STATEMENT

Recommendations for the Successful Pursuit of Scholarship by Pharmacy Practice Faculty Members

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Submitted April 9, 2014; accepted June 9, 2014; published February 17, 2015.

Scholarship has long been a basic expectation of faculty members at institutions of higher learning in the United States and elsewhere. This expectation is no less assumed in academic pharmacy. A number of organizations have verbalized and enforced this precept over the years.¹⁻³ For example, this expectation is spoken to directly in the American Council for Pharmacy Education's Accreditation Standards and Guidelines.⁴ This expectation is further emphasized in the draft document of the accreditation standards to be implemented in 2016, in Standard 20. Specifically, Element 20.2 states: "The college or school must create an environment that both requires and promotes scholarship, and must also develop mechanisms to assess both the quantity and quality of faculty scholarly productivity."⁵ The successful pursuit of scholarship by clinical faculty members (those engaged in both clinical practice and teaching, without regard to tenure or clinical track status) is challenging.⁶⁻¹⁰ Thus, faculty member job descriptions or models should be designed so clinical faculty members can successfully meet all academic job expectations, including productive and meaningful scholarship.

In 2012, an AACP Section of Teachers of Pharmacy Practice task force was charged with examining this issue and providing recommendations for models for clinical faculty members that would allow the successful pursuit of scholarship. The task force gathered information relating to the current state of affairs at a number of colleges and reviewed relevant literature. This information, along with personal experiences and much discussion and contemplation, led to some general observations as well as specific recommendations. This paper reiterates the task force's observations and recommendations and provides further detail regarding our interpretation of the findings and basis for the eventual recommendations to the section.

Keywords: scholarship, clinical faculty, faculty models

INTRODUCTION

A number of studies/publications explore barriers to scholarship perceived by clinical practice faculty members that include lack of time and inadequate preparation for engaging in scholarship.^{6,7,9,11} Moreover, various faculty models for clinical faculty members may also encompass barriers to the successful pursuit of scholarship, which are not unique to academic pharmacy. In a retrospective review of the relevant literature, Smesny et al described a number of barriers to pursuing scholarship

common to clinical faculty members across the health science disciplines.⁸ Among these were balancing the time and effort clinical practice and teaching requires with the expectation for scholarly productivity.

A variety of circumstances may influence the faculty model (ie, general job description including scope of responsibilities and allocation of effort) adopted by a given department, and in turn the relative success of the practice-based faculty member in the area of scholarship. Various models exist from one college to the next, but all dictate the amount of time available for scholarship. Perceived advantages and disadvantages of a model can fluctuate with the clinical practice or teaching requirements of the faculty member. The number of months per year, days per week, and even hours per day dedicated to clinical

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practice or teaching are important variables. Further, the number and type (student vs resident) of learners assigned to a faculty member at any given time may have an impact on practice and clinical teaching. Models that require a moderate degree of clinical practice/teaching (eg, 2 to 3 days per week and/or 2 to 3 hours per day at the practice site with learners) might provide ample time to devote to scholarship. If those at the practice site don't expect meaningful or consistent patient care services from the clinical faculty member, this might represent even more time for scholarship. Beyond clinical practice and teaching, the magnitude of the didactic teaching load could inhibit the opportunity to pursue scholarship. In the case of larger departments with more faculty members to share the classroom/recitation teaching load, for example, more time may be available for scholarship. Another influential factor is the faculty member's employment conditions. In some cases, practice faculty members are university employees, and in other cases, practice site employees. A number of departments employ "split-funded" faculty members who have responsibilities and accountability to both entities.

In addition to the model, departmental climate, and mentoring and collaboration opportunities can affect the level of scholarship productivity. Further, the type of scholarship fostered and valued within a department may have a bearing on productivity. For example, accommodating or encouraging practice-based, clinical-related or teaching-related scholarship may be helpful to practice-based faculty members. Smesny et al observed that 2 barriers common across disciplines for clinical faculty members are lack of mentoring and work climates that limit scholarship.⁸ In other words, some college or department environments fail to nurture and promote scholarship. At the same time, we acknowledge that the academic pharmacy practice environment can be conducive to scholarship when it provides research-rich opportunities with active scholars and potential mentors from within and outside of pharmacy.

