

Scholarly Activities Recorded in the Portfolios of Teacher–Clinician Faculty

Janet Palmer Hafler, EdD, and Frederick H. Lovejoy, Jr., MD

ABSTRACT

Purpose. To explore what contributions to scholarship teacher–clinician faculty list in the portfolios that they use as evidence for promotion.

Method. In 1998, the authors randomly selected 15 Harvard Medical School teacher–clinicians (five from each rank of assistant, associate, and full professor) from among 120 such faculty members who had been successfully promoted between 1990 and 1997. Using a descriptive research study design, the authors counted and categorized the contributions to scholarship, teaching, and committee service that the faculty listed in their portfolios. They did not assess the quality or weighting of the contributions.

Results. According to the portfolios, the faculty members had contributed to both teaching and scholarships at local, regional, and national levels. They listed not only peer-reviewed original journal articles, but also works that integrated and synthesized knowledge: specifically, chapters, textbooks, editorials, syllabi, newsletters, computer resources, and videotapes. Faculty generally had published

in multiple areas of scholarship, which fell in two domains: the faculty member’s subspecialty and medical education. The number of publications increased at each promotion level. The faculty also participated in broad-based teaching and education at the student, resident, fellow, and continuing medical education levels. Leadership contributions in education had occurred not only locally and regionally but also at a national level. Finally, faculty participated actively in service to the medical school, hospital, and national organizations, with leadership roles at the associate and full professor levels.

Conclusion. The academic culture at Harvard Medical School has shifted from promotion based solely on original scholarship to promotion based on a broad array of educational contributions. The faculty, as they seek promotion, create portfolios that list written scholarship, teaching, and service at the local, regional, and national levels and at all ranks of promotion.

Acad. Med. 2000;75:649–652.

Academic institutions have traditionally rewarded and recognized faculty for their research contributions. In 1990, Boyer suggested that academic recognition extend to a fuller range of scholarship including not only research, but

Dr. Hafler is assistant professor of pediatrics, Office of Educational Development, and associate director for faculty development, Harvard Medical School, and Dr. Lovejoy is the William Berenberg Professor of Pediatrics, and vice-chairman for medical education, Harvard Medical School, and associate physician-in-chief, Children’s Hospital; both in Boston, Massachusetts.

Correspondence and requests for reprints should be addressed to Dr. Hafler, 260 Longwood Avenue—MEC 384, Boston, MA 02115; e-mail: <jhafler@hms.harvard.edu>.

also integration, application, and teaching.¹ Indeed, the work of clinician–teachers is now considered critical to the academic mission,² and institutions actively seek ways to support the development of educational scholarship.³ A number of universities have begun rewarding teaching faculty for their contributions as educational scholars⁴ or have developed clinical education tracks leading to promotion.⁵

These and other universities, particularly since the 1997 publication of “Scholarship Assessed: Evaluation of the Professoriate,”³ have grappled with this issue: how to assess and evaluate educational scholarly activities. Depart-

ment heads, promotion committee chairs, and even faculty members themselves have expressed concern about how to identify educational scholarship and how to determine its components.⁶ They question whether the traditional criteria of peer-reviewed written scholarship and regional or national recognition can or should be required for promotion in this track. One new form of evidence for promoting teaching faculty is the portfolio, or “teaching dossier.”^{7,8} By 1992, about 20 American medical schools had adopted this evidentiary method.

In the mid-1980s, Harvard Medical School began recognizing scholarly

work among its teaching faculty and designed and implemented a new teacher-clinician promotion track that relied upon portfolios prepared by the faculty themselves.⁹ These portfolios, following Boyer's expanded view of educational scholarship, include an ongoing collection of each faculty member's teaching, clinical care, and research activities at the local, regional, and national levels. The portfolios allow the faculty to highlight their best work in education.

In this article, we document and describe what items Harvard Medical School's faculty place in their portfolios as evidence for promotion. We counted and listed the types of items, but did not examine how each was weighted or evaluated. This being the first study of these portfolios, we thought it necessary to set the stage by profiling what the faculty view as important to place in their portfolios to meet their institution's promotion criteria.

METHOD

In 1998, using a descriptive qualitative research study design, we counted and described the items that faculty members had put in their portfolios in their quest for promotion. We included only those faculty members who had been successfully promoted. We stratified by level (assistant, associate, and full professor) the 120 faculty who had been promoted on the teacher-clinician track in the academic years 1990 through 1997 and then randomly selected five portfolios from each level. Each faculty member's main teaching area and role in courses were recorded.

