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## The Research Ladder and the Teaching Ladder

**Considerable emphasis is being given to the importance of research in universities today. The other major function of the university - teaching - is seen by many as having equal importance and prestige. Prof. McLeod, in this satirical dialogue, voices some frustrations of professors (i.e., teachers) in medical education. No doubt instructors in other faculties and in other universities will identify with many of his wry, witty, and cryptic comments.**

Medical students and young physicians doing post graduate training identify strongly with their physician-instructors. Role modeling has long been recognized as an important element in learning in medical schools. It is therefore not surprising that students who hold their instructors in high esteem assume that the university does likewise. Even graduates embarking on teaching careers are unfamiliar with the imbalance in the way medical schools perceive the relevance of teaching on the one hand and research on the other.

What follows is a conversation between Dr. N.I. Eave, a recent graduate who has joined the clinical teaching faculty of a major medical school, and Dr. D. Tractor, a long time medical school affiliate.

Dr. N.E.: Is medical school teaching rewarding?

Dr. D.T.: Yes it is. It can be tremendously satisfying teaching motivated medical students and residents. The main reward is that satisfaction.

Dr. N.E.: What about pay, promotion opportunities, and so on?

Dr. D.T.: You can make a very reasonable income and the chances of getting promoted are fair. There's a well-defined promotional hierarchy in most medical schools.

Dr. N.E.: How difficult is it to climb the ladder?

Dr. D.T.: Well it's fairly easy for people who work hard but some have a shorter ladder than others.

Dr. N.E.: How so?

Dr. D.T.: Well some people, especially if they are good researchers, can climb to the top of the ladder to full professor status while those who don't do a lot of research usually have more difficulty getting promoted and they rarely become full professors.

Dr. N.E.: But I thought the most important activity for academics is teaching?

Dr. D.T.: That's a misconception. Students are exposed to teachers throughout medical school and post-graduate training so they develop a respect for good teachers and come to feel that the role of teacher is all important. Actually recognition by university officials relies more on things like administrative activities and research prowess.

Dr. N.E.: Tell me more.

Dr. D.T.: Most universities have promotion and tenure committees which make recommendations to the department chairmen about promotion. When considering whether or not a staff member merits promotion the committee members put a lot of stress on how successful he or she is as a researcher and how active he or she has been in administration. They pay lip service to the teaching component.

Dr. N.E.: How can that be justified?

Dr. D.T.: The usual justification goes something like this - the cornerstone of academic achievement is scientific scholarship and the criteria for promotion and advancement relate to the recognition of research success by a national and international jury of peers (Burrow, 1985). A significant and worthwhile administrative effort relates to committee work and involvement in leadership roles in the school. Teaching is important but there are no workable criteria by which teaching success can be assessed objectively.

Dr. N.E.: What are the criteria for assessing the promotion candidate's research contribution?

Dr. D.T.: Good question. They seem to be somewhat variable and not too well standardized but anyone who has sat on a promotions and tenure committee will tell you that the number of publications is important.

Dr. N.E.: Do you mean quantity is more important than quality?

Dr. D.T.: To an extent yes. Quality is also taken into consideration and it seems that publication in refereed journals is supposed to assure the quality of the research. Presenting at meetings seems to be important also, especially if the meetings are far away from home.

Dr. N.E.: Is that all?

Dr. D.T.: Not really. Often an outside expert or two will be asked to pass judgement on the quality of the research and the extent to which it contributes to the body of scientific knowledge. Unfortunately the scientific community is rather small in size so the people concerned frequently know each other. I imagine that might have some influence on the opinions expressed.

Dr. N.E.: You sound a little skeptical about the objectivity of the procedures for promotion. Don't you think they work?

Dr. D.T.: Perhaps they do. By and large the majority of people who get promoted deserve it. However, if one were to try to apply the measurement properties of validity and reliability (Neufield & Norman, 1985) to the assessment methods they probably wouldn't hold much water. As you know these are the accepted criteria for the usefulness of assessments of any kind.

Dr. N.E.: Sounds as if there might be an element of the old boys club members regulating admission to the fraternity.

Dr. D.T.: Some people might say there's an element of truth in that. Those responsible for the decision-making about advancement are for the most part people who have had significant research involvement.

Dr. N.E.: Does that mean it's impossible to get promoted without having been successful at research?

Dr. D.T.: Not impossible, but difficult. It must be quite uncommon for teachers, even outstanding ones, to reach full professor status for example.

Dr. N.E.: That seems unreasonable. I was under the impression that universities are changing the emphasis a bit. Didn't the

famous GPEP report (Panel on the General Professional Education of the Physician and College Preparation for Medicine, 1984) suggest that it's time to recognize teaching contributions in a more substantial way?

Dr. D.T.: That's true. And it's human nature to expect recognition for a job well done. I guess we all like to be reassured that we are doing a good job.

Dr. N.E.: Can nothing be done to change the status quo?

Dr. D.T.: Oh yes. Some universities have perceived the inequity in the system and have developed a sort of "alternate track" for teachers. Unfortunately this hasn't proven to be too popular. The alternate aspect of the promotional track seems to have stigmatized it and there is an aura of second class status about qualification achieved in that way.

Dr. N.E.: Do you mean that teachers generally would prefer to be climbing the same ladder as researchers?

Dr. D.T.: Exactly.

Dr. N.E.: It seems that the lack of acceptable criteria for assessing the quality of teaching contributions means that things will never change. Are there any alternatives?

Dr. D.T.: I think so. If university faculties would agree that teaching expertise is as important as research expertise when considering an individual for promotion something could be worked out. In fact I suspect that with a little effort a committee could establish promotion criteria which are more valid and more reliable than those currently used by promotion and tenure committees.

Dr. N.E.: What criteria would be used?

Dr. D.T.: Well you could look at a number of things such as teaching experience, including the extent and level of teaching; the proportion of various forms of teaching; involvement in planning, implementation, and evaluation of courses; and involvement in design and evaluation of learning resources. Administrative work in the education field could provide a valuable criterion and education research publications would, of course, have to be considered. These could be supplemented by qualitative evaluations from supervisors, colleagues, and administrators as well as course evaluations. People in other fields aside from medicine are looking at video recordings of teaching sessions, evaluation scales and so on and I'm sure these could be adapted to medicine.

Dr. N.E.: Sounds a bit complicated.

Dr. D.T.: Not really. As a matter of fact in the Scandinavian countries the Nordic Federation for Medical Education is tackling a similar problem of evaluating teaching merit for applicants for academic posts (Martenson & Nystrup, 1984). They are optimistic about being able to evaluate teaching qualifications as easily as scientific competence.

Dr. N.E.: What about on this side of the Atlantic?

Dr. D.T.: I'm not aware of anything similar although I am reminded of the precedent established by Sir William Osler.

Dr. N.E.: You mean he had to go through the hassle of providing his research prowess to qualify for promotion?

Dr. D.T.: No. He was such a good teacher he was knighted.

Dr. Tractor's comments highlight the frustrations of academic physicians whose principle contributions are in the teaching field as opposed to the research field. Although the school's *raison d'être* may be to teach students, prestige lies with research and publication and promotional patterns reflect this. Medicine is not alone in this regard. The pattern is similar in most other university faculties and it is time for a wholesale change in emphasis. Administrators must recognize the relevance of teaching and reward successful teachers with promotion.

## REFERENCES

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