Given these realities, the best model for the productive pursuit of all faculty responsibilities, including scholarship, can be challenging to identify and create. It is not surprising, therefore, that the current state of scholarly productivity in pharmacy practice departments, as reflected by publication rates, is generally low.¹¹⁻¹³ This is true even among department chairs who are expected to be role models and mentors for department members. Thompson et al reported that pharmacy practice chairs averaged only 1.4 publications per year, although a broad range in lifetime publications (0-355) was also noted.¹¹ Broad variation in scholarly output from one pharmacy practice faculty member to the next exists. Coleman and

colleagues reported in 2007 that a mere 2.1% of faculty members accounted for more than 30% of all publications from the discipline.¹² This may suggest that scholarship is not expected of pharmacy practice faculty members at numerous schools or that many departments simply do not provide an appropriate faculty model and/or environment conducive to the successful pursuit of scholarship. Perhaps related is the observation that colleges associated with academic medical centers had statistically higher publication rates,¹³ but it is not clear whether this is related to the clinical practice model or other factors such as expectations for scholarly productivity and an environment supportive of development of research skills. Lastly, quantitative expectations for scholarship may vary depending on whether faculty members are in the tenure or non-tenure track.¹⁴

It is important to realize that whether practice-based faculty members in a given department, operating in a given model, are engaged, productive scholars depends on the expectations in that department or school. If a department or college has low expectations, it should not be difficult for faculty members to achieve them. Whether low expectations and productivity are in the best interests of the department, and ultimately the discipline, is debatable. Yet, the importance of scholarship to the quality of the academic unit should not be underestimated. It is disturbing, therefore, that in a study reported by Robles et al, only 32% of pharmacy practice faculty members responding to the survey felt that scholarship should be required. In our opinion, this attitude is antithetical to the basic precepts of academia. It is also a perplexing attitude given that scholarship as an expectation of all faculty members is directly spoken to in our accreditation standards, addressed directly in Standard 25.⁴

CONCLUSION

It is unlikely that one ideal clinical faculty model, suitable for all schools of pharmacy, could be envisioned and recommended. However, it is also apparent, based on the information gathered by the authors and reported observations, that a number of characteristics are conducive to allowing time for scholarship and their incorporation into any clinical faculty model should be seriously considered. At the same time, we would be remiss not to stress that the environment afforded at the school or department level is as important as the model.

Operating under the belief that all full-time faculty members should be meaningfully engaged in productive scholarship, the authors recommend that faculty job descriptions or contracts offer a realistic balance in duties and performance expectations across the areas of teaching,

service to the school, clinical service/practice, and scholarship so the last element can be comfortably accommodated from a time allocation standpoint. The design of faculty models should be driven by such faculty job descriptions. In addition, department chairs should meet with faculty members regularly to assess scholarly progress and, within the limits of the chairs' authority or influence, help faculty members find adequate time to meet expectations in the area of scholarship.

An academic environment that accommodates and nurtures scholarship should be created, regularly assessed, and refined, regardless of the model. Such an environment should include formal mentoring by seasoned colleagues and academic leaders, participation in clinical research programs that advance research skills, such as those sponsored by the Clinical and Translational Science Institutes, and/or partnership in research projects with faculty members from social and administrative pharmacy, pharmacy practice, or colleagues in other health professions with proven research experience. An academic infrastructure should be established by institutional leadership to facilitate the culture described above, cultivate original and innovative scholarship, and disseminate the scholarship through appropriate channels for critical peer review. The types of scholarship recognized, valued, and rewarded should be made clear to faculty members and be quantitatively balanced (by promotion and tenure committees) with teaching and clinical service expectations, so clinical faculty members have the opportunity for career advancement.

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