RESULTS

The 15 randomly selected assistant, associate, and full professors came from a variety of departments: dental medicine (1), dermatology (1), medicine (7), pediatrics (1), psychiatry (3), and radiology (2). As we examined the portfolios

to determine the nature of the faculty members' scholarly contributions, the following categories emerged: (1) publications and original teaching materials; (2) areas and types of teaching; (3) teaching awards; and (4) major committee memberships and roles.

Publications and Materials

In the category of publications and other written or visual materials, on average, the assistant professors had written 3.4 original articles, the associate professors, 34.2, and the full professors, 42.6. In the specific area of written scholarship in medical education, one article had been written by an assistant professor, five by associate professors, and 17 by full professors. Most faculty members listed textbook chapters; again, the number of chapters increased by academic level. Nine textbooks had been written, mostly by professors. In the area of editorials and newsletters, there was also a slight increase in number by academic level. Some faculty had not participated in this area of publication. As Table 1 shows, some faculty

members listed syllabi, computer resources, and videotapes, indicating that they consider a broadening range of materials to be contributions to educational scholarship.

Teaching and Awards

All but one of the faculty members whose portfolios we examined taught in the medical school; many were course directors, which is considered a leadership role. Invitations to participate in workshops locally and nationally increased at each higher academic level (Table 2). More educational and teaching activity had occurred at regional and national levels. All five full professors, three of the five associate professors, and four of the five assistant professors had received teaching awards.

Committee Membership and Leadership

Service activities are guided by level of promotion at Harvard Medical School. For example, all full professors are required to participate on at least one

Table 1

Average Numbers of Portfolio Entries—Publications and Materials—for 15 Teacher-Clinicians at Harvard Medical School (HMS), 1990 to 1997			
Category of Publication	Assistant Professors Average (Range)	Associate Professors Average (Range)	Full Professors Average (Range)
Original articles*	3.4 (0-17)	34.2 (24-49)	42.6 (19-61)
Chapters†	2.4 (0-7)	4.8 (0-12)	8.8 (4-45)
Textbooks†	0	.06 (0-2)	2.6 (0-7)
Editorials	0	.02 (0-1)	2.8 (0-14)
Syllabi‡	1.0 (0-4)	.02 (0-1)	.02 (0-1)
Newsletters	0	.02 (0-1)	.02 (0-1)
Computer resources	.02 (0-1)	.04 (0-2)	0
Videotapes	.04 (0-2)	2.6 (0-13)	1.6 (0-4)

* A subset of the original articles dealt with medical education (assistant professors: 1; associate professors: 5; and full professors: 17).

† These numbers count each chapter or textbook (authored or edited) and each subsequent edition.

‡ Syllabi were counted if they outlined the agenda for a series of sessions on a given topic and provided supportive or illustrative materials for each session, including handouts, readings, and bibliographies.

Table 2

Average Numbers of Portfolio Entries—Teaching Contributions and Awards—for 15 Teacher–Clinicians at Harvard Medical School (HMS), 1990 to 1997*			
Category of Teaching Contribution	Assistant Professors Average (Range)	Associate Professors Average (Range)	Full Professors Average (Range)
Medical school courses†	3.8 (2–7)	3.0 (0–5)	4.0 (0–11)
Residency‡	6.0 (3–9)	5.2 (0–17)	4.8 (1–15)
Fellowship	.02 (0–1)	1.0 (0–2)	0.8 (1–3)
Continuing medical education	2.6 (0–4)	1.4 (0–5)	3.4 (1–10)
Workshops	0.2 (0–1)	2.6 (0–9)	0.4 (0–2)
HMS-related invitations§	1.8 (0–5)	1.2 (0–4)	11.4 (3–22)
Non-HMS-related invitations§	5.8 (0–16)	15.8 (1–38)	21 (12–32)
Other¶	.06 (0–2)	.06 (0–1)	2.6 (0–8)
Teaching awards	1.2 (0–4)	1.2 (0–3)	1.6 (0–5)

* A value of 1 was given to each occurrence of teaching in each category.

† These numbers count as teaching any of the following roles: lecturer, tutor, lab instructor, preceptor, course coordinator, and course director. In this category, assistant professors held two course directorships; associate professors, two course directorships; and full professors, six course coordinator/directorships.

