



# Larner College of Medicine

## The Teaching Academy

Teaching Academy Membership Portfolio APPLICANT material

*Explanatory information for reference before completing and submitting a Membership Portfolio.*

- Overview of Membership Categories and Quick Start Guide
- Application Checklist
- Appendix A resource article: ***Advancing Educators*** and education by defining the components and evidence associated with educational scholarship
  
- Teaching Academy Portfolio application (updated for 2025, watermarked “for use in 2026”)

## OVERVIEW OF MEMBERSHIP CATEGORIES

As a quick overview, the table below summarizes key features that differentiate each **membership category** and the required Teaching Portfolio components. Please also see our teaching portfolio **Quick Start Guide** on the next page.

| Membership Category | Eligibility   | Application Teaching Portfolio- Required Components |                     |                 |                           |                   |    |
|---------------------|---|---|---------------------|-----------------|---------------------------|-------------------|----|
|                     |   | Cover Page  | Statement of Intent | Teaching Record | Education Domain Sections | Letter of Support | CV |
| Associate Member    | <ul style="list-style-type: none"> <li>Faculty of the LCOM. Includes early career and new-to-LCOM faculty members.</li> <li>Includes Residents, Fellows, Post-doctoral fellows, Doctoral students in good standing.               <ul style="list-style-type: none"> <li>Must have a current Teaching Academy member as a sponsor and they must submit a letter of support.</li> </ul> </li> <li>Must conduct and present an education project at a Teaching Academy Symposium.</li> <li>Resident/Fellow/Post-doc education project proposals required at time of application.</li> <li>Engagement and evidence of excellence in 1 or more educational scholarship domains with emerging evidence of Quantity, Quality, and Engagement</li> </ul> | ✓   | ✓                   | ✓               | ≥1                        | ✓                 | ✓  |
| Member              | <ul style="list-style-type: none"> <li>Faculty of the Larner COM (early career and new-to-LCOM faculty members are encouraged to consider the Associate Member Category, see above)</li> <li>Engagement and evidence of excellence in 1 or more educational scholarship domains with solid evidence of Quantity, Quality, and Engagement</li> </ul>   | ✓   | ✓                   | ✓               | ≥1                        | ✓                 | ✓  |
| Expert Teacher      | <ul style="list-style-type: none"> <li>Faculty of the Larner COM</li> <li>Engagement and evidence of excellence 2 or more educational scholarship domains with strong evidence of Quantity, Quality, and Engagement</li> <li>Additional active participation within the academy (e.g., mentoring, workshops, etc.)</li> <li>Regional and/or national recognition as an educator</li> </ul>  | ✓   | ✓                   | ✓               | ≥2                        | ✓                 | ✓  |

|                        |  |   |   |   |    |   |   |
|------------------------|--|---|---|---|----|---|---|
| Distinguished Educator | <ul style="list-style-type: none"> <li>• Faculty of the Larner COM</li> <li>• Engagement and evidence of excellence in 3 or more educational scholarship domains with extensive evidence of Quantity, Quality, and Engagement</li> <li>• Additional active participation within the academy (e.g., mentoring, workshops, etc.).</li> <li>• Regional, national and/or international recognition as an educator</li> </ul> | ✓ | ✓ | ✓ | ≥3 | ✓ | ✓ |
|------------------------|--|---|---|---|----|---|---|

Thank you for your commitment to teaching and education and your interest in the Teaching Academy. If you have any questions, there are contacts in each department that have agreed to volunteer their time to answer questions from prospective Teaching Academy members. Please contact [Teaching.Academy@med.uvm.edu](mailto:Teaching.Academy@med.uvm.edu) for your department contact.

Kathryn Huggett, PhD  
 Director, The Teaching Academy  
 Robert Larner, MD '42 Professor in Medical Education  
 Assistant Dean for Medical Education  
[Kathryn.Huggett@med.uvm.edu](mailto:Kathryn.Huggett@med.uvm.edu)



## QUICK START GUIDE

The teaching portfolio is a synopsis of the education record and not a duplication of a CV. Like an artist's portfolio, only provide a few examples of your best work.

### REQUIRED Elements:

- APPLICATION (described below A.-E.)     LETTER OF SUPPORT     CV

#### A. Cover Page

1. Fill in the **Cover Page** with:
  - Name, including credentials and pronouns
  - Current Position or Title and Department
  - Current office mailing address. Include preferred email
  - Current faculty rank choices are: Resident/Fellow/Doctoral Student, Instructor, Assistant Professor, Associate Professor, Professor
  - Current academic pathway choices are: Tenure, Research Scholar, Education Scholar, Clinical Scholar, Clinical Practice Physician
2. Check the membership category you are applying for: Associate Member, Member, Expert Teacher, or Distinguished Educator.
3. Choose the education domains on which you would like your Portfolio Application based, keeping in mind the required number of domains for your desired membership level (e.g., applying for *Associate Member* choose 1 or more domains, *Member* choose 1 or more domains, *Expert Teacher* 2 or more domains, *Distinguished Educator* 3 or more).
  - Designate **ONLY** the education domains on which your membership will be based.
4. List those who will be providing your required letter of support from Chair or Supervisor, and if applicable TA Sponsor (Resident/Fellow/Post-doc Only). A letter of support Template is available: <https://www.uvm.edu/larnermed/teachingacademy/teaching-academy-membership>
5. Check the attestation to indicate your agreement, then sign, and date in the appropriate spaces.

