

Scholarship for community physicians

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Traditionally, family doctors who had an interest in academic scholarship had no choice but to work at academic teaching centres, where teaching went hand in hand with the scholarly aspects of an academic appointment. However, in the past several years medical education has expanded beyond the boundaries of the academic teaching centres into the surrounding communities. New community-based faculty members have been recruited, opening up exciting opportunities for their involvement in academic scholarship.

However, when new faculty members consider what it means to become “scholars,” they often feel intimidated by the path they imagine this to be. Although I can understand the apprehension (being a community doctor myself), I want to explore the notion that academic scholarship encompasses much more than the stereotypical role of being a principal investigator on a project funded by a large grant that yields multiple publications in high-impact-factor journals.

What is academic scholarship?

Boyer's 1990 seminal book, *Scholarship Reconsidered: Priorities of the Professoriate*, challenged the notion that scholarship was limited to the traditional activity of original research.¹ This work was well received, and most medical educators welcomed the notion that scholarship included many more activities, such as the scholarship of discovery, teaching, integration, and application.¹

There has already been much written about Boyer's work in the years since publication. Articles have described the scholarly activities undertaken by medical educators that should be considered for academic promotion,² and the specific attributes that make work scholarly have been well described.³ In this article, I hope to provide a practical overview of how community family medicine teachers can embark on scholarly careers by participating in activities that already make up a community teacher's day, but approaching those activities from a slightly different perspective. I will also address how to have these activities recognized as fulfilling the formal criteria of scholarship in the academic setting.

Scholarship of teaching

Teaching medical learners involves more than just clinical supervision. Teachers also deliver predefined curriculums, evaluate learners, and formally assist newer teachers as

they begin to share their knowledge. All of these activities fit into the category of the scholarship of teaching.

Teaching in the clinical setting. As family medicine teachers, we are all expected to have the ability to communicate evidence-based knowledge and skills to our learners. We should be able to address learners' questions using evidence and critical thinking abilities. Improving our ability to use evidence in our teaching is an incredible way to embark on the path toward scholarly teaching.

The first step is to make a commitment to approaching teaching with a scholarly attitude. Learners can inspire apprehension in us when they boldly ask, “What is the evidence for what you are doing?” Rather than avoiding the question by looking too busy, suggest that the learner search for the evidence so that you can both review it at a later date. There might or might not be good evidence to support your intervention; however, you might find valuable information that can help both of you in the future, and you have demonstrated the importance of considering evidence in practice.

The next step is to familiarize yourself with easily accessible evidence-based sites. All faculty members should have access to their university libraries, which provides links to evidence-based resources (eg, Cochrane Database, DynaMed). Faculty members should make use of the benefits of the library card!

If you have already committed to using evidence and are familiar with the resources afforded to you through your faculty appointment, consider starting a local journal club or faculty evidence-based medicine group. Help make scholarly teaching the norm in your practice or your community by engaging others in such activities.

Formal teaching. Those who have been invited to become teachers of medical learners have been asked to do so for a reason: others respect their abilities and think that they have something to teach. One way to become more involved with academic scholarship is to consider teaching your colleagues and learners in a more formal manner.

You can begin by sharing some teaching tips with others in your practice. Share your ideas about teaching in this informal environment. Let others know what works for you and what aspects of teaching have proven to be the most challenging.

Bring your teaching to the next level by offering to facilitate a faculty development session locally in your community. You can invite a speaker and share the presentation, or present on your own. Make sure that

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your presentation is informed by the most recent teachings on the topic, and encourage questions and critique. Presenting to your peers locally is an excellent way to teach in a slightly more formal manner and to receive feedback in an intimate supportive setting.

If you are confident with your presentation skills, offer to facilitate a department-wide teaching session. Most schools have various opportunities to present to faculty or learners. Teaching for the department can be extremely fulfilling, as it allows you to interact with a network of other teachers and highlights your unique skills to the department as a whole.

Curriculum or program development. I sometimes hear complaints from community family medicine teachers about the relevance of the “centrally developed” curriculum. The good news is that participating in curriculum or program development is an excellent way for a teacher to become involved in academic scholarship.

As noted in the formal teaching section, you can begin by taking an active interest in how teaching happens in your family practice. Make decisions about how you think the family practice portion of learners’ education should unfold. If, for example, one of your colleagues has a special interest and you think that all learners should spend a day or 2 with him or her, make this a formal requirement of all learners in your office.

If you want to have more of a say regarding how learners progress in your distributed community, inquire about the existence of a local education committee. If such a committee exists, ask to attend a meeting so that you can provide input. If you enjoy this kind of work, make a point of attending all of these meetings.

Finally, if you want to have greater input, consider getting involved with curriculum development centrally. Although many schools have a formal standing curriculum committee, there might be subcommittees that meet to discuss specific aspects of the curriculum. Ask your local site director or the committee chair if you can become involved.

Learner assessment. Sometimes community family medicine teachers express concern about how we evaluate our learners. Comments such as “Are we truly ensuring that learners are ready for the real world of medicine?” are commonplace. Everyone who teaches medical learners participates in learners’ evaluations, and, luckily, learner assessment is another excellent opportunity for becoming involved in scholarship.

