The Academy Movement: A Structural Approach to Reinvigorating the Educational Mission

David M. Irby, PhD, Molly Cooke, MD, Daniel Lowenstein, MD, and Boyd Richards, PhD

ABSTRACT

Despite its fundamental importance, the educational mission of most medical schools receives far less recognition and support than do the missions of research and patient care. This disparity is based, in part, on the predominance of discipline-based departments, which focus on the more sustainable enterprises of research and patient care. Where departmental teaching is emphasized, it tends to center on trainees directly associated with the department—leaving medical students unsupported. The authors argue that the ongoing erosion of the educational mission will never be reversed unless there are changes in the underlying structure of medical schools. Academies of medical educators are developing at a number of medical schools to advance the school-wide mission of education. The authors describe and compare key features of such organizations at eight medical schools, identified through an informal survey of the Society of Directors of Research in Medical Education, along with direct contacts with specific schools. Although these entities are relatively new, initial assessments suggest that they have already had a major impact on the recognition of teaching efforts by the faculty, fueled curricular reform, promoted educational scholarship, and garnered new resources to support teaching. The academy movement, as a structural approach to change, shows promise for reinvigorating the educational mission of academic medicine.


To reaffirm the educational mission of academic medicine, some advocate an expanded definition of scholarship as a means of increasing support for faculty who teach.1 Others stress the importance of a comprehensive faculty development and teaching scholars program.2 While supporting these proposals, we assert that they, like many before them, are important but insufficient to transform the basic culture of academic medicine.

To place education at the center of academic medicine again will require fundamental structural reform.3 We suggest that new organizational entities such as academies are showing promise for promoting teachers, supporting education, improving curriculum, advancing educational scholarship, and changing the culture of academic medicine. In this article, we review the fundamental argument for such organizations, describe eight academies, discuss their similarities and differences in approach, and examine their initial impacts.

RATIONALE FOR STRUCTURAL CHANGE

The educational mission of U.S. medical schools has been increasingly threatened since the middle of the 20th century, and the situation is more severe now than ever before.4–6 Historically, universities and medical schools have been organized around departments and other discipline-based programs that are dedicated to seeking new knowledge and improving health care. In addition, clinical departments in medical schools are organized by specialty and dedicated to providing state-of-the-art patient care. Thus, research is central to the mission of all academic departments, and
patient care is central to the mission of clinical departments. Both research and patient care bring to their respective departments resources and prestige. These are necessary ingredients for departments to survive and thrive; as a result, most faculty effort is focused on research and patient care.

While schools and departments accord different values to the educational mission, education is typically seen as secondary to research and patient care. Furthermore, when it comes to teaching, departments tend to give priority to those learners who are directly associated with the departments, such as graduate and postdoctoral students in basic science departments, and residents and fellows in clinical departments. This departmentally focused teaching has the advantage of simultaneously advancing the department's more valued missions of research and clinical care. For example, mentoring graduate students, postdoctoral students, or fellows enhances the learners' productivity and contributes to the mentor's research; teaching residents directly improves the quality and efficiency of patient care. Both of these outcomes enhance a department's ability to accrue financial resources and prestige.

The educational mission of a medical school, however, also includes teaching learners who are not directly affiliated with the department, i.e., medical students. Unfortunately, faculty members who teach outside of their departments return relatively little in the way of direct benefits to the department, regardless of the value attributed to this activity by the school. While universities generally provide departments an operating budget that recognizes their contribution to medical student teaching, the level of funding is rarely related to the amount or quality of teaching provided, and the funds are not attached to the salaries of those actually doing the teaching. The manner in which these funds are disbursed to departments often disassociates the resources from the teaching they were ostensibly designated to support, resulting in the use of the funds for research and other noninstructional activities. Thus, faculty members are often correct when they say, "We are not paid for teaching medical students."