#### B. Statement of Intent

Write a concise 1-page **Statement of Intent** to impart to the reviewer “who you are” by addressing the following:

- What do you do in your professional role(s)?
- How do teaching and other educator activities fit into your daily practice?
- Please provide details about any activities that contributed to intercultural excellence related to your work as an educator, including professional development courses; relevant literature read; changes made to your teaching, assessment, mentoring, etc.
- Reflect on feedback you've received from learners. Please describe 2-3 examples of how you have made changes to your teaching or related educator work based on this feedback.
- What do you wish to gain as a member of the Teaching Academy? Please note specific areas where you seek professional development, mentoring, network building, experience, etc.
- What do you intend to give back as a member of the Teaching Academy? Please note any particular areas of interest or experience that you might share, along with any service interests, e.g., committee work, mentoring, facilitating workshops, peer observation of teaching.



### C. Teaching Record

1. Fill in the **Teaching Record** Table (a required component for ALL applicants). This is the same table and format found in the LCOM standardized CV format, with an additional column for Teaching Method(s). You may wish to copy and paste the first six columns. Include only the most recent five years.

### D. Educational Scholarship Domain(s)

1. Complete your portfolio with the Educational Scholarship Domain(s) you checked on the cover page.
  - With the exception of **Educational Research**, all the Educational Scholarship domains each have a table for you to complete – describing the Quantity, Quality, and Engagement of your teaching. The left-hand column of the table is narrative/descriptive and the right-hand column is generally bullet items.
    - Delete all *italic sample text* and fill in your information.
    - Use bullets to refer to **specific** examples, pages in your CV or supplemental material
2. For additional guidance and examples of how to describe your Evidence for Quantity, Quality and Engagement within the portfolio, we recommend you consult Appendix A resource and in particular, the table on page 1006: Simpson D, Fincher RM, Hafler JP, Irby DM, Richards BF, Rosenfeld GC, Viggiano TR. Advancing educators and education by defining the components and evidence associated with educational scholarship. Medical education. 2007 Oct 1;41(10):1002-9. <https://doi.org/10.1111/j.1365-2923.2007.02844.x>
3. You may delete any Domains you are not completing.

### E. Associate Member Project description (for Residents/Fellows/Post-docs Associate Members **only**)

#### Letter of Support

Request that your Chair or Supervisor write a **Letter of Support**.

- Template available on our website: <https://www.uvm.edu/larnermed/teachingacademy/teaching-academy-membership>
- Resident/Fellow/Post-doc applicants must also include a letter of support from their Teaching Academy sponsor. If your project mentor is someone different than your Teaching Academy sponsor, please include an additional letter of support.
- Allow time for the completion of your **Letter of Support**, as it is written/approved/signed by your Chair or supervisor.

**Note: If you do not use the Letter of Support Template, please ensure that your Chair or Supervisor mentions in the Letter of Support:**

- *Applicant will have time available for Teaching Academy activities such as attending face-to-face workshops, participating in at least one of the Teaching Academy's annual conferences, and active participation within the Academy including mentoring/advising and presenting workshops.*

#### CV

The Teaching Portfolio has direct correlation to the LCOM Standardized CV format for reappointment, promotion, and tenure (RPT). You can find information about CV format and examples on the LCOM Faculty Affairs website: [Guidance Documents | Office for Faculty | The University of Vermont](#)



**OPTIONAL** Elements: Supplemental materials can be submitted as Evidence of Quantity, Quality and Engagement. Including but not limited to:

- References to national work
- Copies of teaching evaluations
- Feedback on a new resource you created
- Letters of acknowledgment

\*\*Helpful for File Name to *note purpose/intent of any supplemental material*, & your name – e.g.,  
SmithNewCourseEvals.pdf, SmithMenteeThanks.pdf



## Application Checklist for All Applicants

- Teaching Portfolio for your desired membership level
  - Letter of Support from Chair/Supervisor
  - CV
  - Optional – supplemental material can be submitted as Evidence of Quantity, Quality and Engagement. Including but not limited to:
    - Copies of teaching evaluations (*required if applying with Direct Teaching domain*)
    - Letters of acknowledgment
    - References to national work
    - Feedback on a new resource you created
- \*\*Helpful for File Name to note purpose/intent of any supplemental material, & your name – e.g., SmithNewCourseEvals.pdf, SmithMenteeLtr.pdf
- Verify that all information is accurate and complete, and sign page 1 of Portfolio

## Additional Items for Resident/Fellow/Post-doc Applicants

- Include in your Statement of Intent the anticipated end date of your program
- Project Description
- Signature indicating project mentor has reviewed your Portfolio
- Letter of Support from Teaching Academy Sponsor. If your project mentor is someone different than your Teaching Academy sponsor, please include an additional letter of support.

