

Meeting the Scholarly Project Requirement—Application of Scholarship Criteria beyond Research

DEBORAH SIMPSON, PhD
LINDA MEURER, MD, MPH
DIANE BRAZA, MD

The Challenge

Maintaining an environment of scholarly inquiry is highlighted in the Accreditation Council for Graduate Medical Education's (ACGME) common program requirements. Faculty and trainees are expected to participate in scholarly activities,¹ and present those findings to peers for review.² Faculty and residents/fellows often lack a conceptual yet practical framework for guiding scholarly activities when they occur in the context of health care systems, clinical practice, quality improvement, education, or community partnerships.

What is Known

Boyer's Domains & Glassick's Criteria for Scholarship

Traditionally, academics defined scholarship as the discovery of new knowledge, ie, research. Since Ernest Boyer's 1990 seminal publication *Scholarship Reconsidered*, broader definitions of scholarship include multiple forms of systematic inquiry (eg, teaching, engagement, integration).^{2,3} Through this expanded perspective, residents/fellows can engage in systematic inquiry relevant to their work and interests. Building on Boyer's work, Glassick and colleagues defined 6 cross-cutting criteria.⁴ They are associated with systematic inquiry and are independent of scholarship content area.⁵⁻⁷

An Example of a Resident Scholarly Project using Glassick's Criteria

Clear Goals: Obtaining clear goals often requires an iterative effort to obtain sufficient understanding of the problem (eg, what is known/unknown, why it matters).

- **Problem:** re-hospitalization rates for geriatric patients within 30 days postdischarge from inpatient rehabilitation are higher at our institution than national norms.

Funding: Work was partially supported by the Donald W. Reynolds Foundation, the U.S. Department of Health and Human Services, Health Resources Service Awards, and an Educational Leadership for the Health of the Public-Research and Education Initiative Fund, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

Corresponding author: Deborah Simpson, PhD, Office of Educational Services, Medical College of Wisconsin, 8701 W. Watertown Plank Road, Milwaukee, WI 53226, 414-95-8278, dsimpson@mcw.edu

DOI: <http://dx.doi.org/10.4300/JGME-D-11-00310.1>

Rip Out Action Items

1. Expand approach to meet scholarly project requirement
 2. Support systemic inquiry in teaching, quality improvement, and community engagement
 3. Apply scholarship criteria to frame inquiry approach:
 - a. Clear goals
 - b. Adequate preparation
 - c. Appropriate methods
 - d. Significant results
 - e. Effective presentation
 - f. Reflective critique
- Possible explanations: suboptimal handoffs from physiatrist to primary care provider (PCP); patient's lack of clarity regarding follow-up with physiatrist.
 - Hypothesis: discharge note lacks critical information.
- Adequate Preparation:** Systematic inquiry requires sufficient expertise in the chosen field of inquiry including knowledge of pertinent literature, methodology, and outcomes. Preparation may include literature review, consultation with content experts, methodological experts or key informants, and a practicum experience to gain contextual knowledge in a relevant setting.
- Care transitions literature review emphasizing geriatrics and communications with PCP.
 - Consult or partner with a hospital patient safety leader.
 - Learn quality improvement methodology (eg, chart audit protocols, root cause analysis).
 - Access benchmarking criteria for hospitals.
- Appropriate Methods:** For results to be persuasive, methods must be: aligned with goals, feasible, ethical, and culturally appropriate.
- Analysis of physiatrist-authored discharge reports (patients readmitted and those not readmitted) for key care transition elements.⁸
 - Methodological consultant reviews design and assists with analysis.

Significant Results: Significance refers to the magnitude of the results, statistical significance or adequacy of power for quantitative results, and to the importance of the findings to the field and key audiences.

- Successful transitions from physiatrist to PCP included 90% of literature-based handoff elements.
- Suboptimal handoffs omitted: information associated with geriatric patient's medical course (20% of time); and recommendations for next steps in follow-up and who should follow-up (35% of time).