Because of the relative importance assigned to research and patient care, departments hire faculty members principally to advance those missions. It should not be surprising that departments provide substantially more incentives and support to faculty for contributions to research and patient care than for teaching and education, especially outside the department. As Cuban argues, it is improbable that any change in the status of teaching will succeed that is not rooted in a fundamental restructuring of U.S. universities.³ Bloom comes to a similar conclusion: "When the general mission of medical education is subordinated to the operational requirements of the social organization, the protection of territorial domains supersedes the achievement of educational goals as the driving force of the institution."⁷ Thus, as long as departments are the primary locale of faculty incentives and support, we contend that the broader educational mission of schools of medicine will never flourish. Many good educators simply are unable to spend time away from research or patient care to teach or direct medical student courses.

This structural problem requires a structural remedy. We suggest that this remedy could include the creation of a new organizational entity, dedicated to education and independent but supportive of existing departments. This entity could empower skilled faculty educators by offering additional incentives and support, promoting the scholarship of teaching, and encouraging curriculum innovation, and could do all of this without compromising the departments' ability to succeed in research or patient care. Such entities, known as academies, have recently been established in a number of schools with encouraging results. Academies appear to attract high quality faculty and provide them with incentives to devote more time to the educational mission of the medical school.

**General Characteristics of Academies**

To explore trends in U.S. medical schools regarding academies, we contacted a number of medical schools that were reported to have such organizations. In addition, we surveyed the Society of Directors of Research in Medical Education, which includes members from 35 U.S. medical schools. In all, 16 schools responded to our inquiries and an additional four were identified by the authors. To distinguish academies from more general faculty development programs, the following four defining characteristics of academies were identified. Academies have

- a mission that advances and supports educators, provides faculty development, promotes curriculum improvement, advances educational scholarship, and offers protected faculty time for education;
- a membership composed of distinguished educators who are selected through a rigorous peer review process that assesses contributions to teaching, mentoring, curriculum development and leadership, and educational scholarship;
- a formal school-wide organizational structure with designated leadership; and
- dedicated resources that fund mission-related initiatives.