## Advancing educators and education by defining the components and evidence associated with educational scholarship

DEBORAH SIMPSON,<sup>1</sup> RUTH-MARIE E FINCHER,<sup>2</sup> JANET P HAFLER,<sup>3</sup> DAVID M IRBY,<sup>4</sup> BOYD F RICHARDS,<sup>5</sup>  
GARY C ROSENFELD<sup>6</sup> & THOMAS R VIGGIANO<sup>7</sup>

**OBJECTIVE** This study aimed to establish documentation standards for medical education activities, beyond educational research, for academic promotion consistent with principles of excellence and scholarship.

**METHODS** In 2006 a Consensus Conference on Educational Scholarship was convened by the Association of American Medical Colleges (AAMC) Group on Education Affairs (GEA) to outline a set of documentation standards for use by educators and academic promotion committees. Conference participants' work was informed by more than 15 years of literature on scholarship, educator portfolios and academic promotion standards.

**RESULTS** The 110 conference participants, including medical school deans, academic promotion committee members, department chairs, faculty and AAMC leaders, re-affirmed the 5 education activity categories (teaching, curriculum, advising and/or mentoring, education leadership and/or administration, and learner assessment), the contents of each category, and cross-category documentation

<sup>1</sup>Office of Educational Services, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

<sup>2</sup>Office of Academic Affairs, Department of Medicine, Medical College of Georgia, Augusta, Georgia, USA

<sup>3</sup>Office of Educational Affairs, Tufts University School of Medicine, Boston, MA, USA

<sup>4</sup>Department of Medicine, University of California San Francisco, San Francisco, California, USA

<sup>5</sup>Center for Educational Research and Evaluation, Columbia University, New York, NY, USA

<sup>6</sup>Integrative Biology and Pharmacology, University of Texas, Medical School at Houston, Houston, Texas, USA

<sup>7</sup>Department of Internal Medicine, Mayo Clinic, Rochester, MN, USA

*Correspondence:* Deborah Simpson PhD, Office of Educational Services, Medical College of Wisconsin, 8701 W Watertown Plank Road, Milwaukee, Wisconsin 53226, USA. Tel: 00 1 414 456 4332; Fax: 00 1 414 456 6506; E-mail: dsimpson@mcw.edu

standards. Educational excellence requires documentation of the quantity and quality of education activities. Documenting a scholarly approach requires demonstrating evidence of drawing from and building on the work of others, and documenting scholarship requires contributing work through public display, peer review and dissemination; both involve engagement with the community of educators. Implementation of these standards – quantity, quality and engagement with the education community – should occur in parallel with the development of an infrastructure to support educators, including sustained faculty development for educators, access to educational resources and journals, peer review mechanisms and consultation and support specific to each activity category.

**CONCLUSIONS** Educators' contributions to their institutions must be visible to be valued. The establishment of documentation standards for education activities provides the foundation for academic recognition of educators.

**KEYWORDS** \*education, medical; teaching/\*methods; curriculum; mentors; leadership; educational measurement.

*Medical Education* 2007; **41**: 1002–1009  
doi:10.1111/j.1365-2923.2007.02844.x

### INTRODUCTION

In the early 1990s, the academic medicine community rarely used the terms 'education', 'teaching', 'scholarship' and 'academic promotion' in combination. Teaching was an expected aspect of academic citizenship, a necessary but insufficient element

## Overview

### What is already known on this subject

Medical educators commonly use 5 education activity categories in academic promotion documents, including annotated CVs and educator portfolios.

### What this study adds

This paper reaffirms the 5 education activity categories, expands the delineation of each category's content, and provides a model for documentation ('Q<sup>2</sup>Engage') that defines the quantity, quality and evidence of engagement with the education community needed in academic promotion materials. It also recognises that the education infrastructure must evolve in parallel with each institution's academic promotion standards.

### Suggestions for further research

Future research might expand on the 4 lines of inquiry defined in this paper, including the preliminary identification of key infrastructure elements needed to support educators' excellence and engagement with the education community.

for academic promotion. This perspective on teaching dominated academic medicine specifically and higher education generally until The Carnegie Foundation for the Advancement of Teaching published Ernest Boyer's *Scholarship Reconsidered: Priorities of the Professoriate*.<sup>1</sup> Boyer's work reframed and expanded the discussion regarding roles, expectations, recognition and advancement of educators by providing a framework from which to challenge the prevailing concept that 'everyone teaches' with the suggestion that teaching be examined as a form of scholarly work.<sup>2</sup> The discussion was enriched by the publication of *Scholarship Assessed*,<sup>3</sup> which articulated common criteria for judging all forms of scholarship: clear goals; adequate preparation; appropriate methods; significant results; effective presentation, and reflective critique. The most recent contribution to this emerging literature is *The Advancement of Learning – Building the Teaching Commons*,<sup>4</sup> which highlights the importance of a community of educators focusing on the scholarship of teaching and

learning. In combination, this literature outlines the critical elements needed to make education-related work visible and valued. By framing a faculty member's education-related activities using principles of scholarship, dialogues around education can be built from the shared values of faculty excellence and scholarship expected for all missions within our institutions.

