Highlights From ACADEMIC MEDICINE

JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
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The Importance of Monetary Rewards for Teaching

The tension between teaching and clinical productivity has resulted in changes in perspective on motivators and rewards for engaging in teaching activities, leading to recommendations that schools pay "hard" money to teaching faculty to relieve teachers from the burden of supporting themselves financially through clinical productivity alone. At the same time, many physicians report that they teach for personal satisfaction, not monetary compensation. Antoinette S. Peters, PhD, and associates report on a study on this subject conducted at Harvard Medical School (HMS).

HMS has offered a longitudinal, nine-month primary care clerkship for the past 10 years. At its inception, the clerkship paid preceptors a $600 stipend; this was raised to $900 in 2003 and to $2500 in 2004. The researchers conducted this study to examine the association between the rise in stipend and retention of faculty, as well as to look at faculty members' perceptions of the relative value of an external reward and internal motivators and preference for direct over indirect payment.

The investigators administered a brief survey to elicit participants' views of the rewards they feel are important in their decision to continue teaching and those they feel are sources of satisfaction, and asked those who had stopped teaching why they had done so. They then computed the annual retention rates for each stipend period, as well as in the year after stipend increases, looking at the relationship between the change in stipend and the proportion of faculty who discontinued teaching.

The researchers found that when the stipend was $600, the mean retention rate was 78%; in the year after the increase to a $900 stipend, retention rose to 86%, and the mean retention rate was 89% after the stipend rose to $2500. The most important motivator for faculty members to continue teaching was having good students; only 8% ranked the stipend as the most important factor. The stipend was significantly more important, however, as an incentive to teach in the future.

The authors conclude that "raising stipends beyond a mere token of thanks eases the burden of teaching in a busy practice such that the intrinsic pleasure of teaching is given play."

Peters AS, Schnaidt KN, Zivin K, Rifas-Shiman SL, Katz HP. ***How important is money as a reward for teaching?*** Acad Med *2009;84(1):42–46.*

Analysis Tool for Quality, Impact of Educational Activities

Traditional promotion standards at many medical schools may not give enough credit to faculty members' teaching activities, and, as a consequence, many excellent teachers are not given as much credit as excellent researchers when institutions make their promotion decisions. Latha Chandran, MD, MPH, and fellow researchers report that in 2006, the AAMC's Group on Educational Affairs organized a consensus conference of educators; the ensuing report defined five categories for documenting the quantity and quality of scholarly engagement in educational activities: teaching, curriculum, advising/mentoring, educational leadership/administration, and learner assessment. This led to a development of an educator portfolio (EP) template that provided a structure for systematically presenting both qualitative and quantitative data.

The team had a twofold goal for meeting the need for a widely applicable process for the evaluation of educators: (1) to define a set of measurable outcomes that would demonstrate the quality and impact of a faculty member's educational activities in a format amenable to reproducible analysis, and (2) to develop an analysis tool that educators and administrators could apply across institutions and disciplines.

The educational experts built and validated the analysis tool—selecting items that demonstrated the quality and impact of an educational activity and writing verbal specifications for each item—through an iterative consensus development process. The analysis tool comprises seven sections that match those in the EP template; in addition, a section called Measures of Educational Scholarship evaluates data across the entire EP.

The team learned a number of lessons from developing the EP analysis tool:

- Keep it simple.
- Good quantitative items are based on judgments of quality.
- Evaluation of qualitative items needs to be grounded in sound, clear principles.
- Qualitative items need to be recorded in a numeric scoring system.
- Quality of the analysis tool depends on the quality of the data sources.
- The use of real EP examples is essential.
- To judge excellence in educational performance, it is necessary to have a combination of qualitative and quantitative items that can be expressed numerically.

Chandran L, Gusic M, Baldwin C, Turner T, Zenni E, Lane JL, Balmer D, Bar-on M, Rauch DA, Indyk D, Gruppen LD. ***Evaluating the performance of medical educators: a novel analysis tool to demonstrate the quality and impact of educational activities.*** Acad Med *2009:84(1):58–66.*

Measuring Faculty Perceptions of Diversity

Ethnic minority faculty serve as important role models and mentors to trainees. However, compared with non-minority faculty, they are less likely to be satisfied with their jobs and more likely to leave academic medicine. Furthermore, ethnic disparities in promotion in academic medicine have been documented. To strategically address the recruitment and retention of individuals from underrepresented racial and ethnic

groups, report Eboni G. Price, MD, MPH, and associates, the Committee for Faculty Recruitment and Diversity was chartered at Johns Hopkins University School of Medicine. The Department of Medicine Diversity Council sponsored a qualitative study of the diversity climate at the school, the objectives of which included quantifying perceptions of bias or career obstacles, satisfaction with diversity and support for professional development, and inclusiveness of career networks among physician faculty in the school.