To illustrate the scope of academy organizations, we selected academies at eight schools from the larger set to analyze. While these eight academies share most of these four features, they also vary considerably. Table 1 summarizes important characteristics of these organizations, which are
<table>
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<th>Name, Year Founded</th>
<th>Mission and Programs</th>
<th>Selection of Members</th>
<th>Funding, Organization, and Leadership</th>
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| The Medical College of Wisconsin Society of Teaching Scholars, 1990 | Mentor junior faculty  
Sponsor annual symposium  
Promote educational scholarship  
Have a speaker’s bureau  
Have representation on faculty council  
Be an advocate for educational issues  
Select recipients for other awards | 40 members  
Up to three added annually  
Chair, division/section chief or peer nomination  
Members review CV, portfolio, letters; rank nominees for innovation and excellence of scholarly teaching | Funded at $10,000/year by dean’s office and small grants and gifts  
Eligible to apply for funds via internal education award  
Coordinator elected by members  
Administrative support provided through Offices of Faculty Affairs and Educational Services |
| The Academy for Excellence in Teaching at the University of Illinois at Chicago, 1996 | Develop educational excellence in all faculty  
Sponsor events with special speakers, poster sessions, panels, workshops, and student research session  
Present teaching awards during annual conference | 250 members of College of Medicine faculty  
Membership includes recipients of all teaching awards and all faculty involved in or interested in teaching. | Funds from dean’s office  
Funding varies by activity  
Senior associate dean for educational affairs serves as director  
Nine-member steering committee |
| The Core Faculty at Mayo Clinic College of Medicine, 1998 | Support a core faculty in undergraduate medical education (UME)  
Reform UME curriculum  
Provide faculty development workshops; time to attend compensated  
Foster networking, mentoring  
Support career-building travel  
Be an advocate for academic promotions | 150 members  
Self, chair, or school nomination  
Membership negotiated between the department chair and the medical school | $6 million/year from endowment to fund time for 19 FTE per year  
The dean, associate dean, and assistant dean for faculty affairs serve as directors  
Executive committee of the school provides guidance. |
| The Haile T. Debas Academy of Medical Educators at UCSF, 2000 | Be an advocate for promotion of teachers  
Offer faculty development, mentoring, Education Day, educational research fellowship, and Teaching Scholars Program  
Fund innovative UME curriculum development and research projects  
Endow education chairs | 51 members  
Self- and chair nomination  
Peer review (internal and external) of submitted portfolio  
Must have evidence of teaching in undergraduate medical education | $6 million endowment  
$500,000/year operational support  
Matching departmental funds for endowed chairs  
Appointed director (50% of time)  
Two staff members  
Multiple committees |
| The University of Florida College of Medicine’s Society of Teaching Scholars, 2000 | Provide a forum to recognize and nurture excellence in education  
Sponsor Medical Education Week  
Serve as mentors, especially to junior teaching faculty  
Review applications to Exemplary Teaching Program  
Support Master Educator’s Program faculty | 17 members  
Two added per year  
Society members review submitted portfolios (with 12 areas of educational scholarship) | 40,000/year from dean’s office  
Leadership provided by senior associate dean for educational affairs  
Chair, elected by members |
| The Academy of Distinguished Educators at Baylor College of Medicine, 2001 | Sponsor five or six events annually  
Be an advocate for educational scholarship in UME, GME  
Be an advocate for educational scholarship in promotions  
Fund mini-grants  
Sponsor UME electives | 63 members  
Self-nomination  
Review panel compares submitted portfolio to standard (all who meet standard are selected) | $25,000/year from college; $25,000/year from endowment  
Administration provided through Office of Curriculum  
Elected steering committee  
Multiple subcommittees |
| The Academy at Harvard Medical School, 2001 | Has provided 57 academy members with support for innovative pilot projects in faculty development or curriculum reform ($10,000 each)  
Mentor junior faculty ($25,000/fellow)  
Sponsor Medical Education Day, Symposia for Medical Educators, education retreats/conferences  
Be an advocate for teachers in promotion process | 141 members  
New members selected through annual application process  
Self- and chair nomination  
Peer review (internal and external) of submitted portfolio  
Must have evidence of teaching in undergraduate medical education | $1 million/year for five years from president and medical school  
Appointed part-time director (25% of time)  
Full-time deputy director and program coordinator  
Executive and steering committees |
| Mount Sinai School of Medicine’s Institute for Medical Education, 2001 | Develop cadre of skilled faculty  
Promote educational scholarship  
Encourage curricular innovation  
Highlight value of education to Mt. Sinai and affiliated institutions  
Foster professional development through mentoring (e.g., residents as teachers program) | 75 members  
Self-nomination via online application  
Must be a teaching faculty member | $1 million endowment  
15 faculty advisors |
presented in chronological order of the dates they were initiated. Below, we briefly describe each organization and then highlight important variations.

**DESCRIPTIONS OF EIGHT ACADEMIES**

The Medical College of Wisconsin Society of Teaching Scholars

The Medical College of Wisconsin Society of Teaching Scholars was formed in 1990 to create an elite society composed of individuals who are recognized for their excellence in teaching and educational activities. Society members are expected to “by example and action, stimulate innovation in medical education and represent excellence in education in faculty forums.” Society activities include an annual symposium on medical education, selection of recipients for two college-wide teaching awards, a junior faculty mentor program, and advocacy for endowment-supported faculty development funds to advance educators. An initial selection committee chose 12 founding members. As part of the charter for the society, up to three new faculty members may be selected each year for induction into the society. Currently, the society has 40 members, or approximately 4% of the faculty. Candidates may be nominated by a faculty member and/or department chair/division chief, who prepares a packet containing an education-focused curriculum vitae and evidence of excellence in education including an educator’s portfolio and letters of support. An educator’s portfolio makes visible for peer review information about the teacher’s direct instruction, mentoring, curriculum development, educational leadership, and educational scholarship. At induction, new members receive an honorarium and a brass medallion that is worn with academic regalia, making society members recognizable at formal college events such as graduation and convocations.

The society is directed by an elected member and is funded annually through the dean’s office, small grants, and contributions. (For more information about this academy, visit their Web site at [www.mcw.edu/edserv/scholars](http://www.mcw.edu/edserv/scholars).)