Making education activities visible and valued using a common set of standards, be it for certification, academic promotion, and/or improving our educational programmes, is a global purpose shared among university-based medical educators from Australia<sup>5</sup> and Israel<sup>6</sup> to the United Arab Emirates<sup>7</sup> and Singapore.<sup>8</sup> For medical school educators in the USA, visibility and value in institutions that are increasingly dependent upon research grants and clinical revenue for operational budgets is particularly challenging. These new pressures have resulted in a crisis of mission related to medical school faculty roles and rewards. As school leaders recognise that educators must be 'supported and rewarded, both professionally and financially' to sustain the educational mission, recognition of education in academic advancement has begun to slowly emerge.<sup>9</sup> Education as a viable faculty career track,<sup>10</sup> the use of educator portfolios for academic promotion,<sup>11</sup> the ongoing examination of the elements used by promotion committees,<sup>12</sup> delineation by education-related professional organisations of expectations for individuals directing medical student clerkships,<sup>13</sup> development of a compact between residents and their teachers,<sup>14</sup> and the proliferation of education academies and societies<sup>15</sup> point to the emergence of education as a visible and valued activity.

Professional societies have also played a key role by clarifying issues and potential solutions for recognising and valuing medical educators. For example, beginning in 1996, members of the Association of American Medical Colleges (AAMC) Group on Educational Affairs (GEA) began to elucidate the criteria for scholarship in medical education with a series of case studies.<sup>16</sup> The group then began to define the core elements of educational scholarship and the associated resources and infrastructure needed to support educators as scholars.<sup>15,17</sup> In 2003, GEA members documented the increased attention to educators' academic promotion in US medical schools through the dramatic increase in the use of education portfolios – used by 5 schools in 1990 and 76 schools in 2003 – as part of the academic promotion process.<sup>11</sup>

However, despite the emergence of a common set of education activities presented within educators' portfolios (teaching, curriculum development, mentoring and/or advising, education leadership and/or administration, learner assessment), the documentation methods and evidence presented in these portfolios were highly variable.<sup>11</sup> The variability in agreed-upon documentation standards for evidence was cited as limiting the degree to which the work of educators can be visible and valued. Therefore, the authors sought to elucidate a set of common documentation standards, consistent with principles of scholarship, so that educators' contributions can be evaluated in academic promotion.

---

## METHODS

A Consensus Conference on Educational Scholarship was convened by the AAMC–GEA in Charlotte, NC, USA, in 2006, to:

- 1 reaffirm the 5 education activity categories<sup>11</sup> and further elucidate their contents;
- 2 describe the appropriate forms of evidence and presentation displays for each category, and
- 3 identify areas associated with the academic advancement of educators that required further investigation.

Prior to the conference, the 110 conference participants, including medical school deans, academic promotion committee members, department chairs, faculty and AAMC leaders, were given 3 required readings<sup>2,18,19</sup> and 2 recommended readings<sup>11,17</sup> in order to ensure a common understanding of educational scholarship.

Two plenary sessions opened the conference and set the stage for guided discussions in pre-assigned working groups. Each working group focused on 1 of 5 education activity categories: teaching; curriculum development; mentoring and/or advising; education leadership and/or administration, and learner assessment.<sup>11</sup> Education research, an activity that can be conducted in any category, was not a focus for discussion, as the criteria and documentation methods are clearly established and already in use by academic promotion committees (e.g. peer-reviewed presentations, publications, grants). We charged each working group with defining and outlining the educator's portfolio contents in its assigned activity category in such a way that would positively impact decisions about academic promotion. Each group was asked to delineate

representative activities, types of evidence needed to document, and effective ways of displaying the activity category entries and associated evidence. To inform this discussion, 3 faculty portfolios highlighting various formats and criteria for each category were distributed. The working groups reported their findings to the full conference for discussion.

Following the conference, we summarised the consensus findings from each working group and circulated the findings to the group members for review and revision. These reports were then synthesised by the authors to create a single consensus documentation model. The model was presented at the 2006 AAMC Annual Conference, resulting in minor refinements.<sup>20</sup>

---

## RESULTS

### Educator activity categories

The 5 education activity categories were re-affirmed as appropriate for academic promotion:

- 1 teaching;
- 2 curriculum development;
- 3 advising and mentoring;
- 4 education leadership and administration, and
- 5 learner assessment.

### Documenting educator's activities: Q<sup>2</sup>Engage

Evidence of excellence and engagement with the education community emerged as the 2 common documentation standards crossing all activity categories. Each of these common standards has 2 elements.

#### *Educational excellence*

Documentation of educational excellence must present evidence associated with the quantity and quality of the education activity:

- *quantity*: descriptive information regarding the types and frequencies of education activities and roles, and
- *quality*: evidence of effectiveness and excellence in the activity, using comparative measures when available.

