Defining the Scholarly and Scholarship Common Program Requirements

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"Do I need to submit a research abstract or paper to graduate?" is an often asked question by trainees. As faculty, we look to the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements for guidance. The requirements mandate that residency training programs demonstrate resident and faculty scholarly activity, as well as an "environment of inquiry and scholarship with an active research component."[1] The features of that environment include faculty participation in clinical discussions, rounds, and journal clubs; receipt of peer-reviewed funding; publication of original articles or chapters; publication or presentation of case reports or clinical series at professional/scientific society meetings; and participation in national committees or educational organizations. Faculty also "should encourage and support residents in scholarly activities," and training programs are expected to "allocate adequate educational resources to facilitate resident involvement in scholarly activities."[2] Additional details are specified by each specialty's review committee, with interpretations and practical implications of these requirements varying within[3] and between specialties[4] (see BOX 2 in this issue's News and Views section outlining key features of the scholarly activity requirement as interpreted by the different residency review committees).

Three articles in this issue of the *Journal of Graduate Medical Education* target the inquiry and scholarship requirements and their implications for trainees and faculty. From the trainee perspective, Ledford and colleagues[5] interviewed current and former residents to explore their expectations and experiences with the scholarly activity in a family medicine residency program. Their results highlight trainees' uncertainty regarding "what counts" as fulfilling the scholarly activity requirement. Robbins et al[6] examined the impact of research curriculum redesign and resource allocation on trainees' extramural funding and publication rates and reported an increase associated with those interventions. Finally, Curran and colleagues[7] explored the effect of teaching as a scholarly activity on career advancement. They found that teaching excellence can positively affect academic promotion per department chairs in obstetrics and gynecology, particularly for clinical versus research faculty.[7]

These 3 articles add to an existing body of literature describing specific programs' interpretations of the scholarly activity requirement and examples of its implementation. However, those articles[4–7] also highlight that we—leaders and teachers in graduate medical education—have neither defined nor clearly articulated universally accepted interpretations of *scholarly activity*, *scholarship*, or both.

The general medical education literature draws clear distinctions between *scholarly activity* and *scholarship*. Most working definitions of those terms draw on the work of Earnest Boyer[8] and his definition of scholarship, which includes the scholarship of teaching,[9] and the criteria of Glassick and colleagues[10] for assessing scholarship. To be "scholarly" means that one applies a systematic approach to a question or project in any domain,[11,12] defined by Glassick et al[10] as requiring (1) clear goals (eg, having important questions, objectives); (2) adequate preparation (eg, drawing on existing work in the area, having the appropriate skills); (3) appropriate methods (eg, using optimal tools, strategies, and processes for the project at hand); (4) significant results (eg, ensuring the findings address the objective and raising additional questions); (5) effective presentation (eg, communicating the systematic process and findings to others); and (6) reflective critique (eg, stepping back and determining what could be done differently and/or next). Those involved in continuous improvement will note the parallel, systematic, stepwise approach. Individuals can be "scholarly" without the additional steps needed to engage in "scholarship." Scholarship requires a scholarly approach but adds the expectation that the work must advance knowledge in the field by being public and accessible in a format that others can build on (eg, a journal, repository, or website), with peer review to judge the quality and the value of the contribution to the field.[13]

The ACGME Common Program Requirements aim to provide another avenue for honing trainee and faculty curiosity. The requirements apply a structured scholarly framework for creating, synthesizing, teaching, and applying

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new knowledge while nurturing an environment of inquiry. What is not stated is whether trainees themselves are expected to advance knowledge in the field through scholarship. This distinction is critical to ensure that the requirement is clear and consistently interpreted by each residency committee. We can design educational environments to achieve either outcome, although scholarship may require significantly more time and resources. Evidence for that is demonstrated by the dramatic increase in grants and publications of orthopedic residents after redesign and resource allocation focused on scholarship in 1 residency program.[6]

As educators, we endorse the principles of scholarly approach and scholarship. As we implement competencies, milestones, and entrustable professional activities, now is the optimal time to reexamine our shared definitions of *scholarly activity* and *scholarship*. We must draw on the existing scholarship literature to refine the interpretation of those requirements, consistent with a scholarly approach, so that the significant results are specified in our competencies in ways that are clear and meaningful to faculty, our graduates, and their patients. Only then, can we be sure that all residents are adequately prepared, with opportunities for continuous improvement through reflective critique.

Questions to You:

1. Are we seeking to ensure that ALL of our graduates:
   a. Are ''scholarly physicians,'' who apply a systematic approach to uncertainty when it presents in their patients?
   b. Produce scholarship that adds to the body of knowledge in a field of inquiry?
2. Should these requirements be redefined, and if so, how?

Please let us know your thoughts/reactions to our questions by sending your Letters to the Editor (limited to 500 words) or comments to jgme@acgme.org. We will collate those answers and responses in an upcoming issue.

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