An academy of surgical educators: sustaining education – enhancing innovation and scholarship

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Abstract

Context: The aims of surgical education, training and professional development programmes are to ensure surgeons will provide high quality health care throughout their professional lives. Development and delivery of these programmes requires a mixture of surgeons with a different but complimentary range of competencies in medical education, all eager to facilitate learning and support educational scholarship.

Methods: The Royal Australasian College of Surgeons has undertaken a major review of the challenges, risks and opportunities surrounding the development and delivery of its education and continuing professional development programmes.

Results: Conflicting demands on surgeons’ time have compromised their availability for educational activities. At the same time, a decline has occurred in the recognition and value of teaching and educational scholarship as a consequence of financial rewards and prestige now coming principally from patient care and biomedical research. New educational methods have been introduced which have added to the complexities involved and the level of commitments required. In response, the College and its surgical specialty partners have established an Academy of Surgical Educators as a resource for the nine specialties of surgery. It will promote high quality patient care by providing expert educational leadership, guidance and advice and through the advancement and application of educational scholarship.

Conclusion: The establishment of the Academy serves as a powerful symbol of the importance the College places on its core responsibility as an educational body. Working in association with the University Departments of Surgery throughout Australia and New Zealand, the Academy will better equip the College and its partner Specialist Societies and Associations to meet and sustain the increasingly sophisticated requirements involved in higher education.

Introduction

The provision of first-rate education and training is an essential part of delivering high quality patient care. This is predicated upon having educational programmes of the highest standards and by ensuring those responsible for their development and delivery are equipped with the necessary educational skills and committed to facilitate learning. Without these basic components, those entering their internship or eventual specialist practice will not be properly prepared and capable of delivering appropriate patient care in a range of clinical environments and geographical locations. The experience of learners as they progress in their development from novice to doctor and on to specialist practice may have fallen short of this ideal. This article focuses on the challenges facing medical education in general and surgery at a postgraduate level in particular and the response by one specialist medical college in establishing an Academy of Surgical Educators to help meet these demands.

Changes in medical education

Medical education is inextricably tied to the health service system in which it takes place and changes in one impact on the other. Medical schools have broadened their selection criteria for entry to the course, made far-reaching modifications to the curricula, introduced new technologies to assist learning and adopted learner-centred education and new forms of assessment. This has resulted in medical graduates with a different demography, experienced in self-directed learning, having an increased awareness of the impact of their education and the role of educators in ensuring high quality medical education.
learning and who expect a more collaborative and integrated approach to their learning.

Similarly, specialist medical colleges have introduced improved selection processes and criteria, more clearly defined curricula and aligned workplace and summative assessments with clinical rotations required to match trainees’ career aspirations. Skills laboratories are widely established and new innovative approaches to health-care education including e-learning and simulation are now available. These changes and innovations require a greater level of educational sophistication and commitment from those responsible for the development and delivery of surgical programmes than was previously necessary.

Changes in health-care delivery

The delivery of health care has also experienced a number of changes. Sixty-two percentage of elective surgery in Australia is undertaken in the private sector which has altered the casemix of patients in the public sector where surgical education and training predominantly takes place. A greater proportion of surgical care is delivered in ambulatory settings and hospitalized patients are sicker and require more intensive treatment. These factors and the introduction of safer working hours have altered the learning environment and the experience available.

Impact of changes on surgical education

Corporatization has shifted the focus of hospital managers towards cost-control policies and hospital targets with a lack of identifiable financial support for medical education. Funding of medical schools relies increasingly on external resources including research grants and the tertiary health care of affiliated teaching hospitals. Research and patient care have also become the dominant source of funds and prestige for clinical departments. Surgeons like other clinicians are faced with the conflicting priorities of clinical practice, education, research and administration. These factors have led to a decline in the recognition and value of medical education and of the importance of excellent teachers and educational scholarship. An unexpected outcome of these developments has been a decrease in the number of clinicians willing to become involved in educational activities and who see this discipline as a viable long-term career option. The focus and commitment to educational scholarship has also suffered. Medical educational research published in leading North American and British journals is reported to lack methodological rigour, and its predominantly single centre focus makes it difficult to apply the findings more generally (lacks generalizability). These factors may account for the difficulties in obtaining funding.

Renewing and reinvigorating medical education and sustaining it into the future are major challenges facing medical schools and the specialist medical colleges. A number of medical schools in the USA have responded by forming academies of medical educators and an Academy of Medical Educators has been established in the United Kingdom for those involved in medical education.

The Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons (The College) is the principal body accredited by the Medical Councils of Australia and New Zealand to provide and manage the education, training, assessment and professional development for surgeons in the nine different specialties across both countries. The surgical Specialty Associations and Societies act as Agents of the College in the delivery of these programmes the extent of which varies with their capacity and level of contracted services. The College currently has 5938 Fellows with a further 1350 trainees or residents undertaking education and training.

Responsibility for faculty development has resided predominantly with the College’s Surgeons as Educators Committee and a number of courses and workshops take place each year to help equip interested surgeons with the educational knowledge and skills required to develop and deliver the various programmes.

