

Will the ACGME Faculty Scholarly Activity Requirements Promote Dishonesty Among Program Directors?

The Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements for scholarship and scholarly activity¹ require that “Some members of the faculty should also demonstrate scholarship by 1 or more of the following”: (1) peer-reviewed funding; (2) publications of original research or review articles in peer-reviewed journals, or chapters in textbooks; (3) publications or presentations of case reports or clinical series at local, regional, or national professional and scientific meetings; and (4) participation in national committees or educational organizations. That sounds reasonable, but, the problem is in the details.

First, the word *some* does not apply to all specialties. The specialty requirements for a few specialties stipulate that *all* core faculty members demonstrate participation in at least 1 scholarly activity annually. Second, this requirement applies to core faculty members who are also expected to teach at least 15 hours a week and are mostly busy clinicians with multiple duties. Third, local presentations do not include, for instance, grand round presentations or single lectures at one’s home institution. Last but not least—the ACGME metrics for scholarly activity give credit for documented activity in each rubric over the length of the annual review cycle. The ACGME may select a program for added scrutiny if there is an average of less than 2 credits per faculty member. One may ask how realistic these requirements are, how all programs can meet them, and whether there may be unintended consequences, such as diminishing the value of, and emphasis on, clinical teaching. Many core faculty members teach 15 or more hours per week, see an increasing number of patients, and either do not have time or are not interested in spending it on academic writing. Many members of this group are wonderful teachers who advance the main mission of graduate medical education—creating *clinically* competent physicians. On the other hand, many faculty members who publish and write grants do not teach 15 hours per week. The question for program directors is how to handle this situation. Does one include in the core faculty roster members who do not teach 15 hours per week yet publish, present, and have grants? Or does one include core faculty

members who teach numerous hours, are excellent at this, but do not publish, present, or have grants? Does a program director hedge the reporting and act in a dishonest manner, or face the risk of being selected out for added scrutiny by the Review Committee for not meeting the scholarly activity requirement?

Simpson and colleagues² asked whether the scholarly activity requirements should be redefined. Their call is timely and probably correct, and this revision should include an examination of the requirement of a given quantity of faculty scholarly activity. The current requirements may be unrealistic, and may induce dishonesty in the reporting of scholarship or the inflating of not-so-useful publications and presentations. Finally, these requirements may decrease the role and significance of clinical teaching by experienced clinicians. The last point is especially important. As Sutkin et al³ noted, “Perhaps what makes a clinical educator truly great depends less on the acquisition of cognitive skills such as medical knowledge and formulating learning objectives, and more on inherent, relationship-based, noncognitive attributes.” They added “that excellent teaching, although multifactorial, transcends ordinary teaching by inspiring, supporting, actively involving, and communicating with students. These activities produce an emotional arousal in the student... We remember our greatest mentors: we either developed relationship with them or patterned ourselves after them.”³ Those attributes are not measured by the number of publications, presentations, and grants.

We want to emphasize that we do not suggest that expectations for faculty scholarship should be abandoned. They should just be realistically reevaluated.

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- 2 Simpson D, Yarris LM, Carek PJ. Defining the scholarly and scholarship common program requirements. *J Grad Med Educ.* 2013;5(4):539–540.
- 3 Sutkin G, Wagner E, Harris I, Schiffer R. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med.* 2008;83(5):452–466.