Begin by reviewing how the formal evaluation process happens at your university. If you have questions or concerns, speak up. There might be others with similar ideas. Familiarize yourself with the Triple C Competency-based Curriculum^{4,5} of the College of Family Physicians of Canada so that you have a better understanding

of what the College expects from learners. Consider ways that you can better evaluate learners in your environment and share what you have learned with other teachers in your practice.

If you have ideas on how the assessment of competency should be used in your specific community setting, again, discuss them with the local education committee or the leader of your community site. Ask how to become involved with a central committee responsible for learner assessment.

Scholarship of research

Although becoming involved in the scholarship of discovery, integration, and application, also known as *research*, seems to be the most daunting of all aspects of academic scholarship, it can also be the most fun. As with all of the other areas of academic scholarship, there are many ways to become involved in research: supporting the work of others, reviewing the work of others, and embarking on your own research project. **Table 1**⁶ further outlines these research-related activities.

Is it considered “scholarly”?

Participating in the teaching activities discussed above will start you on a path toward increased scholarship in your teaching life. However, for our teaching to be considered “scholarly,” it must be informed by the latest teaching concepts and open to discussion and review by our peers.³ Consider further educational opportunities that might exist at your university to support teachers in their efforts to ensure that you have the opportunity to engage in such a discussion and review. Join the College’s Section of Teachers and attend conferences where such concepts are discussed, so that you can begin to understand this aspect of scholarship.

Finally, we can ensure that the products of our work—in teaching, curriculum development, learner assessment, or research—are considered to be products of scholarship if they are communicated in a manner that allows for critique and peer review and that helps others learn from and build upon what we have done.³

If you want your work to be considered scholarly, the following actions might help.

- Begin by asking your colleagues for feedback on your work in any of the activities discussed (eg, teaching, research) at a local teacher’s meeting.
- Ask for feedback from a formal research group that meets at your university.
- See if there are venues where you can share your work with the entire department for feedback.
- Present at local conferences or national conferences (eg, Family Medicine Forum).
- Consider presenting at international conferences (eg, Ottawa Conference on the Assessment of Competence in Medicine).

Table 1. Ways to become involved in research

ACTIVITY	EXPLANATION	ACTION
Support the work of others	Before you embark on a research project of your own, support others while you learn the ropes	<ul style="list-style-type: none"> • Ask to sit in on a research meeting of an existing research group and provide input when you can • Agree to participate in a research study by enrolling patients and participating in the project • Play an active role in your learner's quality assurance or research project
Review the work of others	If you believe that you do not have the time to become involved in someone else's research project from the outset given the time commitment, choose to review work that has already been completed	<ul style="list-style-type: none"> • Offer to edit a paper that a colleague has written • Write a book review⁶ for <i>Canadian Family Physician</i> or <i>CMAJ</i> • Become a reviewer for a journal • Join an editorial board⁶
Embark on your own research project	Planning and carrying out your own research project can be challenging; but you can start with small manageable projects and then work your way up to a larger endeavour	<ul style="list-style-type: none"> • Start off with a small quality assurance project that you might hope to present at Family Medicine Forum • Through this experience, you might meet like-minded colleagues who would like to collaborate on a larger project • Apply for small-scale funding with these new colleagues (eg, CFPC Janus grants) • Now that you have some experience with grant applications and the REB process, you are ready to consider working with someone as a co-investigator on a project funded by a medium-sized (eg, PSI Foundation) or large (eg, CIHR) granting agency • You are now ready to be a principal investigator on your own larger project

CFPC—College of Family Physicians of Canada, CIHR—Canadian Institutes of Health Research, PSI—Physicians' Services Incorporated, REB—research ethics board.

- Submit your work to a journal. This task might seem the most challenging of all; however, there are different types of contributions you can make: write a letter to the editor; submit a commentary; submit a practical article, such as those in the clinical practice section of *Canadian Family Physician*; submit a program description; submit an article on your original research. Review journal guidelines for descriptions on the types of articles so that you can conform your work according to the journal's requirements.

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Conclusion

Academic scholarship is a broad area with many different opportunities for growth and learning. As family medicine teaching continues to grow its presence in the broader community, it is essential that community-based family medicine teachers gain the confidence and skills that will enable them to play a meaningful role in the scholarship environment of their departments. Approaching the scholarship journey does not need to be intimidating; it can be an exciting endeavour when tailored to an individual's unique needs, comfort level, interests, and expertise. 

Dr Bernard was a community family physician practising in Brampton, Ont, and Community Scholar Lead for the Department of Family Medicine at McMaster University in Hamilton, Ont, at the time this work was completed.

Competing interests

None declared

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TEACHING TIPS

- Academic scholarship can be an exciting endeavour when tailored to an individual's needs, comfort level, interests, and expertise.
- The scholarship of teaching involves more than supervising medical learners. Other activities include scholarly approaches to teaching in clinical settings, formally teaching colleagues and learners, developing programs and curriculums, and assessing learners.
- To become involved in the scholarship of research, try the following activities: support the work of others (eg, participate in others' research studies), review the work of others (eg, become a reviewer for a journal), or embark on your own research project.

Teaching Moment is a quarterly series in *Canadian Family Physician*, coordinated by the Section of Teachers of the College of Family Physicians of Canada. The focus is on practical topics for all teachers in family medicine, with an emphasis on evidence and best practice. Please send any ideas, requests, or submissions to Dr Miriam Lacasse, Teaching Moment Coordinator, at Miriam.Lacasse@fmed.ulaval.ca.