Engagement with the education community, the second common documentation standard, is demonstrated by presenting evidence that the educator's

work is informed by what is known in the field (a scholarly approach)<sup>21</sup> and, how, over time, the educator contributes to the knowledge in the field (educational scholarship). The breadth and scope of engagement (e.g. local, regional, national or international) with the education community required for academic advancement may vary by faculty rank and institution.<sup>4</sup>

#### *Scholarly approach*

Educators become engaged with the broader community of educators by reviewing and building upon other educators' work. A scholarly approach is demonstrated by documenting a systematic approach, informed by the literature and 'best practices' in the field, to the design, implementation, assessment and redesign of an education activity.

#### *Educational scholarship*

Educators engage in scholarship by contributing new, peer-reviewed resources that advance the field. Documentation of educational scholarship begins with demonstrating that a product emerging from an education activity is disseminated to the education community in a form that others can build on.<sup>22</sup> The product may be disseminated at local (e.g. department, medical school, university) or at regional, national and/or international levels. Once a product is disseminated in a form that others may build on, peers can assess its value to the community by applying accepted criteria for assessing scholarship.<sup>3,20</sup>

Educators seeking academic promotion may present evidence focused on a single education activity category (e.g. teaching) or on multiple categories (e.g. curriculum, learner assessment, leadership). Table 1 presents a brief definition of each education activity category and illustrative types of evidence to document quantity, quality and engagement with the education community. In general, activity documentation should include:

- a brief description of the activity and the educator's role (e.g. author, preceptor, lecturer or leader);
- evidence of quantity for each activity in a narrative or tabular display that highlights answers to questions related to who (e.g. level of trainee, number of trainees), what, when, where, how often and how much time is devoted to the activity;
- evidence of quality associated with the effectiveness of the process and/or outcomes of each activity selected from an array of available

datasets including norm-referenced summary data from learner or peer evaluations (e.g. teaching evaluations, end-of-course or rotation evaluations, peer reviews of lectures or curriculum, internal education committee ratings), short excerpts from narratives data (e.g. letters, accreditation reports, learner comments), enrolment or test statistics (e.g. difficulty, discrimination, reliability), invitations to teach outside one's own department, school, college and/or institution, impact on learner performance (e.g. pre-post improvement in test scores, successes of advisee), retention of learners, sustainability of curriculum change, and

- evidence of engagement with the education community through documentation that the educator's work is informed by what is known in the education community (e.g. existing literature, best practices, resources in the field, local, regional, national, and/or international colleagues), draws on resources from the field (e.g. foundation grants, dean's fund for curriculum change) and/or is made visible, peer-reviewed and contributes to the work of the education community through dissemination of an educational product (e.g. course packet, instructional DVD, learner assessment instrument, paper), through established venues (e.g. local curriculum committee, invited regional presentation to other educators, peer-reviewed paper in a journal, enduring educational product in AAMC MedEdPORTAL).

These documentation standards, encapsulated as Q<sup>2</sup>Engage, apply across all education activity categories. However, the specific types and forms of evidence may vary by category. For example, evidence of quantity and quality in teaching may include teaching effectiveness ratings over multiple years and by teacher roles (e.g. lecturer, small-group facilitator, clinical attending doctor). By contrast, evidence associated with curriculum development may focus on a single activity and include evidence for the most recent offering using learner and/or peer ratings of excellence. The curriculum entry may include a notation that the curriculum was accepted for the AAMC's peer-reviewed MedEdPORTAL or was used by another school, thereby demonstrating engagement with the community.

All documentation must be effectively and concisely presented using common terminology and displayed in an easy-to-read format, using tables, figures and/or graphs when possible. Detailed descriptions of each activity category along with illustrative examples

Table 1 Educational activity category definitions and documentation guidelines as per the Q<sup>2</sup>Engage model

