

The Emergence of Academies of Educational Excellence: A Survey of U.S. Medical Schools

Charlene M. Dewey, MD, MEd, Joan A. Friedland, MD, MPH, Boyd F. Richards, PhD, Neela Lamki, MD, and Rebecca T. Kirkland, MD, MPH

Abstract

Purpose

To identify existing organizations that recognize faculty members' excellence as educators (Academies) in the United States, and describe the organizations' characteristics.

Method

A 31-item questionnaire inquiring about Academies or equivalent programs was sent to deans of medical education at all 125 U.S. medical schools in February of 2003. Variables examined were general Academy characteristics such as membership selection criteria, goals, benefits of membership, and budget, as well as, estimates of prestige of membership and influence on recruiting new and current faculty to educational activities.

Results

Twenty of 97 (21%) respondents reported an implemented Academy or equivalent program (eight begun prior to 2000 and 11 subsequently). Most Academies (75%) did not "cap" membership size, and most (65%) offered lifetime membership. Budgets ranged from \$0 to more than \$100,000 per year. Full-time faculty status (100%) and involvement in direct undergraduate teaching (95%) affected eligibility the most. Nominations for membership most often came from department or section chairs (89%) and from peers (74%), and learners were involved in the final selection process at 18 of the Academies. Benefits of membership included networking/

collaboration, school-wide recognition, and mentoring for educational skills development. The benefit of protected time was offered at only three institutions and was associated with having a larger budget. Respondents believe Academies positively influence faculty participation in educational activities.

Conclusions

Academies are formal organizations recognizing faculty contributions to medical education, and they are increasing in number. They offer important benefits to faculty members and the educational mission of an academic medical center.

Acad Med. 2005; 80:358–365.

Formal organizations of outstanding teaching faculty, commonly identified as

Dr. Dewey is associate professor of medicine, assistant professor of family and community medicine, and past chair, Academy of Distinguished Educators, Baylor College of Medicine, Houston, Texas.

Dr. Friedland is associate professor of medicine and associate professor, Center for Ethics, Baylor College of Medicine; associate chief, Medical Care Line, The Michael E. DeBakey Houston Veteran's Administration Medical Center, Houston, Texas.

Dr. Richards is professor of pediatrics and director, Office of Curriculum, Baylor College of Medicine, Houston, Texas.

Dr. Lamki was professor of radiology, Baylor College of Medicine, Houston, Texas at the time this article was written.

Dr. Kirkland is professor of pediatrics and senior associate dean of medical education, Baylor College of Medicine, Houston, Texas.

Correspondence should be addressed to Dr. Dewey, Section of General Internal Medicine/Department of Medicine, Baylor College of Medicine, 1504 Taub Loop, 2RM-81-001 A-F, Houston, TX 77030

Preliminary data were presented as a slide presentation at the regional SGIM Republic of Texas meeting (October 2003) and the Generalist 2003 National Meeting (November 2003) as a workshop. Funding was provided by a Baylor College of Medicine Academy of Distinguished Educators Educational Grant supported by Fulbright and Jaworski L.L.P.

"Academies," are one mechanism for formal institutional recognition of teaching excellence now implemented at a number of medical schools. Developed independently at several institutions, Academies utilize a variety of measures to define educational excellence and various forms of documentation to support the assessment of quality scholarly activities.^{1–6}

Recently, Irby et al.⁶ described Academies as formal organizations with designated leadership, composed of distinguished educator faculty, and designed to enhance the educational mission of their institutions. The need for such organizations, they argue, is based on literature^{7–10} that emphasizes specific problems in medical education and possible solutions. Recommendations for reform in medical education have repeatedly included increasing recognition and support for teaching faculty. Christakis¹¹ reviewed 19 major reports on proposed medical education reform published between 1910 and 1993 and found that rewarding teaching was the second-most-frequently cited of the 32 major proposed reforms.

Still, the administrative infrastructures of academic medical institutions have remained resistant to change, which has had ongoing negative effects on education. These seemingly immutable structures of academic medical institutions are also strikingly parallel to those in higher education seen at the university–college level.⁹ Some of these structural features are a lack of central educational administrative strength, strong departmental structures, complex and inequitable financial control, and an imbalance between the value placed on research and education missions.^{8–9,11–14} Interest in Academies appears to stem from the belief that, perhaps, they can serve as a "structural remedy" to a structural problem.⁶

If Academies are to serve as a structural remedy, it is imperative that we know more about them. Until recently, we knew little about the number of existing Academies and their function. As was the case with Baylor College of Medicine's Academy, established in 2001,³ the early Academies were established in isolation or with little working knowledge of what others were doing. We were aware, informally, of plans for Academies elsewhere,

but we knew little about their structure, goals, selection processes, benefits, or funding sources.

