

# Working Definitions of the Roles and an Organizational Structure in Health Professions Education Scholarship

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# Working Definitions of the Roles and an Organizational Structure in Health Professions Education Scholarship: Initiating an International Conversation

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## Abstract

### Problem

Health professions education scholarship (HPES) is an important and growing field of inquiry. Problematically, consistent use of terminology regarding the individual roles and organizational structures that are active in this field are lacking. This inconsistency impedes the transferability of current and future findings related to the roles and organizational structures of HPES.

### Approach

Based on data collected during interviews with HPES leaders in Canada, Australia, New Zealand, the United States, and the Netherlands, the authors constructed

working definitions for some of the professional roles and an organizational structure that support HPES. All authors reviewed the definitions to ensure relevance across multiple countries.

### Outcomes

The authors define and offer illustrative examples of three professional roles in HPES (clinician educator, HPES research scientist, and HPES administrative leader) and an organizational structure that can support HPES participation (HPES unit). These working definitions are foundational and not all-encompassing and, thus, are offered as stimulus

for international dialogue and understanding.

### Next Steps

With these working definitions, scholars and administrative leaders can examine HPES roles and organizational structures across and between national contexts to decide how lessons learned in other contexts can be applied to their local contexts. Although rigorously constructed, these definitions need to be vetted by the international HPES community. The authors argue that these definitions are sufficiently transferable to support such scholarly investigation and debate.

### Problem

Active engagement in health professions education scholarship (HPES)<sup>1,2</sup> is increasingly expected of accredited medical schools and academic health centers. As institutional leaders work to support this scholarship, the need for explicitly defined HPES careers, separate from those in biomedical research, has become apparent. Leaders also require evidence-based guidance about the kinds of organizational structures (e.g., unit, center, academy, division, department) that can promote HPES engagement. The literature addressing these topics is limited, leaving unanswered important questions, such as: What kinds of professional roles are foundational to HPES participation in different contexts?

What organizational structures support and encourage HPES engagement?

Our research team set out to answer these questions through an international program of research. One of our goals was to construct broadly applicable definitions of the professional roles commonly held in HPES and of the organizational structures developed to support HPES participation. The first publications from this research examined the career paths of medical education scholars in Australia and New Zealand<sup>3</sup> and HPES organizational structures in Canada.<sup>4</sup> We are in the process of extending these examinations to the United States and the Netherlands.

In testing the transferability of our research findings, we encountered a problem of differing terminologies. The terms used for describing different HPES roles and organizational structures fluctuated widely within and across countries. When interviewing participants in different countries, we repeatedly needed to clarify terms and explore differences in meaning. These moments of ambiguity caused us to

reflect on the contextual differences shaping answers to two deceptively simple questions: What do you do? and What kind of organizational structure do you work in?

In response to this lack of clarity, we examined the literature describing the careers of HPES scholars, as well as the history and development of organizational structures buoying individual HPES groups.<sup>5-7</sup> These publications were informative, but they did not provide consistent definitions of key terms, hindering the transferability of their findings. For instance, if a publication described the professional career of a clinician educator, are the lessons learned transferable to a clinical teacher? Are there differences between these roles? Or, if a publication described the development and functions of departments of medical education, are the suggestions offered applicable to an HPES unit or office? Commonalities can be gleaned across these publications, but without a shared language, it is difficult to determine whether insights from one context are relevant to others. For research to progress, we need common,

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internationally applicable terms for (1) the roles and associated duties of people working in HPES and (2) the organizational structures that exist to support engagement in HPES. In this article, we offer working definitions of some of these terms to the HPES community for consideration and refinement.

**Approach**

We began developing these terms while conducting interviews with directors of medical education research and innovation units in Canada from 2011 to 2012.<sup>4</sup> During these conversations, we noted several terms that differed in meaning across Canada. When we compared these Canadian data with data from interviews with HPES leaders in Australia and New Zealand,<sup>3</sup> we realized that similar concepts had different labels in each context. To facilitate our analysis of these international data, we created working definitions of key terms that

were relevant in Canada, Australia, and New Zealand. Then, while conducting interviews with HPES leaders in the United States and the Netherlands in 2015 and 2016, we refined these definitions to accommodate the nuances from these contexts. The key terms and their definitions presented in this article were informed by our data collection in Canada, Australia, New Zealand, the United States, and the Netherlands and were reviewed by all authors to ensure relevance and applicability across these contexts.

**Outcomes**

We offer working definitions of key terms related to (1) three professional roles in HPES (clinician educator, HPES research scientist, and HPES administrative leader) and (2) an organizational structure that can support HPES participation. We provide examples of individuals and an organizational structure that embody these terms in Table 1.