| Category and definition  | Quantity   | Quality   | Engagement with education community   |   |
|--|--|---|---|---|
|  |  |   | Draws from field to inform own work   | Contributes to field to inform others' work   |
| <i>For each activity, documentation should present:</i>  |  |   |   |   |
| <b>Teaching</b>  |  |   |   |   |
| Any activity that fosters learning, including direct teaching (e.g. lecturing, tutoring, precepting) or creation of associated instructional materials       | Teaching role<br>How long (duration and frequency)<br>Where (required course, venue)<br>Format<br>Number and level of learners | Awards with criteria<br>Evaluation by students, peers, consultants<br>Evidence of learning (self-reports, performance on standardised tests)  | How teaching approach is informed by the literature<br>Impact of colleague discussions on subsequent practice   | List of interactive learning exercises accepted in peer-reviewed repository<br>List of invitations to present teaching approach at regional, national and/or international conferences                            |
| <b>Curriculum</b>  |  |   |   |   |
| A longitudinal set of systematically designed, sequenced and evaluated education activities occurring at any training level, venue or in any delivery format | Role and contribution to curriculum<br>Description of curriculum purpose, intended audience, duration, design and evaluation   | Learner reactions or ratings<br>Impact on learning (course examination, standardised tests, observation of learner performance)<br>Evaluation by peers  | Objectives informed by local, national or international reports or standards<br>References to other curriculum models<br>Adoption of evaluation tool used by others in the field    | Report of peer review of curriculum by local and/or national experts<br>List of institutions adopting the curriculum<br>Acceptance of curriculum in peer-reviewed repository                                      |
| <b>Mentoring and/or advising</b>   |  |   |   |   |
| A developmental relationship in which educator facilitates the accomplishment of a learner's or colleague's goals  | Description of relationship with protégé, including name, current status, purpose or goals, duration and total time invested   | Effectiveness ratings<br>Outcomes of relationship (extent to which protégé accomplished goals, products such as presentations, publications, awards)  | Professional development activities to enhance mentoring effectiveness; current practices compared with best practices<br>Obtain funding for mentoring programmes                   | List of publications, invited presentations<br>List of those adopting mentoring practices   |
| <b>Education leadership and administration</b>   |  |   |   |   |
| Leadership activities that transform educational programmes and advance the field  | Project description<br>Rationale for change<br>Goal<br>Leadership role(s)<br>Duration  | Data demonstrating achievement of goals:<br>Formative (faculty involvement, committee attendance)<br>Summative (learner performance, faculty retention)<br>360-degree leadership evaluation ratings with peer comparisons | Evidence that change is based on literature and best practices<br>Comparative improvement data<br>Resources garnered by source (grants, internal funds allocated) and/or nationally | Report of peer review of work or project<br>List of invitations to present one's work locally, nationally and internationally<br>List of institutions that have adopted work<br>List of work-related publications |
| <b>Learner assessment</b>  |  |   |   |   |
| All activities associated with measuring learners' knowledge, skills and attitudes   | Role and contribution<br>Assessment goals<br>Number of items, learners assessed<br>Frequency of use                            | Measures of reliability<br>Measures of validity appropriate to the type of assessment   | Evidence that methods are based upon best practices   | List of presentations about innovative testing strategy<br>List of publications about assessment strategy   |

demonstrating documentation of quantity, quality and engagement are available in the conference proceedings.<sup>23</sup>

### Institution level responsibilities

The Q<sup>2</sup>Engage documentation model recognises the synergy and tension between institution-specific roles and expectations of faculty as educators and expectations for educators to engage with the broader

community of medical educators. All working groups recognised that each academic institution must determine the relative balance between institution-specific expectations for excellence as educators (quantity and quality) and the engagement expectations for educators (scholarly approach and educational scholarship) in promotion and/or tenure decisions. These decisions should be based not only on institution-specific missions, but also on infrastructure support for education and educators.

More specifically, at the individual level, institutions need to align promotion expectations with the education activities assigned to faculty members. At an institutional level, the documentation standards for academic promotion should not exceed the education support infrastructure available within the institution and from regional, national and international organisations associated with medical education. Support infrastructure includes departmental and/or school-wide systems to collect, analyse and report course and/or teacher ratings, forums for educators to share their work and have it peer-reviewed, faculty development to enhance educator expertise and learn about new advances in the field, and access to educational journals and peer-reviewed repositories of educational materials. As the education infrastructure evolves, so too may standards of documentation, supporting educators' inclusion of both excellence and engagement evidence.

---

## DISCUSSION

Institutions reward what is visible and valued. Faculty members contribute to each institution's education mission through activities in teaching, curriculum development, mentoring and/or advising, leadership, and/or learner assessment. Contributions in these activity categories must be valued in academic promotion decisions to demonstrate that each institution's recognition and reward structures are aligned with its educational mission.

Our synthesis of the literature and the findings from the consensus conference demonstrate that educational contributions can be judged through the effective documentation and presentation of Q<sup>2</sup>Engage evidence: quantity; quality, and, when relevant, engagement with the education community. These documentation standards, although developed for academic promotion, can be applied to certification portfolios, individual development plans and/or reports describing educational programmes. Independent of their use, these standards emphasise that education activities can no longer be viewed as 'largely private work, guided by tradition, but uninformed by shared inquiry or understanding of what works'.<sup>24</sup> When aligned with the appropriate education infrastructure, a faculty member's education activities can become public and open to peer review, paralleling the process used by our colleagues in the research community.

Drawing inferences from the infrastructure typically available to support research,<sup>25</sup> we can begin to

identify the key infrastructure elements needed for education (e.g. mentoring, funding, facilities and uninterrupted time to devote to scholarly activities). Literature is also beginning to emerge that is specifically associated with the components of an education infrastructure ranging from key components and roles for departments of medical education<sup>26</sup> to the costs associated with studies in medical education.<sup>27</sup> Throughout the consensus conference, Patricia Hutchings, drawing on her work with Mary Huber,<sup>4,19</sup> advocated for the creation of a 'teaching commons'. This type of infrastructure might provide a physical (or virtual) place for educators and other stakeholders to come together as a community to engage in crucial conversations, informed by the literature and guided by experience in teaching and learning.

Education infrastructure represented 1 of only 4 question clusters that emerged from the consensus conference as impacting the implementation of our documentation standards. Although answering these questions clusters may not resolve the issue of how to make our education activities visible and valued, by making each of these clusters visible, others can build and expand on the consensus findings presented in this paper to advance our field.