Academy membership at Baylor College of Medicine requires achieving a Faculty Excellence Award through a standards-based peer-review process using Boyer's criteria for educational scholarship.^{15,16} The Academy's potential for fostering the growth of educational scholarship, the overall institutional commitment to education and change, and an increasingly valued faculty educator role, rapidly became apparent. The role of the new Academy was substantively different from our other, established college-wide faculty development programs, which were designed to enhance the faculty's educational skills, such as teaching techniques and course or curriculum development.

To further inform and enhance our Academy's activities and to establish a framework for collaboration, we conducted a nationwide survey. We sought to create a national arena for Academies by identifying all those in existence and creating a learning community in which all could benefit from each other's "growing pains." Such information would be valuable to other institutions struggling with similar issues and interests. This information furthers efforts to document the benefits of Academies, especially in terms of recognition and advancement of faculty educators.

In this report, we describe Academies based on a nationwide survey of 125 U.S. medical schools from February 2003 through August 2003. We specifically focus on the general characteristics of Academies, their goals, benefits to members, selection processes, and potential benefits to institutions. Our study is an initial step toward understanding the roles of Academies in academic medicine and their effects on educational scholarship.

Method

We developed, revised, and pilot tested, a 31-item questionnaire designed for easy readability and quick response selection. Internal assessment and feedback improved the clarity of the items and the general format. Two outside educators experienced in educational survey research also reviewed the questionnaire. Pilot-test results indicated that respon-

dents from schools with an Academy would need approximately 15 minutes to complete the questionnaire, and those without an Academy would need less than five minutes. The Baylor Institutional Review Board approved the study.

For this study, we defined an "Academy" (or equivalent program) as

a formal organization of academic teaching faculty recognized for excellence in their contributions to the educational mission of the medical school and who serve specific functions on behalf of the institution (To meet this definition, this group *must be a functioning organization; not simply a group of recognized faculty.*)

To compose this definition, we gathered information from the leadership of several Academies and from available literature. Our definition is based on the core elements of a formal organizational structure, faculty membership based on excellence in educational work, and organizational functions on behalf of the institution.

In February of 2003, we mailed the questionnaire, a cover letter, and a self-addressed envelope to all deans of education (or their designee) at the 125 U.S. medical schools. The cover letter stated the intent of the survey, described the voluntary consent of participants, and assured confidentiality. The questionnaire booklet contained instructions for completing the questions and three options for responding (via the booklet, a Web questionnaire, and a PDF version). Two mailings were sent six weeks apart, with a final e-mail notification to nonrespondents three months after the last mailing.

The questionnaire had three sections, and the question types consisted of best answer, all that apply, fill in the blank, and choose the level of impact for a given variable. The first question screened for the existence of an Academy. Respondents from schools with Academies completed all three sections of the questionnaire; those without Academies skipped Section One and answered Sections Two and Three. Section One covered the Academy's demographics, funding sources, criteria for selection, selection processes, organizational goals, membership benefits, and level of associated institutional prestige. We also asked respondents to estimate the influence of their Academy on recruitment of current and

new faculty members to educational activities. Section Two focused on non-Academy educational and teaching awards available at each academic medical center, and Section Three asked for the school's official Web address and faculty size. We requested the name of the individual completing the questionnaire and a contact name and e-mail address. Subsequently, we searched the Academies' Web pages or had personal acquaintances enabling us to assess the levels of detailed knowledge of individuals completing the questionnaire.

For nonresponders, we attempted to identify those institutions with an Academy or equivalent program by searching the Internet and their institutions' Web pages. For Web pages with search engines, we searched by a variety of key words, including Academy, teaching society, educator awards, teaching awards, and faculty recognition. For pages without search engines, we searched by major categories, such as education, teaching, faculty development and teaching awards to try and identify an Academy-like program.

Each questionnaire was coded, and all identifiable information (e.g., cover letters, business cards) was removed upon receipt. All responses were entered into SPSS 11.0 and reported as descriptive statistics (frequency counts and percentages.) The Pearson chi-square test was used to identify any differences in distribution of frequency counts between variables and is reported with degrees of freedom (*df*) and *p* values.

