = low; 5 = high</b>	<b>Department</b>	<b>Dr. Rothy</b>	<b>Comments</b>
Lectures	3.2	3.9	☑ pleasant and well organized
PBL Tutor	4.1	4.3	☑ made learning enjoyable
Clinical/Ward Teaching	4.6	4.9	☑ answers and asks questions in clear, organized manner, challenging.