### Infrastructure

- What are the essential institutional and/or organisational structures (e.g. learning communities, academies and societies) and infrastructure elements needed to support excellence and scholarship in education (e.g. peer observations, consultation and evaluations of teaching, psychometric analysis of learner assessment tools, faculty development)?
- How can we initiate, expand and facilitate effective dialogue among key constituencies (e.g. medical school deans, academic societies, teaching hospitals) nationally and internationally to develop an infrastructure that values educators and educational scholarship?

### Breadth of engagement with the education community

- What level of engagement must a successful candidate for promotion document to demonstrate meaningful involvement in the community of educators (e.g. internal or external, local or national)?

- Should engagement expectations vary by faculty rank and/or available institutional resources (e.g. support for participation in national meetings)?

### Category inclusions and boundaries

- How many inclusions are expected within an activity category for academic advancement?
- What level of sustained activity must an educator demonstrate to 'count' in academic promotion decisions?

### Judging individual versus group accomplishments

- In the USA and around the world, university-based promotion committees have longstanding traditions and standards for judging individual accomplishments and there is emerging recognition of the need for rewarding collaborative initiatives.<sup>28</sup> However, as many educators' activities result from group effort, how should educators present and document evidence of group accomplishments?

In summary, our work has reaffirmed 5 educator activity categories to compliment the already established activity of educational research. We have elucidated the documentation standards for making work in these 5 activity categories visible and public for peer review in academic promotions, teacher certification and/or programme development. Now, we must seize the opportunity to disseminate and build upon this knowledge. Using existing local, national and international forums, and, where necessary, creating new teaching commons, we must communicate what we know about documentation standards for educators seeking academic promotion and stimulate conversations and systematic inquiry to answer our current questions. If we are successful, communities of educators will emerge, populated by members whose contributions to our common educational mission – improving the health of the public through excellence in the education of doctors<sup>29</sup> – are supported through a strong education infrastructure and valued through academic promotions and recognition as educators.

---

*Contributors:* all authors made substantial contributions to the concept and design of the study, and to data collection, analysis and interpretation. All authors actively participated in the drafting and/or critical revisions of the

manuscript for important intellectual content. All authors approved the submitted manuscript.

*Acknowledgements:* the authors gratefully acknowledge the contributions of the following individuals and groups who contributed to the success of the Association of American Medical Colleges Group on Education Affairs (AAMC-GEA) Consensus Conference on Educational Scholarship, resulting in the findings which are reported in this paper: conference presenters Patricia Hutchings PhD, Vice-president of The Carnegie Foundation for the Advancement of Teaching, Darrell G Kirch MD, President of the AAMC, and LuAnn Wilkerson EdD, Professor of Medicine and Senior Associate Dean for Medical Education at the David Geffen School of Medicine at the University of California Los Angeles; M Brownell Anderson MEd, Associate Vice-president, AAMC Division of Medical Education, for ongoing vision, support and guidance to the GEA's Project on Educational Scholarship and for critical review and constructive edits of this paper; the 110 medical school deans, associate deans, faculty members and colleagues from 65 medical schools who participated in the consensus conference; our faculty colleagues, Karen Marcdante MD and Dario Torre MD, MPH, Medical College of Wisconsin and Susan Masters PhD, University of California San Francisco School of Medicine, whose abbreviated educators' portfolios were used as case examples during the conference and/or for illustrative purposes in conference-related documents; and the AAMC's Division of Medical Education, including Cynthia Woodard, and the AAMC Section for Meeting and Conference Management, including Nathalie Tavel and Rebecca Zurcher.

*Funding:* the AAMC sponsored the conference and waived the conference registration fee and the hotel fees for all authors.

*Conflicts of interest:* none.

*Ethical approval:* not applicable.

---

## REFERENCES

- 1 Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate*. Princeton, NJ: Princeton University Press 1990.
- 2 Rice RE. 'Scholarship reconsidered': history and context. In: O'Meara K, Rice RE, eds. *Faculty Priorities Reconsidered: Rewarding Multiple Forms of Scholarship*. San Francisco: Jossey-Bass 2005;17–38.
- 3 Glassick CE, Huber MT, Maeroff GI. *Scholarship Assessed: Evaluation of the Professoriate*. San Francisco: Jossey-Bass 1997.
- 4 Huber MT, Hutchings P. *The Advancement of Learning – Building the Teaching Commons*. San Francisco: Jossey-Bass 2005.
- 5 Azer SA. The qualities of a good teacher: how can they be acquired and sustained? *J R Soc Med* 2005;**98**:67–9.
- 6 Benor DE. Faculty development, teacher training and teacher accreditation in medical education: 20 years from now. *Med Teach* 2000;**33** (5):503–12.