Results

A total of 97 of the 125 (78%) questionnaires were returned over a six-month period. Twenty schools (21%) met the study's definition of an Academy or equivalent program (see List 1). We identified most of the respondents with Academies as having detailed knowledge of the Academy in their position as an associate-level dean, vice chancellor, Academy chair, or Academy administrator or member.

Section One: Academy characteristics

Data on year of initiation, membership, budget, eligibility, goals, and benefits of membership are given in Table 1.

The first academy was established in 1990, and another seven of the 20 Acade-

List 1

Alphabetical List of U.S. Schools with an Academy of Educational Excellence Based on a 2003 Survey*

1. Baylor College of Medicine
2. Mayo Medical School
3. Medical College of Wisconsin
4. Robert Wood Johnson Medical School
5. Texas Tech University Health Sciences Center School of Medicine
6. The Brody School of Medicine at East Carolina University
7. The University of Chicago Pritzker School of Medicine
8. Tulane University School of Medicine
9. University of California, College of Medicine San Francisco
10. University of Florida
11. University of Illinois at Chicago College of Medicine
12. University of Minnesota—Duluth School of Medicine
13. University of Minnesota Medical School—Twin Cities
14. University of Mississippi School of Medicine
15. University of North Dakota School of Medicine and Health Sciences
16. University of Texas Medical Branch at Galveston
17. University of Virginia School of Medicine
18. University of Wisconsin Medical School
19. Vanderbilt University School of Medicine

Other institutions with an academy identified via a Web search:

1. Harvard Medical School
2. Penn State Milton S. Hershey Medical Center College of Medicine (identified at that time as starting their new Society of Master Educators)

* Only schools that gave written permission are listed.

mies were developed by 1999. Eleven (58%) were developed from 2000–2003. Most Academies had 70 members or fewer. Membership was “lifelong” in most schools, and most had no cap or limit on the size of membership. The six schools with three- or five-year memberships offered membership renewal at the end of their terms. The duration of an Academy’s existence was not associated with the size of membership.

Eighteen of 20 respondents completed the question related to total budget (see Table 1.) The overall annual budgets for Academies ranged from \$0 to > \$100,000 per year, with a fairly even distribution throughout this range. Most had modest budgets (between \$11,000 and \$100,000), and four Academies had significantly larger budgets (> \$100,000). There were no significant associations between budget and year initiated, but two of the four

schools with budgets exceeding \$100,000 were initiated after 2000.

Half of all Academies received funding from only one source: general institution-wide funding. Seven Academies received all or part of their funds from various sources, including grants, endowments, departmental funds, and private donations. Four Academies were funded by two sources, and one was funded by four sources. Two Academies received funding from their dean’s or senior vice president’s budget.

Allocations of the Academies’ budgets varied. Eleven responders selected “special events for Academy members” as an allocation, and nine selected “administrative support” (e.g., supplies and staff). Of the respondents to this question, six identified other allocations, including salary support for Academy leadership, salary support for routine educational contributions, salary and/or nonsalary support for new educational initiatives, honoraria for outside speakers, honoraria and/or salary support for members, and support for teaching time for fellows.

Given some variability in institutions’ definitions of faculty appointments, responders selected one or more categories of faculty appointment types from a list of eligibility categories for Academy membership. Responses are shown in Table 1.

The most frequently identified Academy goal was to “promote communication among faculty.” Most Academies also identified goals such as promoting collaboration, innovation, mentoring, enhancing promotion, and the development of educators’ skills. The frequencies of various benefits varied more than the frequencies of goals (see Table 1).

Benefits varied with the overall size of an Academy’s budget. Some but not all monetary benefits were associated with larger budgets. Of the four schools with budgets of more than \$100,000, only one offered all three forms of monetary support (protected/funded time, personal monetary award [honorarium], and funding for educational projects). Three of the “big” four offered protected time, but none of the Academies with budgets of less than \$100,000 offered protected time. The association between size of budget and protected time was significant for institutions whose Academies had

budgets of more than \$100,000 ($\chi^2 = 12.600$, $df = 1$, $p = .000$, Fisher exact test = .005). Of the five Academies offering personal monetary awards (honoraria) to members, two had annual budgets of < \$5,000. Funding for educational projects was more often offered by those Academies with budgets of more than \$11,000.

Eighteen (90%) of respondents identified Academy membership as having a modest or high level of institutional prestige. The estimated level of prestige was not associated with membership size, size of budget, or an Academy’s duration. With regards to the institutional benefits of faculty participation and recruitment, 90% of the respondents believed the presence of their Academy had a positive influence on their faculty’s participation in educational activities, and some (41%) believed that the presence of an Academy had potential for recruiting new faculty to the institution.