The Core Faculty at Mayo Clinic College of Medicine

The Core Faculty was established at Mayo Clinic College of Medicine in 1998 to ensure quality teaching by supporting teachers who take pride in their teaching and who seek to strengthen their expertise in medical education. Members of the Core Faculty, currently more than 150, receive 5–20% salary support for education, and receive education-related faculty development in return for assuming a greater portion of the teaching load.

Faculty members committed to medical education are encouraged by their department chairs to join the organization, resulting in an extensive overlap between teachers of undergraduate and graduate medical education. Continued membership in the Core Faculty requires active involvement in education and regular participation in faculty development workshops.

Funding for the Core Faculty, $6 million per year, came from reallocating resources from an endowment; these resources had previously been distributed to departments as part of a mission-based budgeting system that accounted for teaching time of individual faculty members.

The Haile T. Debas Academy of Medical Educators at the University of California, San Francisco

The Haile T. Debas Academy of Medical Educators at the University of California, San Francisco (UCSF) was established in 2000 with the mission of fostering excellence in the teaching of medical students, rewarding outstanding teachers, stimulating innovation in the undergraduate medical curriculum, and promoting scholarship in medical education. The academy supports the growth of School of Medicine faculty members as teachers through faculty development programs, the Teaching Scholars Program, a fellowship...
in medical education research, educational seminars, mentoring, colloquia, Education Day, and retreats focused on undergraduate medical education. In addition, the academy provides an educational innovations grant program that is available to all faculty members in the School of Medicine.

Members of the academy are selected annually through submission of an educator's portfolio and a rigorous peer review process that involves a panel of national experts in medical education. The academy currently has 51 members selected from a School of Medicine faculty of approximately 1,400. The term of membership is five years, with a review in the fourth year comparable to the review that resulted in selection to the academy, to determine if membership should be renewed for another five years.

The academy has a part-time (50%) director with an endowed chair, plus two full-time staff. In addition to $500,000 for annual operating expenses, the dean has committed $5 million to establish 20 endowed chairs with matching $500,000 for annual operating expenses, the dean has committed $5 million to establish 20 endowed chairs with matching departmental funds to support academy members. Nine matched endowed chairs have already been established in eight departments. (For more information about this academy, visit their Web site at (http://medsch.ucsf.edu/academy).)

The University of Florida College of Medicine’s Society of Teaching Scholars

The University of Florida College of Medicine’s Society of Teaching Scholars was established in 2000 with a mission to foster excellence in teaching and educational scholarship. The society holds monthly meetings, sponsors a medical education week, mentors junior faculty, and helps select and teach the institutions’ Master Educator’s Program.

After the induction of eight initial members, up to two faculty members are inducted into the society annually for a lifetime membership. Faculty members, once nominated, are invited to submit an education portfolio. Evidence of high-quality teaching, educational leadership, and scholarship is expected and peer reviewed. There are currently 17 members.

The society receives administrative support and an annual operating budget of $40,000 from the Office of the Senior Associate Dean for Educational Affairs. In addition to a $5,000 stipend for each new inductee, teaching scholars continue to receive $1,000–2,000 annually to further their educational scholarship. (For more information about this academy, visit their Web site at (www.med.ufl.edu/oea/sots/)).

The Academy of Distinguished Educators at Baylor College of Medicine

The Academy of Distinguished Educators at Baylor College of Medicine began in 2001 to recognize educational achievements of faculty; promote professional development, innovation and excellence in education; and encourage an exchange of ideas regarding educational theory and methods. The academy concerns itself with the education of medical students, residents, practicing physicians, allied health students, and graduate students. Academy activities include forums to enhance communication and collaboration among its members such as a monthly lunch discussion, a semi-annual medical education seminar series, an annual recognition reception, and an annual working lunch with guest speaker; establishment of a Web site; and provision of mini-grants.

To become a member of the academy for a five-year term, faculty members must apply for and receive the Fulbright & Jaworski LLP Faculty Excellence Award. A unique standards-based awards program that uses a National Institutes of Health–style peer review process to recognize all faculty who demonstrate sufficient evidence of quality, quantity, and breadth through submission of a portfolio. Currently, there are 63 members with an anticipated membership of 100–150.