‡ These numbers count as teaching any of the following roles: attending physician, lecturer, conference leader, clinical supervisor, preceptor, associate director, and director. In this category, assistant professors held one directorship and one associate directorship; associate professors, three directorships; and full professors, four directorships.

§ These include, for example, seminars and grand rounds.

¶ This category includes, for example, high school outreach and community health seminars.

Table 3

Average Numbers of Portfolio Entries—Committee Membership and Leadership—for 15 Teacher–Clinicians at Harvard Medical School (HMS), 1990 to 1997*			
Category of Committee Membership	Assistant Professors Average (Range)	Associate Professors Average (Range)	Full Professors Average (Range)
HMS committees	1.0 (0–3)	0.8 (0–2)	9.8 (0–27)
Hospital committees	4.4 (0–7)	5.2 (1–9)	7.4 (0–23)
Professional committees	0.4 (0–2)	6.2 (1–16)	6.4 (1–12)
Committee chair†	0.8 (0–2)	1.2 (0–4)	4.0 (1–9)

* A value of 1 was given to each membership on a committee.

† A value of 1 was given for service as chair of a committee; these numbers repeat membership numbers.

medical school committee. Table 3 profiles the service contributions of the faculty in our study. All faculty members had participated on at least one committee. The numbers of committees on which faculty members participated at the medical school and in the hospitals

increased with the level of promotion. At the professional committee level, which included specialty and educational committees of national professional organizations, associate and full professors had participated actively. Some assistant and associate professors had

chaired committees, while all five full professors had chaired at least one national committee.

CONCLUSIONS

In a relatively short time, the academic culture at Harvard Medical School has shifted from promoting faculty based primarily on their research contributions to recognizing a broad range of educational scholarship, which is similar to what Simpson reported.¹⁰ A decade after Boyer's seminal work, faculty members now routinely list a broad array of educational activities in their portfolios.

While the faculty members' portfolios continue to emphasize original articles as evidence of scholarship (and those mostly in their medical subspecialties, and less in education), new forms of evidence, such as teaching materials, chapters in textbooks, syllabi, computer programs, and videotapes, have emerged. Faculty members are also recording their participation in broad-based teaching activities; their leadership roles for student, resident, fellow, and continuing medical education levels; and their educational leadership positions locally, regionally, and nationally on committees that enhance the educational enterprise.

Further studies are needed to determine how the various contributions listed in a portfolio are evaluated and weighted in the promotion process.

The authors thank Robert Heroux for his assistance in editing and producing the manuscript; Bernadette Sibuma for her work in compiling the data; and most especially Mary Clark, PhD, Daniel Federman, MD, Marianna Hewson, PhD, and Deborah Simpson, PhD, for their careful reviews of the paper and many helpful suggestions.

REFERENCES

1. Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1990.

-
2. Levinson W, Rubenstein A. Mission critical: integrating clinician-educators into academic medical centers. *N Engl J Med.* 1999; 341:840-3.
 3. Glassick CE, Huber MT, Maeroff GI. *Scholarship Assessed: Evaluation of the Professoriate.* San Francisco, CA: Jossey-Bass, 1997.
 4. Lindemann JC, Beecher AC, Morzinski JA, Simpson DE. Translating family medicine's educational expertise into academic success. *Fam Med.* 1995;27:306-9.
 5. Jones RF, Gold JS. Faculty appointment and tenure policies in medical schools: a 1997 status report. *Acad Med.* 1998;73:212-9.
 6. Beasley BW, Wright SM, Cofrancesco J Jr, Babbott SF, Thomas PA, Bass EB. Promotion criteria for clinician-educators in the United States and Canada: a survey of promotion committee chairpersons. *JAMA.* 1997;278: 723-8.
 7. Rothman AI, Podre P, Cohen R. Evaluating clinical teachers for promotion. *Acad Med.* 1989;64:774-5.
 8. Educating medical students: assessing change in medical education—The road to implementation. (ACME-TRI Report). *Acad Med.* 1993;68, 6 suppl.
 9. Lovejoy FH Jr, Clark MB. A promotion ladder for teachers at Harvard Medical School: experiences and challenges. *Acad Med.* 1995; 70:1079-108.
 10. Simpson D, Morzinski J, Beecher A, Lindemann J. Meeting the challenge to document teaching accomplishments: the educator's portfolio. *Teach Learn Med.* 1994;6: 203-6.