Section One: eligibility for Academy membership. Table 2 describes the level of impact of various aspects of teaching and educational contributions on faculty eligibility for membership in the Academy. Teaching undergraduate medical students and graduate medical trainees were the areas of teaching most frequently selected as having an impact on a potential members’ eligibility. Teaching in continuing medical education, and teaching PhD students and postdoctoral fellows tended to have less impact on eligibility. Direct teaching was the most frequently cited type of educational contribution that had an impact on eligibility, but in most Academies all types of educational contributions (e.g., leadership, development of materials, research and course design) were used as criteria for eligibility.

Respondents reported that various documents are used in the application for Academy membership. Fifty percent or more used letters from a chair or department head, peer, or learner. Other documents were *curriculum vitae*, personal statements, education portfolios, and applications or nomination forms.

Section One: nomination for membership. Table 3 describes the Academies’ nomination and selection processes. Nomination was most often done by a department chair or section head or by

Table 1

General Characteristics of 20 Academies of Educational Excellence in the United States, 2003

Characteristic	No. (%)
Total Academies implemented or planned (97 respondents)	
Schools meeting definition of an Academy/equivalent program	20 (21)
Schools considering an Academy	4 (4)
Year Academy was instituted (19 respondents)	
1990–1999	8 (42)
2000–2003	11 (58)
No. of Academy members (16 respondents)	
1–10	4 (25)
11–20	4 (25)
21–50	5 (31)
51–70	2 (12)
220	1 (6)
Academy membership cap (20 respondents)	
No cap	15 (75)
Cap	5 (25)
Duration of Academy membership (20 respondents)	
Three years	3 (15)
Five years	3 (15)
Lifetime	13 (65)
Other	1 (5)
Budget (18 respondents)	
\$0–5,000	4 (22)
\$6,000–\$10,000	2 (11)
\$11,000–\$50,000	6 (33)
\$51,000–\$100,000	2 (11)
> \$100,000	4 (22)
Sources of Academy funding (19 respondents)*	
General institution-wide funds	14 (74)
Private donations	4 (21)
Dedicated endowments	4 (21)
General department funds	1 (5)
External grants	1 (5)
Other funds (dean/VP office)	2 (10)
No. of funding sources (19 respondents)	
One source	14 (74)
Two or more sources	5 (26)
Eligibility for an Academy (20 respondents)*	
Full-time faculty	20 (100)
Clinical faculty	13 (65)
Basic science/research faculty	12 (60)
Part-time faculty	10 (50)
Voluntary faculty	4 (20)
Other	4 (20)
Academy goals (20 respondents)*	
Promote communication among faculty	17 (85)
Promote collaboration among faculty	16 (80)
Stimulate educational innovation	16 (80)
Provide mentoring for junior faculty	15 (75)
Enhance promotion of faculty	15 (75)
Develop faculty educational skills	15 (75)
Foster curriculum reform	6 (30)
Other	2 (10)
Benefits of Academy membership (20 respondents)*	
Networking/collaboration	16 (80)
School-wide recognition	16 (80)
Mentoring for educational skills development	12 (60)
Weighted in promotion/advancement	10 (50)
Mentoring for career advancement	9 (45)
Funding for educational projects	6 (30)
Personal monetary award (honorarium)	5 (25)
Protected/funded time	3 (15)
Other: peer monitor	1 (5)
Level of institutional prestige associated with Academy membership (20 respondents)	
Highest	7 (35)
Modest	11 (55)
Minimal	2 (10)

* Respondents could select multiple responses. Percentages reflect the proportion of respondents who selected that response option.

peers or other faculty within the institution. Almost two-thirds of the Academies received nominations from their deans or the college's president.

Just over half of the Academies used a standards- or criterion-based selection process, in which a candidate for the Academy must meet or exceed a minimum standard, versus a norm-based process where candidates are rank-ordered and only the top-ranked candidates are selected. Fifty-five percent of the Academies used a formal selection committee, and 18 involved learners in the final selection process. Selection criteria used by at least 75% of the Academies included impact of educational contribution on other educators, quality of contributions, quality of methods used, quality of contributions as measured by outcomes, and reputation as an educator.