Establishing the Academy of Surgical Educators

The challenges outlined earlier led to a review of the needs of educators and of the possible options to meet these needs. College Council established an expert Working Party with the responsibility of exploring the benefits and risks of forming an Academy of Surgical Educators. These included the feasibility of introducing an Academy into the existing administrative structure of the College, the purpose or mission of the Academy, its structure and governance, the criteria for membership and functional activities. The importance of obtaining the views of surgeons heavily involved in education, of consulting widely with the different surgical Specialty Associations and Societies and of reviewing similar developments elsewhere was recognized. The report of the Working Party including its recommendations was modified following extensive discussions and feedback from stakeholders and accepted by the College Council.

Survey of College Fellows

A questionnaire was sent to 695 Fellows identified from the College database as being formally involved in the College’s educational activities, boards and committees. Responses were received from 438 (63%) surgeons whose demography was consistent with that of the distribution list.

Surveyors reported a willingness to increase their involvement in teaching if designated non-clinical time was made available for educational activities and greater recognition was forthcoming from the College. They reported a lack of confidence in assisting trainees in the development of their learning goals and a desire for courses focusing on the assessment of trainees, provision of constructive feedback and management of those who underperform. A total of 125 (28%) respondents recorded their interest in gaining formal qualifications in medical education.
Description of the Academy

The Academy was launched in 2009 following a consensus agreement on its mission, governance and structure, membership and functional activities.

Mission

The mission or purpose of the Academy is to be an inter-specialty resource to promote high quality patient care by providing expert educational leadership, guidance and advice to the College and the Specialty Associations and Societies regarding the development and delivery of educational programmes for trainees and surgeons and through the advancement and application of educational scholarship.

Membership

Membership of the Academy of Surgical Educators will be open to College Fellows and Trainees and to those outside the College who are actively involved in the leadership, development or delivery of College educational programmes or in educational research.

Structure and governance

The Academy which is headed by the College’s Dean of Education and resides within the existing College structure, consists of a Governance Board, an Advisory Committee and Members. The Governance Board which will report to Council through the Board of Professional Development and Standards will be chaired by a senior College Councillor with a major interest in education. The Advisory Committee will be chaired by the Dean of Education and include representatives from each surgical Association and Society, the Chair of the College Trainees’ Association, and College staff. A small number of Fellows will be gradually recruited to work part-time in the Academy.

The Academy will function with a degree of independence within the College structure but with a major emphasis on building a constructive partnership and coordination of activities with the existing Office of Education for maximum effectiveness.

Resources

The College has provided a budget for the establishment of the Academy. This will cover the increase in time commitment by the Dean of Education and supporting administrative assistance. Redeployment of existing College staff will occur including one member to provide research and developmental assistance for the Academy. Specific meetings of the Board and the Advisory Committee will be catered for with a focus on e-mail and teleconferences and utilizing other existing meetings to reduce the frequency for face-to-face gatherings.

Activities

A number of activities have been identified as early priorities for the Academy. The most urgent of these is to ensure those who design and develop the educational programmes, provide the teaching, assessment, feedback, supervision and support to learners and those who undertake educational scholarship are equipped for and supported in these roles.

The Academy will provide advice and assist in the advancement of new and existing College professional development programmes and will explore expanding partnerships with universities and other external bodies with the educational expertise to deliver some of these events. More advanced educational programmes leading to academic qualifications at Graduate Certificate, Diploma and Masters level in surgical education are being developed in partnership with the universities with the first – cobadged to The University of Melbourne – commencing in 2010.

The Academy will promote surgical education as an academic discipline and long-term career possibility amongst surgeons and trainees. Members will provide advice and conduct research in surgical education and opportunities will be explored with universities and academic departments of surgery in particular, for collaborative research.

The Academy will be proactive in promoting educational courses and research opportunities and will work with hospitals and research granting bodies to establish Educational Fellowships. The College is committed to ensuring that its Fellows and trainees achieve proficiency in the competencies required to fulfil the role of teacher. Standards for surgical education, training and continuing professional development are necessary and the Academy will help to identify these.

The Academy will help to ensure the educational contributions of surgeons and trainees are properly recognized by the College. It will also explore through its partnerships with the universities, ways in which academic titles might be offered to surgeons who make outstanding contributions to surgical education.

Discussion

Establishing the Academy has not been without its challenges as ‘any recommendation for change can provoke controversy among the many stakeholders’. As pointed out by Bloom, ‘when the general mission of medical education is subordinated to the operational requirements of the social organization’ – in this case the sensitive partnerships between College and the nine surgical Specialty Societies and Associations – ‘the protection of territorial domains supersedes the achievement of educational goals as the driving force of the institution’. This dilemma has to be acknowledged and constructively resolved.

Whilst there was general agreement on the need for the Academy and an acceptance of its defined Mission, concerns were expressed about the likelihood of the Academy encroaching on the current roles of the College and those of the Specialty Societies and Associations, how membership will be decided and the possibility of elitism, and the budgetary implications.