The academy receives administrative support and an annual operating budget of $25,000 a year for administrative expenses through Baylor’s Office of Curriculum. An endowment, provided by Fulbright & Jaworski LLP, provides funds to support an annual, competitive, mini-grants program for Academy members. Four to six grants of up to $5,000 are awarded each year. (For more information about this academy, visit their Web site at (www.bcm.tmc.edu/fac-ed/academy/).)

The Academy at Harvard Medical School

The Academy at Harvard Medical School was established in 2001, modeled after the academy at UCSF. The mission of the academy is to support the development and implementation of innovative curricula, educational resources, and educational scholarship by facilitating excellence and innovation in teaching; fostering the choice of a teaching-oriented career path; promoting an exchange of ideas about teaching among basic, social, and clinical scientists; and acquiring new resources for education. The academy has stimulated faculty development and curricular reform through the funding of pilot projects (with stipends of approximately $10,000 per academy member) and fellowships for junior faculty ($25,000 per fellow). The academy sponsors symposia for medical educators, education retreats and an annual Medical Education Day, and is an advocate for educators in the promotions process.

Members are selected by peer review of a formal application including a biographical sketch, personal statement, and letters of support. There are currently 141 members with substantial diversity across departments, teaching sites, and faculty ranks.
The organization is led by a part-time (25%) director, a full-time deputy director, and a full-time program coordinator. Financial support for the academy began with $1 million per year for five years from the president’s office and the medical school. (For more information about this academy, visit their Web site at www.academy.med.harvard.edu.)

Mount Sinai School of Medicine’s Institute for Medical Education

Mount Sinai School of Medicine’s Institute for Medical Education became an active program in 2002. The institute defines its community as all teaching faculty associated with the undergraduate, doctoral, and graduate medical education programs at Mount Sinai Medical Center and its affiliated institutions. Its purpose is to encourage and recognize the creative and exciting educational work of teaching faculty, develop education skills, and promote educational scholarship. The institute sponsors attendance at national training programs that advance instructional skills. It provides a second letter of support for promotion as a Clinician Educator. The institute holds an annual Teacher Appreciation Day, the Educational Leadership Conference, and Educational Research Day. The institute also sponsors a medical education grand rounds every other week during the academic year.

Membership

Membership is open to all who teach. There are currently 75 members who self select and sign up through an interactive Web site.

The dean for medical education serves as director and is supported by a program director, a program coordinator, and a group of 16 faculty advisors. The institute was established through the donation of a $1 million endowment. (For more information about this academy, visit their Web site at www.mssm.edu/medschool/institute.)

Similarities and Differences Among Academies

While all eight academies represent structural approaches to advancing the educational mission of academic medicine, they do so in unique ways. We will now examine each of the four essential characteristics (mission and programs, membership, organizational structure, and resources) across institutions.

Mission

The stated missions of these organizations all support distinguished teachers, encourage educational innovations, emphasize faculty development, and promote educational scholarship. Some of the academies focus on undergraduate medical education (UCSF, Mayo), while others include teachers across the continuum of medical education (Baylor, Harvard, Illinois, Mount Sinai).

Academies differ in the degree to which they focus on curriculum reform and instructional innovation, especially at the medical student level. For example, UCSF uses the majority of its operational resources to fund reform of the MD curriculum. Mayo funds its core teaching faculty for the MD curriculum through academy funds.

Some academies, like the one at the University of Florida, provide all members with a modest annual stipend to support their educational activities generally, while others, like Mayo and Harvard, make larger amounts of funds available to selected members to protect their time for specific instructional tasks.

Organizational Structure

All of the academies represent school-wide organizations that promote excellence in teaching. Some have elected leaders (Baylor, Medical College of Wisconsin), and others have appointed leaders (Harvard, UCSF), while others are directed by education deans (Illinois, Florida, Mayo, Mount Sinai). All of the academies have committees that accomplish mission functions. This structure allows for strong advocacy roles for the academies that go beyond department boundaries.

Resources

The financial resources available to academies, both from external and internal sources, vary considerably. Some
schools, like Mayo, Harvard, Mount Sinai, and UCSF, with large endowments and/or resources from deans’ offices, have budgets that range from $500,000 to $6 million annually. Other academies have small annual budgets of $10,000 to $50,000. In addition to supporting leadership and staff for the academies, most of the funds are directed toward teachers, educational innovations, and scholarship.