Section Two: non-Academy institutional awards. Ninety-five of 97 respondents answered the three questions of Section Two regarding non-Academy awards offered at medical schools. Faculty teaching awards were offered on a school-wide level at all 95 schools, 83 schools also gave awards on a department level, and 40 gave awards on a section level. All 95 respondents offered these awards for teaching undergraduate medical education (UME), 85% for teaching graduate medical education (GME), 33% for teaching PhD candidates, 21% for teaching in allied health, 13% for teaching continuing medical education (CME), and 7% other areas (e.g., teaching in the nursing school, dental school, and clinical preceptors.) Institutions with or without an Academy offered non-Academy teaching awards in UME and GME at the same frequency. However, the schools with an Academy offered non-Academy teaching awards in CME, graduate education, and allied health two times as often as did schools without an Academy. Overall, most schools used normative or norm-based selection processes (76%) for their non-Academy teaching awards rather than standards- or criterion-based selection process (29%), but several schools used both.

Of the schools without Academies, three schools commented they were planning an Academy and one felt the results of this survey might help in their implementing an Academy. One respondent identified a group of outstanding faculty

Table 2
Factors Impacting Eligibility for Membership in 20 U.S. Academies of Educational Excellence, 2003*

Factor	Level of Impact		
	Great impact	Some impact	No impact
Area of teaching			
Teaching undergraduate medical students	19 (95)	1 (5)	0
Teaching graduate medical residents	8 (40)	11 (55)	1 (5)
Teaching postgraduate medical fellows	4 (21)	12 (63)	3 (16)
Teaching PhD students	5 (26)	9 (47)	5 (25)
Teaching postdoctoral fellows	3 (18)	8 (47)	6 (35)
Teaching other faculty (continuing medical education)	5 (28)	5 (25)	8 (44)
Teaching other learners	2 (15)	7 (54)	4 (31)
Type of educational contribution			
Direct teaching	20 (100)	0	0
Educational leadership	17 (85)	2 (10)	1 (5)
Educational materials	16 (80)	2 (10)	2 (10)
Educational research	13 (65)	5 (25)	2 (10)
Course design/redesign	15 (75)	2 (10)	3 (15)

* Respondents from all 20 Academies did not respond to all categories. Respondents could select multiple responses. Percentages reflect the proportion of respondents who selected that response option.

who function as an “ad hoc” Academy at their school. Another expressed interest in the “effectiveness” of Academies, and two identified concerns with potential “elitism” as a reason they avoided categorizing or implementing an Academy at their school.

Section Three: faculty size and Web search. Of 82 respondents, the mean percentage of full-time faculty participating in educational activities was 74% (schools with Academies = 83%, schools without Academies = 72%).

After searching nonrespondents’ Web pages and doing a literature search, we identified two additional schools, one with an Academy or equivalent program in place and one planning to start one (see List 1). Because they did not complete a questionnaire, their data are not shown.

Discussion

Academies of educational excellence are a relatively new concept developing over the past decade, with nearly two-thirds having been established within the last three years. We identified a total of 21 Academies across the country, with more in development. Our study identified several important characteristics and benefits of

Academies, as they currently exist, and raised interesting questions about the long-term benefits of Academies.

General Academy characteristics

Most Academies have 70 members or fewer and are prepared to accept an unlimited number of members. General institutional funds provide the main source of funding for most Academy budgets. All of the Academies recognized full-time faculty members for teaching excellence, but some also recognized the contributions of other teaching faculty, such as voluntary and clinical faculty. Although teaching in UME has the greatest impact on eligibility for Academy membership, teaching in GME and CME and teaching postgraduate medical fellows and PhD students also had an impact. The broad program goals of Academies included promoting educators’ communication and collaboration, stimulating educational innovation between and among faculty scholars, providing mentoring for junior faculty, enhancing educators’ skill development and assisting in the promotion and tenure process. Faculty members are accepted into Academies based on the quality and impact of their educational contributions, quality of educational methods and materials, and “teaching reputation.” These general char-

acteristics are not the only characteristics of an Academy, and others may exist.

Major benefits of Academy membership

Of the benefits offered to Academy members and their institutions we identified four that stand out as most significant: networking/collaboration, school-wide recognition, mentoring, and promotion and advancement.

Eighty percent of the Academies identified networking/collaboration as a major benefit of membership. A high level of prestige accompanies Academy membership at 35% of schools surveyed, with a modest level accompanying membership at 55% of schools. This is consistent with the benefit of school-wide recognition offered to Academy members by 80% of the schools. Perhaps the community of scholars these Academies provide can help faculty educators elevate educational scholarship to the “same level of esteem” enjoyed by researchers, thus ensuring its value to the institution and its impact on promotion.^{12,17} Such recognition may also help identify faculty as role models whose values may be internalized by students, as described by Ludmerer.⁸ Earlier work on individual Academies corroborates the existence and value of these benefits, although no outcome studies have been published to date.^{1,4,5} These two main benefits support both the basic human need for self-esteem and institutional needs for a cadre of respected faculty who teach.^{18,19} These benefits support a sense of belonging to a group and being valued by the institution. The benefits of networking/collaboration and appropriate recognition have the potential to provide a new foundation of strength for the faculty educator role.

