

Editor's Note

How Do We Evaluate Scholarly Activity?

The criteria for academic promotion in faculties of health sciences in Canada are evolving to keep pace with the changing definition of scholarly activity, particularly for colleagues with significant clinical responsibilities and those involved in Aboriginal health research. The modern definition of scholarly activity has matured from a narrow focus on biomedical research with successful grants, personnel awards and publications as academic currency for promotion to a much broader definition that includes innovation in teaching as well as creative professional activities that enhance the translation, integration and application of knowledge. The challenge for busy clinical faculty is to provide adequate evidence of scientific rigour for evaluation of these activities.

Clinical medical faculty are misfits in traditional academic institutions. The majority of clinical medical faculty are practicing clinicians, most often in teaching hospitals. Their time spent in clinical practice can be as little as 20% for clinician-scientists, and up to 90% for clinician-teachers. In the latter group, a proportion of their time is devoted to teaching students and residents in clinical settings, but none to traditional biomedical research. Increasingly, with expansion of medical schools and the establishment of rural-based programs, medical faculty may be firmly community based. In contrast, academic faculty in pharmacy, nursing, nutrition and medical rehabilitation most often work full-time in the university environment without patient-based clinical responsibilities. Such academic faculty have promotions policies that include the conventional 3 pillars of academic life, namely research, teaching and service to the university. Collaboration with their colleagues in clinical practice maybe limited to student clinical placements and committee work.

Clinical medical faculty may make important contributions to the development of new public policy, changes in professional certification, development of clinical practice guidelines and innovations in system design. These non-traditional academic activities must be included in consideration of scholarly work. Is it possible to reward excellence in teaching and innovative professional activity in the university environment if only 10% of time is devoted to academic activity? Is it possible to recognize quality improvement activities as scholarly activity? Is it reasonable to consider extended timeframes for outcomes of community-based participatory action research particularly involving Aboriginal health?

Promotions committees are challenged to answer these questions. In this editorial we will briefly discuss 2 of these themes, namely quality improvement activities and extended

time frames for participatory action research in aboriginal communities.

Quality improvement activities need to be published in order to reach their full potential for improvement in diabetes care. These publications are scholarly when they use scientific rigor and are published in peer-reviewed journals. The new international guidelines for publication of quality improvement manuscripts require that they include a title, abstract, introduction, methods, results and discussion (1). The goal of these initiatives is to improve quality and safety in health care and to improve health outcomes (2). Establishing standards for publication make such activities evaluable and equally worthy for consideration of scholarly activity for promotion as conventional biomedical research. Every diabetes program in Canada is engaged in quality improvement activities and should be encouraged to add the scientific rigour required for publication. A major barrier to publication is the quality improvement-publication paradox of whether quality improvement projects must be considered by a research ethics board if they are to be published. Another unresolved issue is the need for written informed consent to be included in a clinical database or whether alternative mechanisms are acceptable in quality improvement activities (3,4). These debates are integral to diabetes care and merit a full future Editor's Note in *Canadian Journal of Diabetes*. For the current discussion of scholarly activity, it is our collective responsibility to apply the rules of scientific rigor to our quality improvement activities in order that they can be published and, ultimately, improve diabetes care.

Documentation of interruptions in an academic career due to external factors such as parental leave, illness or other personal situations is now a standard component of applications for grants, personnel awards, promotion and tenure. Governing bodies must also acknowledge that there are other factors that may prolong the research process. Some of these factors are obvious, such as a clinical trial that requires a decade to complete follow-up; other factors are less well understood, such as the time needed for community-based participatory action research (5). Genuine collaboration with communities requires time to build trust and to collaborate on a research agenda. This is especially important with Aboriginal communities. Researchers must share decision-making at every step of the research process and meet community standards for research participation. The Canadian Institutes of Health Research (CIHR) have developed new guidelines for healthcare research involving Aboriginal peo-

ples that requires full partnership with Aboriginal organizations and encourages a participatory action methodology, where appropriate. Doris Cook outlines the new *CIHR Guidelines for Health Research Involving Aboriginal People* in this issue (6).

In summary, university promotion committees and administrators are most familiar with the culture of biomedical scientific discovery. They may not be as familiar with the methods of quality improvement and community-based action research. Both of these activities are important in diabetes research and should be published in scholarly peer-reviewed journals. We have a collective responsibility to educate our promotions committees on the new rules of engagement in the broad definitions of scholarly activity.

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