**IMPACTS**

While it is early to make conclusions about the long-term impacts of academies on the culture of academic medicine, there are positive signs already emerging. Using Bolman and Deal’s framework for analyzing organizations, we will review briefly how academies, as a structural change, also serve to meet human resource, political, and symbolic needs.

As we emphasized earlier in this article, academies provide a school-wide structure for supporting educators and the educational mission. For example, teaching-faculty members have a new set of colleagues from across the school who share a common passion for teaching and who are being mentored in teaching and scholarship. Academies provide a second academic “home.”

At Mayo, departments have welcomed the Core Faculty program. At this academy, there is a more clearly defined pathway for development of education scholarship and academic advancement for clinician-educators and an integrated faculty development program. This structural change has increased satisfaction and rewards for teaching, improved the quality of courses, established greater central control of the curriculum, and coordinated faculty development within the school and departments.

At UCSF, the academy’s Innovations Funding Program has promoted curricular innovation and enabled faculty members to contribute to the transformation of UCSF’s undergraduate medical education programs. Baylor’s academy has also helped to promote educational innovation and has provided a forum for faculty to think creatively about new ideas and to strengthen works-in-progress. The academy at Harvard is also playing a central role in curriculum reform and is expected to contribute substantially to the design, implementation and evaluation of a new curriculum. At the Medical College of Wisconsin, the academy sponsors symposia using national speakers as a means of stimulating curriculum innovation. These symposia have galvanized action and changed the curriculum.

By virtue of having resources and a focus on scholarship, academies are increasing faculty research and scholarship. Faculty members at UCSF are having more national presentations and publications as a result of scholarship clinics, a requirement that all recipients of innovation funding give a presentation at Education Day, mentoring, and the Teaching Scholars Program. Although not entirely attributable to the academy, UCSF faculty member publications in medical education journals have risen from two or three per year to 30–40 per year.

Academies have a strong commitment to faculty development, which is associated with a human resource perspective in organizations. Typical academy activities include instructional improvement workshops and conferences, mentoring, and teaching scholars programs. This enables faculty to achieve their potential as teachers and educational leaders. Academies have also been effective advocates for the advancement of their members. At UCSF, academy members are for the first time being promoted early and receiving associated salary increases. At Mayo, they are developing an effective plan for faculty succession in each course or clerkship, and for better advancement through the academic ranks for faculty whose major scholarship is in education. At Baylor, the current chair of the promotions committee has repeatedly endorsed the selection process for their academy as a credible process that can positively inform promotions decisions.

Academies can also serve political functions within medical schools. An organized cadre of distinguished teachers can be more effective advocates for education and can become a coalition at the school level. Baylor and Florida use academy leaders for institutional planning and advocacy. At Baylor academy members represented the educational mission in recent institution-wide strategic planning activities. Medical College of Wisconsin academy leaders were successful advocates for inclusion of education in disbursements of a major trust settlement with the university.

Academies, as new organizational entities, serve as powerful symbols of the importance and centrality of education. They give institutional visibility to educators and enhance the status of outstanding teachers. At the Medical College of Wisconsin, members receive a brass medallion that is worn with academic regalia, making members visible to all; and all teaching award winners are memorialized on a series of plaques that are centrally located in the school. Endowed chairs for academy members symbolize high academic status formerly reserved only for researchers. Through awards, convocations, endowed chairs, and mentoring, academies publicly embody the values of teaching excellence and service.

**A Promising Approach**

While our primary argument for academies is that they are structural vehicles for change, the information presented here shows that they also serve human resource, political, and symbolic roles. The eight academies we have described clearly are affecting in favorable ways their respective medical schools. These academies are increasing the recognition
for teaching within departments and across the school, being advocates for accelerated advancement of teachers, expanding curricular innovations, advancing educational scholarship, improving the status of educators in departments, providing resources for teaching, and instilling pride in medical education. Clearly, the academy movement, as a structural approach to change, shows great promise for reinvigorating the educational mission of academic medicine.

REFERENCES