Mentoring for educational skills development was also a benefit. Such mentoring was offered by 60% of responding Academies. Mentoring, a widely accepted concept both in and outside of medicine, may be especially valuable within a group of committed medical educators because it has not been an explicitly emphasized role in either the basic or clinical science departments. Traditionally, those committed to education often have felt isolated within their departments and have lacked any structured academic support systems. Moreover, as Academies mature, they may serve an increasing critical role in organizing and sponsoring mentoring programs for the educator.

Table 3

Nomination and Selection Process Characteristics of 20 U.S. Academies of Educational Excellence, 2003

Characteristic	Absolute no. (%)
Nomination (19 respondents)*	
Department/section chair	17 (89)
Peers/other faculty within the institution	14 (74)
Dean/president	12 (63)
Learners within the institution	9 (47)
Self-nomination	8 (42)
Individuals <i>external</i> to the institution	2 (10)
Other	4 (21)
Selection process (20 respondents)	
Standards/criteria based (meets/exceeds a minimum set standard)	11 (55)
Normative/norm based (top-ranked candidates)	8 (40)
Other	1 (5)
Persons involved in the final selection of members (18 respondents)*	
Learners within the institution	18 (100)
Formal selection committee	10 (55)
Dean/president	5 (28)
Other: Academy members, promotion and tenure committee, director	5 (28)
Peers/other faculty within the institution	5 (28)
Department/section chair	1 (5)
External reviewers	1 (5)
Selection criteria (19 respondents)*	
Impact of educational contributions on other educators	17 (89)
Quantity of educational contributions	16 (84)
Quality of educational methods used	15 (79)
Quality of educational contributions measured by outcomes	15 (79)
Reputation as an educator	15 (79)
Length of time at institution with active involvement in education	10 (53)
Breadth/variety of educational contributions	10 (53)

* Respondents could select multiple responses. Percentages reflect the proportion of respondents who selected that response option.

We identified at least ten institutions where Academy membership was weighted in the promotion and advancement decision for faculty educators. Thomas et al.²⁰ describe the phenomenon of “stagnating in lower ranks” with respect to clinician–educators and their progress toward academic promotion. They go on to describe the possible barriers to promotion and tenure based on educators’ contributions and offer potential solutions that are similar to the goals of the Academies in our study. Indeed, Academies may afford recognition and improved opportunity for advancement for faculty who otherwise would not be recognized or promoted. In their study of eight Academies, Irby et al.⁶ describe early evidence of membership positively

affecting faculty’s promotion at the University of California, San Francisco (UCSF) and Baylor College of Medicine. At Mayo Medical School, faculty educators may now have better opportunities for advancement; while at the Medical College of Wisconsin, faculty educator contributions, as detailed in their teaching portfolio materials, are being reviewed as part of the promotions process.^{1,6}

A benefit offered less often to Academy members is monetary awards. One quarter of the responding Academies offered personal monetary awards (honoraria) and almost a third offered funding for educational projects, but only 15% offered protected or funded time as a benefit. Although only one institution offered

all three as benefits, even Academies with modest budgets gave some monetary support to faculty educators. This is, perhaps, one means of recognizing the importance of educational contributions within the school. Our data reveals that the only three Academies offering protected time had budgets of more than \$100,000. Offering protected time is costly. Logically, larger Academy budgets may enable more institutions to offer protected time to further support educational scholarship. This urges us to identify possible funding sources to assist faculty educators in performing educational research and developing educational materials and courses. We also need to persist in our efforts to find innovative methods that can pay for educators’ time.