The ongoing production of competent surgeons is dependent upon the recruitment of adequate numbers of appropriate medical graduates and the availability of resources to educate and train them. Foremost, amongst these resources is an interested, motivated and sustainable teaching faculty with the educational skills required.
Every patient is entitled to a good doctor and equally so, every learner deserves a good teacher.20 Whilst everyone remembers their great teachers, they equally recall that high standards in education are not uniformly available.

Responsibility for ensuring medical educators of the future are appropriately equipped for this vital role has been left by way of history largely to the medical colleges. The presumption has been that somehow this will be included by each college in its continuing postgraduate development programmes. However, fragmentation has occurred between universities and the medical colleges and within colleges such as in surgery, along specialty and subspecialty divisions. This has led to a vacuum and the need for a unifying group with the critical mass to provide advice on educational standards and to ensure surgeons and trainees undergo a reliable and valid process of professional development in surgical education. The Academy will provide a professional home for this group. The recognition and rewarding of excellent teaching and the scholarship of teaching research are essential if an educational institution is to fulfil its educational mission.21

The educational capacity, capability and engagement of surgical educators needs to increase and a new emphasis placed on ensuring all trainees and surgeons becoming proficient as teachers. In addition to the existing College educational programmes, new courses have been implemented to equip supervisors and teachers to undertake workplace-based assessment, provide feedback and manage underperforming trainees.16 A recent workshop involving all nine surgical specialties reached a broad consensus on best-practice selection of surgical trainees and a new course incorporating these decisions has been developed for surgeons involved in the selection process including the selection interviews.

Advances in educational theory and practice have resulted in increasingly sophisticated educational requirements for those involved in higher education. Those who aspire to enhanced roles in education require professional preparation.9 For some, this may involve gaining academic experience and qualifications in surgical education. One such course has been purposely developed in surgical education with The University of Melbourne and further similar possibilities will be explored with other universities. Cobadging this with The University of Melbourne and further similar collaborations will act as a catalyst for these developments in surgical education.

Universities must offer greater support to academic departments of surgery in their efforts to renew their commitments to education and the learning needs of students, trainees and faculty.16 Promotion of surgical education as an academic discipline amongst trainees and surgeons is equally important18 and the Academy will support opportunities for research and career openings in cooperation with the academic departments of surgery. The College’s philanthropic Foundation for Surgery will seek to expand scholarships in the discipline of medical education. The Academy through its partnerships with the Universities, in particular the University Departments of Surgery, will foster teaching and research networks in surgical education contribution to surgical education. The establishment of the Academy provides a long overdue opportunity for the College to work closely with the universities across the continuum of education.

Criteria for and category of membership of the Academy are critical issues and a potential source of disaffection or even disengagement amongst the faculty. The dangers of membership being seen as elitist if the standards expected are too high or valueless when too low are important considerations.20 Unlike medical schools where medical teachers are usually contracted and financially compensated for their teaching of medical students, those involved in the delivery of specialist surgical education and training programmes do so predominantly on a voluntary basis in Australia and New Zealand. Sustainability of this pro-bono activity is not assured and whilst the College is committed to the highest standards of education, it also recognizes the importance of inclusivity in achieving this goal.

Criteria for membership vary in published reports ranging from the general requirements to be a teacher to a more rigorous expectation of specific forms of scholarship.11 Teaching portfolios or documentary evidence of educational activities and associated evidence of excellence are used by universities to recognize achievements.22 A number of educational endeavours have been identified by some academies (Table 1) in which evidence of activities, contributions or achievements qualify for membership.11,17,23 Different levels of membership may be available depending upon the nature and extent of involvement. The College is committed to wide membership of the Academy of Surgical Educators and will recognize the experience, leadership achievements of those who apply.

Continuous evaluation of all educational activities is core business for an educational institution. In addition, research in surgical education is essential to improve programmes, ensure innovations take place and an ongoing and worthwhile contribution is made to the discipline of education. The establishment of Best Evidence for Medical Education (BEMEd) Collaboration24 is one initiative which attempts to improve the level of educational scholarship. Formation of groups of trained educational researchers and the use of multicentre studies are recommended as more likely to attract funding and generate worthwhile outcomes.12,13,25 National funding agencies must include medical education research panels for these opportunities to realistically occur.25 The Academy in association with the academic departments of surgery will act as a catalyst for these developments in surgical education.

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<th>Table 1 Criteria for ‘membership by recognition’ of academies of medical educators</th>
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<td>Evidence of activities or achievements in:*</td>
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<tr>
<td>Direct teaching</td>
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<td>Curriculum design and instructional developments</td>
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<td>Educational scholarship</td>
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<td>Educational leadership/administration</td>
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<td>Faculty development and mentorship</td>
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<td>Values of medical educators</td>
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*Thibault et al. 200311, Cooke et al. 200317.
†http://www.medicaleducators.org23.
Acknowledgements

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References