A series of diverse two-hour workshops were created to aid faculty and residents on removing misconceptions and sharpening their personal priorities needed in the pursuit of scholarly work (Figure 1). These skills were taught by means of presentation and submission of an institutional review board (IRB) manuscript along with grant proposals. The first six sessions were held in a multi-departmental group setting, the last session was led privately with individuals.

Figure 1: The Scholar 7 Outline

Session 1: Demystifying of Scholarly Work Session 2: Developing a Manuscript Session 3: Development of an Introduction Session 4: Development of Specific Aims Session 5: Development of Preliminary Data Session 6: Development of Methods, Materials and Conclusions Session 7: Individual Document Development

Scholarly work, IRB submissions, IRB approval/awards and grants awarded to participants during the post-grant year (FY) 2015-2016 were compared to previous FYG classes since 2007-08 within the same hospital system.

The Scholar 7 was created and is led by the director of Graduate Medical Education (GME) informing University Hospitals Regional Health (UH) departments of medical education and their respective community-based residency programs to participants in a faculty development program. The AOA-focused residency programs are expected to achieve initial accreditation for the Memorandum of Understanding (MOU) between AOA, ACGME and ACOM and AOA’s mission. The smooth transition, AOA-focused programs will be required to demonstrate scholarly activity as part of the Milestone program for ACGME committees. However, the difficulty of quantifying scholarly activity among AOA- focused residency programs has been ill defined and exaggerated by institutions on both sides of this debate.

In the 1990s, Boyer et al re-defined scholarly work into four components: discovery, application, communication and integration of the previous ideas. These components were later approved by the Carnegie-Mellon Foundation, which challenged the academia. This challenge was accepted by the ACGME by implementing the four components into its accredited residency programs. The AOA was less aggressive in implementation of the components within its residency programs. The fact that this particular challenge was made to the academy, was for the lack of a component central to the role of scholarly activity produced yearly when compared to ACGME. This leads to the conclusion of the necessity of a new component.

Present research has identified the need to increase the quantity and impact of scholarly work. This research supports the work of Clark and Birkel proposed production of series of actions needed to accomplish this goal. These actions placed a great deal of responsibility on faculty; accountability for production of research, maintenance of education and changes in accreditation standards. The problem pointed out the need to train faculty suggesting the use of mentors and collaborative processes. An identifiable education plan on how to train them to accomplish their newly mandated tasks however was not outlined.

In the light of above findings, we believe a step-by-step model is needed to create a culture of scholarly work. To address this need, the Scholar 7 program was developed to be implemented among community hospitals utilizing a mentor to attend (attending to fellows, residents and interns) called resident-mentor. The entire program is distributed in seven separate interactive workshops over a period of 6-8 months. As well as be shown this program has been in development since 2007 first serving as a series of lectures to incoming residents and has culminated in the program now called Scholar 7. The goal of this initiative is to enable the community hospitals’ post-graduate training programs to increase their scholarly activities, grant funding, faculty development, and reach the scholarly requirements in a timely and cost effective manner.

Discussion

Scholarly work continues to be an important component of post graduate education. With the recent merger of the AOA ACGME, conforming with that of the ACGME, scholarly work has been singled out as a component requiring enhancement in the upcoming ACGME program.

The definition of scholarly work creates the foundation on which a program may develop. Scholarship in its most simplistic view was proposed as a challenge to the ACGME to enhance graduate medical education. It has since been a main stay for training positions throughout the country. Typically, all educational programs are sponsored by a high volume nature of the services.

This high volume and the advent of electronic medical records, if used correctly, may produce an abundance of scholarly work in a retrospective and prospective manner. The reason for the lack of scholarly work in these venues is due to the lack of a simple skill set. The Scholar 7 aims to teach this skill set which is learning down to the director to student process.

Other processes have been suggested to encourage to perform scholarly work. One such method by Norca et al showed a “Think, Do, Write” process. The process assumes that all participants have the skill set to proceed to completion. Although this process was successful, the assumption needed to be made prior to inception would not fit the orientation. Some models proposed a departmental process for scholarly work that involved a core group of Medical Education Research Group (MERG). This group had facilitators and committees for the creation of research work. Although this model was very successful but lacked the structure needed to change a culture with a entire hospital system. Mayou et al shows that there are fundamental requirements for a successful environment. These were the following: communication of expectations and development of a robust program structure, dedicated protected time, a dedicated research curriculum, programmatic support, mentorship and oversight as well as accountability/track of accomplishments. The Scholar 7 does provide for nearly all of the requirements protected time must be incorporated into the institution that is due to work hours. We have implemented a research meeting that would be held during a traditional didactic session. This act allows for accountability and tracking. The research was presented at research seminars.

Peer writing circles have been suggested as a method of enhancing confidence within the faculty. Brandom et al suggested that the following obstacles: lack of time, change, work being written is prohibitive to the growth of scholarly work and medical faculty of clinical faculty within a department. They demonstrated that organized writing circles can be utilized by medical residents. Over the years, the teams became familiar with the process of developing study protocols for IRB submission regardless of the type of study.

Five of the ten groups had IRB submissions, subsequent approach or waivers and have been successful. For each group that attended monthly meetings and attempted their first IRB on their own group, this later contacted the program for example manuscripts and help with navigating the IRB’s software for their final submission. The remaining five groups that have not yet submitted an IRB made a simple choice to focus on their own. To date their program have not been started and not submitted to the IRB. One of these groups reported that they are close to submission. All the faculty involved earned their pursuit of scholarly activity, as mandated in ACGME accredited programs in only eight months regardless of IRB submission or not.

Among the five groups that completed the Scholar 7 process a total of eight separate research projects were created ranging from quantitative, a case report to retrospective and prospective studies. The overall grant funding for research projects at UH doubled from the postgraduate years 2015-2016 to 2017. Results from these three projects have already been submitted as abstracts to national conferences this coming year. Additionally one of the five groups that completed the Scholar 7 program in 2015-2016 recently submitted an NCI grant for 2017.

While our initial focus was to aid our post-graduate training programs to perform scholarly work but we have added the basic skill set.

5. Utilization of the Scholar 7 in an Osteopathic Training faculty enhanced scholarly work.

Conclusions

1. A knowledge of basic skill sets are required for the production of scholarly work.
2. The basic skill sets are mandatory to perform to scholarly work but some may lack the basic skill set.
3. The basic skill sets are mandatory to perform to scholarly work but some may lack the basic skill set.
4. Utilization of the Scholar 7 in an Osteopathic Training faculty enhanced scholarly work.