Effective Presentation: Scholarship, results in a peer-reviewed, publicly accessible product that allows others to build on and advance knowledge.⁹ Peer reviewed products can be shared through scientific journals, professional meetings, or educational repositories (eg, the Association of American Medical Colleges' MedEdPORTAL, Community Campus Partnerships for Health's CES4Health). Presentations to nonscientific audiences can impact changes in policy, clinical care or educational processes. Are there local colleagues, communities, media, funders or other key stakeholders who would benefit from your work?

- Resident research day abstract presentation, in the Introduction, Methods, Results, Discussion (IMRD) format, with peers and "experts" providing a review.
- Abstract "published" on the residency program website.

Reflective Critique: The process ends with a critical reflection on the results in the context of the existing literature, limitations, and key recommendations to guide practice and future action. In addition, reflection on the personal meaning and impact of the systemic inquiry process on the resident/fellow's ongoing development as a physician is essential.

- Resident completes the 3-question reflection form: What was learned? What difference does that make? Now what will you do?
- Form submitted to program director and discussed as part of next review.

What Can You Start TODAY

- Check ACGME specialty-specific criteria for scholarship/scholarly project.
- Identify a resident/fellow whose interests are in education, quality improvement, or community health.
- Use Glassick's criteria to frame a systematic approach to an area of inquiry.
- Submit the project to your scholarship committee along with a reference (included in this Rip Out) regarding expanded views of scholarship, and obtain approval for expanded approach.

What You Can Do LONG TERM

Program Director and Faculty:

- Identify local experts in each domain of scholarship.

- Find local and national forums for peer review and presentation of scholarly projects.
- Provide a grand rounds on expanded definitions of scholarship using illustrative examples.
- Recognize and reward excellence in scholarly work that meets Glassick's criteria through awards, promotion, travel funds, or listing of scholarly projects at graduation.

Residents:

- Identify an area of interest in which you want advance knowledge in a field.
- Apply the Glassick criteria to frame your project and secure an adviser with expertise in the area.
- Select an inquiry area that is applicable to your future practice – Continuous Quality Improvement, practice-based learning and improvement, safety, academic career, staff development, etc.
- Transfer approach learned through residency project to other aspects of career.

References and Resources for Further Reading

- 1 Accreditation Council on Graduate Medical Education Common Program Requirements – Effective July 1, 2011 http://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf Accessed November 19, 2011.
- 2 Boyer, E. L. Scholarship reconsidered: priorities of the professoriate. San Francisco: Jossey-Bass; 1990. [Editor's Note: See Chapter 2 -Enlarging the Perspective] <http://www.hadinur.com/paper/BoyerScholarshipReconsidered.pdf> Accessed November 19, 2011.
- 3 Boyer EL: The Scholarship of Engagement. J Pub Service & Outreach. 1996;1(1):11–20. http://o-sas.wcu.edu.wncln.wncln.org/WebFiles/PDFs/The_Scholarship_of_Engagement_-_Boyer.pdf Accessed November 19, 2011.
- 4 Glassick CE, Huber MT, Maeroff GI. Scholarship Assessed: Evaluation of the Professoriate. San Francisco: Jossey Bass; 1997.
- 5 Fincher RM, Simpson DE, Mennin SP, Rosenfeld GC, Rothman A, McGrew MC, Hansen P, Mazamania PE, Turnbull JM. Scholarship in teaching: an imperative for the 21st century. Acad. Med. 2000;75(9):887–894
- 6 Grigsby RK, Thorndyke L. Recognizing and Rewarding Clinical Scholarship. Acad Med 2011; 86(1):127–131.
- 7 Calleson DC, Jordan C, Seifer SD. Community-Engaged Scholarship: Is Faculty Work in Communities a True Academic Enterprise? Acad Med 2005; 80:317–321.

Deborah Simpson, PhD, is the Elsa B & Roger D Cohen Professor of Medical Education and Associate Dean at the Medical College of Wisconsin. She is an associate editor for the Journal of Graduate Medical Education.

Linda N. Meurer, MD, MPH, is Professor in Family and Community Medicine and Director, Academic Fellowship in Primary Care and Community-based Research, and Executive Director of Medical Student Pathways Program at the Medical College of Wisconsin.

Diane W. Braza, MD, is Associate Professor, Residency Program Director and Interim Chair, Department of Physical Medicine and Rehabilitation at the Medical College of Wisconsin.