Potential benefits to the institution

Ninety percent of respondents believed their Academy positively influenced the number of current faculty participating in educational activities. Another potential benefit to the institution is recruitment of new faculty. Because Academies are a relatively new concept, their overall utility and long-term value to the institution are not yet known. However, recent authors conclude from their experiences that all teaching faculty benefit from their Academies. One states “the Academy has created a unique mechanism for increasing recognition of teaching contributions of both Academy members and the teaching faculty at large, fostering educational innovation, and providing a forum for the exchange of ideas related to medical education that cross departmental and institutional lines.”⁵ The other states, “The Academy of Medical Educators has been well received and is enhancing the status of education and teachers.”⁴

Selection process

Just over half of the Academies in our study used a formal membership selection committee. We believe a formal selection committee composed of peers, learners, and administrators (with outside reviewers when possible) may be an important strategy for strengthening the rigor of selection and the value or prestige placed on membership. Recent publications describe formal selection processes for achieving Academy membership.^{1,4–6,21} Selection processes vary widely. For example, UCSF utilizes a teaching portfolio and both an internal and external review process with both

scores weighted in the final selection by a formal committee.⁴

At Baylor College of Medicine, Richards et al.²¹ describe their success and challenges with an educator portfolio and a peer-reviewed, standards/criterion-based review process for their selection process. Their standard for scholarship is based on Boyer's criteria: assessing clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique.^{14,22} The selection process at Baylor was designed to parallel the National Institutes of Health study section model and has gained a reputation of evaluating educational contributions with the same type of rigorous process used for research publications and grants. This method can provide absolute standards that can be difficult to achieve with a normative selection process alone.

Limitations

Despite the small total number of Academies, the survey's high response rate yielded a very good sample. As with all surveys, answers are based on the current working knowledge of the respondents. We targeted deans of education with the hope that they had the broadest knowledge of teaching-related issues in the institution and/or were most likely to designate the appropriate person to complete the questionnaire. More than half of the individuals completing the questionnaire had detailed knowledge of their Academy. A few respondents may have answered based on general knowledge and information only. The questionnaire sought to identify organizations of teaching faculty. Although a few respondents commented that they are developing an Academy, one institution elected to not call its program an Academy due to the potential problem of "elitism." We did not study informal groups of award-winning teaching faculty that did not meet the study's definition of an Academy, focusing instead on a descriptive study of the general characteristics of existing Academies. We documented frequencies of characteristics across institutions but did not request rank ordering within institutional responses. The small sample size limited the examination of relationships between Academy characteristics.

Conclusions

Based on the results of this study, and our ongoing process of growing an Academy at Baylor, we conclude that, although Academies appear in general to offer benefits in accordance with their stated goals, the long-term effects of Academies on the institution (the educational mission, faculty promotions, and faculty's satisfaction with membership) are currently unknown. Further investigation is needed. For example, do Academies raise institutional national rankings? Do faculty engage more in educational scholarship as members of an Academy? Does membership ultimately play a significant role in the achievement of promotion and tenure of faculty educators? Do Academies play a role in the recruitment and retention of faculty? As Academies become better funded, will they play a greater role in supporting monetary benefits such as protected time for educational activities?

We believe the results of our study show similarities in Academies and shed some light onto their roles and general characteristics. This information can be used to strengthen current Academies and could serve as a starting point for institutions planning or developing an Academy. Knowing that 22 Academies exist and new Academies are being developed supports the contention that Academies may serve a valuable purpose for both the faculty and the institution. Time will ultimately unveil the overall value of an Academy, but for now, new Academies or institutions planning an Academy can look to those Academies currently in place to set the pace and identify "bumps" in the road. If Academies are one possible "structural remedy" for some of the changes needed in academic medicine, then we might embrace the concept and further investigate ways to strengthen and improve their overall purpose and utility.

The authors thank the respondents for their time and effort and acknowledge the efforts of David J. Hyman, MD, Valory Pavlik, PhD, Wayne J. Riley, MD, MBA, Ruth Sanchez, and Sheri Fava, EdD, for help with survey development. The authors also thank Wayne J. Riley, MD, MBA, Ruth-Marie E. Fincher, MD, Linda Perkowski, PhD, Valory Pavlik, PhD, and Britta Thompson, PhD who provided editing, survey review, and statistical expertise, and thank Laura George for coding and data entry. Funding was supported by an educational grant from Fulbright and Jaworski LLP.