- 7 Elzubeir MA, Rizk DEE. Identifying characteristics that students, interns and residents look for in their role models. *Med Educ* 2001;**35**:272–7.
- 8 Aimin A. Medical education in Asia: is it a time for optimism? *Ann Acad Med Singapore* 2004;**33** (2):264–6.
- 9 Whitcomb M. The medical school's faculty is its most important asset. *Acad Med* 2003;**78**:117–8.
- 10 Klingensmith ME, Anderson KD. Educational scholarship as a route to academic promotion: a depiction of surgical education scholars. *Am J Surg* 2006;**191**:533–7.
- 11 Simpson D, Hafler J, Brown D, Wilkerson L. Documentation systems for educators seeking academic promotion in US medical schools. *Acad Med* 2004;**79**:783–90.
- 12 Beasley BW, Wright SM, Confrancesco J, 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.
- 13 Pangaro L, Fincher R, Bachicha J *et al.* Expectations of and for clerkship directors: a collaborative statement from the Alliance for Clinical Education. *Teach Learn Med* 2003;**15** (3):217–22.
- 14 American Association of Medical Colleges. Compact between resident physicians and their teachers, January 2006. <http://www.aamc.org/meded/residentcompact/residentcompact.pdf>. [Accessed 3 June 2006.]
- 15 Irby DM, Cooke M, Lowenstein D, Richards B. The academy movement: a structural approach to reinvigorating the education mission. *Acad Med* 2004;**79**:729–36.
- 16 Simpson DE, Fincher RM. Making a case for the teaching scholar. *Acad Med* 1999;**74**:1296–9.
- 17 Fincher RM, Simpson D, Mennin SP, Rosenfeld GS, Rothman A, McGrew MC, Hansen PA, Mazamian PE, Turnbull JM. Scholarship in teaching: an imperative for the 21st century. *Acad Med* 2000;**75**:887–94.
- 18 Hafler JP, Blanco MA, Fincher RM, Lovejoy FH, Morzinski J. Educational scholarship. In: Fincher RM, ed. *Guidebook for Clerkship Directors*, 3rd edn. Omaha, NE, USA: Alliance for Clinical Education 2006. <http://familymed.uthsca.edu/ACE/guidebook.htm>. [Accessed 4 June 2006.]
- 19 Huber MT, Hutchings P, Shulman LS. The scholarship of teaching and learning today. In: O'Meara K, Rice RE, eds. *Faculty Priorities Reconsidered: Rewarding Multiple Forms of Scholarship*. San Francisco: Jossey-Bass 2005;34–8.
- 20 Simpson D, Fincher RM, Hafler JP, Irby DM, Richards BF, Rosenfeld GC, Viggiano TR. Moving educational activities into scholarship. Results and Recommendations from the AAMC GEA Consensus Conference on Educational Scholarship. AAMC-GEA Educational Scholarship Group, Annual Meeting of the Association of American Medical Colleges, 30 October 2006, Seattle, WA.
- 21 Shulman LS. Teaching as community property: putting an end to pedagogical solitude. *Change* 1993;**25** (6):6–7.
- 22 Hutchings P, Shulman LS. The scholarship of teaching: new elaborations, new developments. *Change* 1999;**31**:10–5.
- 23 Simpson D, Fincher RM, Hafler JP, Irby DM, Richards BF, Rosenfeld GC, Viggiano TR. Advancing educators and education: defining the components and evidence of educational scholarship. Proceedings from the American Association of Medical Colleges Group on Educational Affairs Consensus Conference on Educational Scholarship, 9–10 February 2006, Charlotte, NC. Washington DC: AAMC 2007. [http://services.aamc.org/Publications/index.cfm?fuseaction=Product.displayForm&prd\\_id=196&prv\\_id=237&cfid=1&cftoken=916EDB8A-F50F-47F8-83849BB27D47AEAB](http://services.aamc.org/Publications/index.cfm?fuseaction=Product.displayForm&prd_id=196&prv_id=237&cfid=1&cftoken=916EDB8A-F50F-47F8-83849BB27D47AEAB). [Accessed 9 August 2007.]
- 24 Hutchings P, Huber MT. Carnegie perspectives: building the teaching commons. Stanford, CA, USA: The Carnegie Foundation for the Advancement of Teaching. <http://www.carnegiefoundation.org/conversations/sub.asp?key=244&subkey=329>. [Accessed 25 March 2006.]
- 25 Bland CJ, Weber-Main AM, Lund SM, Finstad DA. *The Research-Productive Department*. Bolton, MA: Anker Publishing 2005.
- 26 David MH, Karunathilake I, Harden R. AMEE Education Guide No. 28. The development and role of departments of medical education *Med Teach* 2005;**27**:665–75.
- 27 Reed DA, Kern DE, Levine RB, Wright SM. Costs and funding for published medical education research. *JAMA* 2005;**294** (9):1052–7.
- 28 National Institutes of Health. Establishment of multiple principle investigator awards for the support team science projects. Notice no. NOT-OD-07-017. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-017.html>. [Accessed 24 November 2006.]
- 29 Association of American Medical Colleges – Group on Educational Affairs. Mission Statement. <http://www.aamc.org/members/gea/mission.htm>. [Accessed 24 September 2006.]

*Received 2 December 2006; editorial comments to authors 19 February 2007; accepted for publication 16 May 2007*