We focus this article on defining a set of roles and an organizational structure to enable the study and scholarly dissemination of HPES. We do not address all the roles and institutional structures that engage in or support HPES. For example, we do not describe clinicians who teach in clinical settings but who do not engage in the scholarly dissemination of HPES (sometimes described as clinical teachers). Some institutions make no distinction between clinical teachers and clinician educators. For this work, we reserve the term *clinician educator* for those clinical teachers who also engage in scholarship. Similarly, we do not address organizational structures oriented towards promoting and recognizing teaching excellence but not focused on engaging in the scholarly dissemination of HPES (sometimes labeled *academies*). The value of the contributions of these other roles and organizational structures is unequivocal, but we focus this article on a select number of roles

**Table 1**  
**Examples of Individuals Embodying the Roles and of a Unit Embodying the Organizational Structure That Support Health Professions Education Scholarship (HPES)<sup>a</sup>**

Term	Example	Characteristics
Clinician educator	Andy Wearn, MBChB, MMedSc, MRCGP, University of Auckland, New Zealand	<ul style="list-style-type: none"> <li>• Holds a master’s degree in general practice</li> <li>• Is a sessional general practitioner at an urban practice in Auckland</li> <li>• Main role is director of the Clinical Skills Centre at the university, which includes the design and delivery of small-group clinical skills learning</li> <li>• Actively engages in scholarship by publishing peer-reviewed publications relating to health professions education, presenting at conferences, and through his work as the editor of the journal <i>Focus on Health Professional Education</i></li> </ul>
HPES research scientist	Patricia O’Sullivan, EdD, University of California, San Francisco, School of Medicine	<ul style="list-style-type: none"> <li>• Holds a doctorate in education</li> <li>• Professor in the Department of Medicine</li> <li>• Director of research and development in medical education in the Center for Faculty Educators at the university</li> <li>• Works with clinicians from a wide variety of clinical backgrounds (e.g., surgeons, pharmacists) to engage in scholarship relating to many different health professions education topics</li> <li>• Publication record, conference presentations, and grant capture are evidence of her HPES research scientist role</li> </ul>
HPES administrative leader	Professor Jennifer Cleland, University of Aberdeen, Scotland	<ul style="list-style-type: none"> <li>• Holds an endowed chair as the John Simpson Professor of Medical Education within the School of Medicine, Medical Sciences, and Nutrition</li> <li>• Supports those new to health professions education in developing research skills and ideas</li> <li>• Leads the first three years of community medicine teaching and learning at the university</li> <li>• Publishes widely in a broad range of journals and books and presents regularly at professional meetings</li> <li>• Clinical and occupational psychologist by training and, until recently, worked regularly as a clinical psychologist in hospital medicine in the United Kingdom National Health Service</li> </ul>
HPES unit	Centre for Health Education Scholarship, Faculty of Medicine, University of British Columbia, Canada <sup>10</sup>	<ul style="list-style-type: none"> <li>• Academic unit formally recognized by, and with a functional role at, the Faculty of Medicine, an accredited medical school</li> <li>• Exists to “shape the theories and activities of learning in the health professions by creating new knowledge through research and informed innovation,”<sup>10</sup> part of its tripartite mission statement</li> <li>• Evidence of the unit’s success in its scholarly endeavors includes, among other things, the many publications disseminated and research grants secured by the faculty members and fellows</li> </ul>

<sup>a</sup>Each individual and representatives from the unit described above have reviewed and approved these descriptions.

and one organizational structure to lay a foundation for additional work in the field.

We deliberately use the term *health professions education* rather than *medical education* in our definitions. We acknowledge that the term *medical education* has deep historical roots and that, in some contexts, this language reflects the appropriate organizational focus and funding base. However, we use *health professions education* to be more inclusive of the scope of the professions represented and engaging in the field.

### Professional roles

We define and illustrate three roles for those engaging in HPES—clinician educator, HPES research scientist, and HPES administrative leader. Although each role is distinct, these categories are not mutually exclusive. In practice, they regularly overlap (see Figure 1).

**Clinician educator.** A clinician educator:

1. Is trained as a clinician in a health profession, AND
2. Engages (or has previously engaged) in clinical activities, AND
3. Actively engages in health professions educational activities, AND
4. Consistently engages in and disseminates health-professions-related educational scholarship.

A clinician educator is expected to actively pursue the scholarship of learning and teaching and to produce scholarly HPES outputs such as educational innovations, evaluation, and/or scholarship dissemination. A clinician educator is often a practicing clinician,

but some divest themselves of clinical responsibilities to engage in HPES on a full-time basis. Acquiring additional qualifications in education or research is often considered beneficial and/or seen as an important career development strategy for clinician educators. These qualifications could include a fellowship or a master's degree in health professions education.

If these criteria are not met, the individual does not fit within the clinician educator role. For instance, a physician who engages in clinical activities and teaches health professions trainees does not qualify as a clinician educator unless she or he also engages in educational scholarship as evidenced by scholarly outputs (e.g., peer-reviewed publications relating to health professions education). Without education-related scholarly outputs, this physician would fit a different role in the HPES community.