References

- 1 Simpson DE, Marcdante KW, Duthie EH, et al. Valuing educational scholarship at the Medical College of Wisconsin. *Acad Med.* 2000;75:930-4.
- 2 Viggiano TR, Shub C, Giere RW. The Mayo Clinic's clinician-educator award: a program to encourage educational innovation and scholarship. *Acad Med.* 2000;75:940-3.
- 3 Baylor College of Medicine Academy of Distinguished Educators (<http://www.bcm.edu/fac-ed/academy/index.html>). Accessed 2 August 2004. Baylor College of Medicine, Houston, TX, 2001.
- 4 Cooke M, Irby DM, Debas HT. The UCSF academy of medical educators. *Acad Med.* 2003;78:666-72.
- 5 Thibault GE, Neill JM, Lowenstein DH. The academy at Harvard Medical School: nurturing teaching and stimulating innovation. *Acad Med.* 2003;78:673-81.
- 6 Irby DM, Cooke M, Lowenstein D, Richards B. The academy movement: a structural approach to reinvigorating the educational mission. *Acad Med.* 2004;79:729-36.
- 7 Bloom S. The medical school as a social organization: the sources of resistance to change. *Med Educ.* 1989;23:228-41.
- 8 Ludmerer KM. *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care.* New York: Oxford University Press, 1999.
- 9 Cuban L. *How Scholars Trumped Teachers: Change without Reform University Curriculum, Teaching and Research, 1890-1990.* New York: Teachers College Press, Columbia University, 1999.
- 10 Whitcomb M. Putting the school back into medical school. *Acad Med.* 2003;78:657-8.
- 11 Christakis NA. The similarity and frequency of proposals to reform US medical education: constant concerns. *JAMA.* 1995;274:706-11.
- 12 Swanson AG, Anderson MB. Educating medical students. Assessing change in medical education—the road to implementation. *Acad Med.* 1993;68(6 suppl):S1-46.
- 13 Muller S (chairman). *Physicians for the Twenty-First Century: Report of the Project Panel on the General Professional Education of the Physician and College Preparation for Medicine.* *J Med Educ.* 1984;59(11 Pt 2):1-208.
- 14 Watson TR. Rediscovering the medical school. *Acad Med.* 2003;78:659-65.
- 15 Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate.* The Carnegie Foundation for Advancement of Teaching. Princeton, NJ: Princeton University Press, 1990.
- 16 Committee for Educator Development Faculty Education Initiatives: Baylor College of Medicine. *Educators Recognition Awards* (http://www.bcm.tmc.edu/fac-ed/educator_recognition.htm). Accessed 2 August 2004. Baylor College of Medicine, Houston, TX, 2001.
- 17 Lucey CR. Promotion for clinician-educators. Time for a fresh approach? *J Gen Intern Med.* 2003;18:768-9.

- 18 Schunk DH. Motivation. In: *Learning Theories: An Educational Perspective*. 3rd ed. New Jersey: Pearson Education, 2000:300–54.
- 19 Bickel J. The changing faces of promotion and tenure at U.S. medical schools. *Acad Med*. 1991;66:249–56.
- 20 Thomas PA, Diener-West M, Canto MI, Martin DR, Post WS, Streiff MB. Results of an academic promotion and career path survey of faculty at the Johns Hopkins University of Medicine. *Acad Med*. 2003;79:258–64.
- 21 Richards BF, Moran BJ, Friedland JA, Kirkland RT, Searle NS, Coburn M. A criterion-based, peer review process for assessing the scholarship of educational leadership. *Acad Med*. 2002;77:S7–9.
- 22 Glassick CE, Huber MT, Maeroff GI. *Scholarship Assessed: Evaluation of the Professoriate*. San Francisco: Jossey-Bass, 1997.

From the Archives

Will the Urban University Medical Center Join the Community?

1970

There are few paradoxes more striking in our strange contemporary world of affluence and scientific progress than the hostility, anger, and mistrust which many people in our urban communities hold for university medical centers. It is particularly painful to the distinguished faculties and staffs of these institutions, since they have long believed that they were models of the best care in the community and that communities should, by and large, be grateful for the existence of our medical centers and the wisdom with which they are administered. The frightening consequences of an exclusive focus on human molecular biology and the failure to grasp the need for parallel movements in the application of this

knowledge to the study of society are evident in most of our large cities. Almost as frightening as its ignorance of the community which surrounds it is the presumption of the urban medical center that it is qualified to lead the community in the health care planning. The university medical center will no longer be permitted to define its mission and its priorities alone. It must begin by accepting a collegial relationship with a variety of other community institutions which will participate with it in a definition of its community functions and its priorities. An early start has already been made in number of communities with the involvement of medical centers in programs of comprehensive health planning, regional

medical programs, and local health departments.

. . . From these steps we can begin to see the emergence of a renewed institution, equipped with the proper servo-mechanisms, continuing to carry out the basic studies which society needs so desperately, but also making these studies relevant. Once more can the community find the teaching hospital a source of hospitality.

Count D. Gibson, Jr., MD

Stanford University Medical Center

"Will the Urban University Medical Center Join the Community?" *Journal of Medical Education*. 1970;45:144–148.