The cross-sectional study of tenure-track physicians involved a self-administered questionnaire with items designed to assess the institution's diversity climate, including both psychological and behavioral dimensions. Questions elicited respondents' level of agreement with experiences of bias or obstacles to career success and satisfaction with activities related to academic medicine and their own institution.

The likelihood of underrepresented minority (URM) and majority faculty reporting bias in most areas was low; however, only about half of all faculty felt that recruitment and promotion were unbiased, and URMs were significantly less likely than majority faculty to agree that faculty were recruited in an unbiased manner. Fewer than 50% of faculty reported satisfaction with the diversity of their colleagues or with institutional support for professional development. URMs were nearly four times less likely than their majority peers to say they were satisfied with racial/ethnic diversity, and fewer than half of URM faculty thought they would still be at the institution in five years.

The survey findings, state the investigators, established a sense of urgency for improving the institutional diversity climate. Among other steps, an institution-wide diversity committee has been formed, scholarships to attract URM students have been funded, diversity and inclusion have been incorporated into the school's mission, and long-range goals have been included in the strategic plan.

Price EG, Powe NR, Kern DE, Golden SH, Wand GS, Cooper LA. ***Improving the diversity climate in academic medicine: faculty perceptions as a catalyst for institutional change.*** Acad Med *2009:84(1):95–105.*

Relational Aspects of the Academic Medicine Culture

Analysts have expressed concern about the potential conflicts between traditional professional values and the commercialism of medicine. To date, however, there has been little study of the ways in which current challenges in academic health centers (AHCs) affect the experiences and relationships of medical faculty. Linda Pololi, MBBS, MRCP, and co-workers interviewed faculty members to gain insight into the relationship aspects of the culture of AHCs.

The researchers selected five schools representing all regions of the country, and invited participants at all career levels. The semistructured interviews consisted of open-ended questions that focused on the choice of medicine as a career, faculty aspirations, energizing aspects of their careers, barriers to advancement, interdisciplinary collaboration, leadership, power, values alignment, and work-family integration.

Relational aspects of the culture were a central theme of the responses. Few respondents described positive relational aspects with colleagues, although many spoke of positive and valued relationships with students, residents, and patients. Faculty also said that their relationships with patients energized them in their work. Many faculty felt isolated, without supportive relationships in their work. These respondents believed that the environmental norms and structures did not value these relationships or support their formation, and the competitive atmosphere also worked against them. Numerous faculty members also felt that their institutions did not place adequate value on humanistic qualities.

The researchers recommend that medical schools instigate and support practices that encourage relationship formation among faculty and leaders; this will result in improved communication and collaborative efforts in patient care, research, education and administration, and in a more satisfied and energized faculty.

Pololi L, Conrad P, Knight S, Carr P. ***A study of the relational aspects of the culture of academic medicine.*** Acad Med *2009;84(1): 106–114.*

How Longitudinal Faculty Development Enhances Human Dimensions of Care

Although most clinical educators believe in the values of humanistic care, not all teachers are proficient in modeling these values. William T. Branch Jr., MD, and co-workers believed that a longitudinal faculty development program, using approaches that favorably influence role modeling behaviors, would have a sustained positive impact on faculty modeling of humanistic care. To test their hypothesis, they formed faculty development groups at five medical schools over an 18-month period, and compared the humanistic teaching qualities of program participants with those of a control group of nonparticipating faculty.

The core curriculum of these programs addressed skills such as providing feedback, dealing with difficult learners, humanistic role modeling in clinical settings, application of experiential learning to clinical settings, and teaching caring attitudes. After the faculty members completed the programs, students and residents completed questionnaires about both participating and nonparticipating faculty.

Faculty participants outperformed their peer controls on all items on the questionnaire, and all differences were statistically significant. Learners perceived that faculty members who participated in the programs were superior humanistic teachers and role models, and were seen to be more humane and caring than their peer controls. The researchers speculate, therefore, that the experiential learning of skills, the longitudinal nature of the experience, a supportive group process, and the engagement of participants in deep personal reflection were factors that enabled the strong positive results.

Branch WT, Frankel R, Gracey CF, Haidet PM, Weissmann PF, Cantey P, Mitchell GA, Inui TS. ***A good clinician and a caring person: longitudinal faculty development and the enhancement of the human dimensions of care.*** Acad Med *2009;84(1): 117–126.*