**HPES research scientist.** An HPES research scientist:

1. Holds a graduate-level degree (usually at the PhD level, but occasionally at the master's level) in an academic discipline (e.g., education, psychology, anatomy, or engineering), AND
2. Is formally required to engage in health-professions-related educational scholarship.

HPES research scientists are expected to engage in the scholarship of learning and teaching, and/or to produce scholarly outputs, such as educational innovations, evaluation, and/or research in health professions education. In addition to engaging in education-related scholarship, HPES research scientists may also have other duties including,

for example, curriculum evaluation, teaching, and/or committee service.

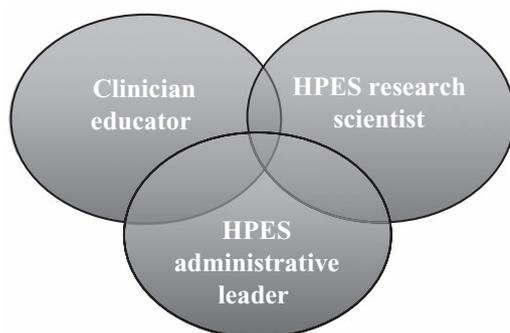
HPES research scientists are distinct from other research scientists. Although both engage in research, only the HPES research scientists devote a significant portion of their scholarly work to HPES. For example, a PhD-trained pharmacologist who teaches in the medical school and studies the therapeutic uses of drugs does not qualify as an HPES research scientist. To fit this category, the pharmacologist would also have to pursue and disseminate education-related scholarship.

**HPES administrative leader.** An HPES administrative leader focuses primarily on educational leadership activities, such as being the academic lead of a substantial component of a health professions education training program (e.g., deans, assistant deans, department chairs). HPES administrative leaders can come from any discipline or professional background, and they are expected to promote or lead clinician educators and/or HPES research scientists to pursue the scholarship of learning and teaching related to HPES. HPES administrative leaders must also engage in and disseminate education-related scholarship.

HPES administrative leaders are distinct from other administrative leaders in health professions education. For instance, a program director who conducts and disseminates education-related scholarship qualifies as an HPES administrative leader. Should that individual stop participating in educational scholarship to, for example, focus solely on administrative responsibilities, she or he would no longer fit the role.

### Health professions education scholarship unit (HPESU)

An HPESU is an organizational structure within which a group of people, often those working in the roles described above, is substantively engaged in HPES. An HPESU is often a focal point of HPES within the university and/or health center context. An HPESU has a “functional role”<sup>8</sup> at a university, college, or hospital that delivers health professions education. Such a unit may engage in the delivery and evaluation of health professions education. However, to be considered



**Figure 1** Three of the roles often occupied by those engaging in health professions education scholarship (HPES). Although each role is distinct, the categories are not mutually exclusive. In practice, they regularly overlap.

an HPESU, it must include some focus on scholarship. The specific kind of organizational structure an HPESU takes varies (e.g., units, centers, departments, offices). To be recognized as an HPESU, it must meet the following criteria:

1. “The unit must stand as a recognizable, coherent, organizational identity within the institution,”<sup>8</sup> AND
2. The unit must be identified as engaging in health-professions-education-related scholarship.<sup>9</sup> This scholarship may be conducted at the undergraduate, graduate, and/or continuing education levels. The unit may also house programs that focus on teaching, service provision, professional development program delivery, etc., but these other activities alone are not sufficient for being identified as an HPESU without the scholarship contributions.

This definition excludes units that are strictly administrative in nature and/or that meet only educational delivery, assessment, or other service needs (curriculum offices, program evaluation offices, etc.). An HPESU may provide support services but must also produce and disseminate education-related scholarship.

### Next Steps

With these working definitions, scholars and administrative leaders can examine HPES roles and organizational structures as they are enacted around the world to decide how lessons learned can be applied to their local contexts. An institution that wishes to start an HPESU could use these definitions to determine which practices are relevant to the local context and could assist local administrative leaders in their staffing configurations. Further, clear definitions can assist new faculty members in understanding their roles and can help them negotiate expectations for their HPES work. We offer these working definitions to the HPES community as a starting point for further development and modification.

Although we developed these definitions over time, across multiple contexts, and through extensive discussion and data collection, we still regularly debate these terms and definitions. While we share a common understanding of the constructs, we still debate how appropriate the labels might be in different contexts. For

instance, we feel strongly that we work in the field of HPES, not medical education scholarship. However, we are aware that definitions hold implicit cultural values. Extending the scope of these terms to health professions education is surely a reflection of the perspectives championed in our geographical contexts. Another limitation of this work is that the definitions have not been tested across all nations. We are actively collaborating with other nations (including Sri Lanka, Vietnam, and Taiwan) to engage in such international vetting.

We argue that our working definitions are sufficiently transferable to support international scholarly investigation and debate. They accommodate national variation while also providing sufficient specificity to highlight differences that are worthy of further exploration. If our community is to benefit from transferable research into the roles and organizational structures of HPES, we need working definitions that enable us to identify cross-context similarities and differences.

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