
Family Practice Forum

On Faculty Promotion for Family Physicians

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Of the challenges facing family practice as it enters the academic phase of its development, that of survival of its faculty within medical schools needs to be addressed. The faculties of departments of family practice have attracted the interest of students and the respect of residents in great part because they have been clinician-educators, not teachers of clinical medicine whose primary energy is spent in research. To drift away from the clinician-educator role and attempt to emulate the role of faculty members in the traditional limited specialties would severely damage the gains of the past ten years.

The challenge, then, is to remain clinician-educators and yet develop an academic base of family practice through meaningful research. This can be accomplished if departments of family practice develop their own standards for promotion which provide for evaluation of faculty as clinician-educators and for assessment of the in-

dividual faculty person's other contributions to the department and school. The departments must prevail upon their school's political system to accept these as the standards by which family practice faculty will be judged for promotion.

The evolution in medical education since the Flexner Report¹ has unfortunately taken a narrow and limited approach to the standards utilized for faculty advancement. Regardless of teaching or clinical skills, survival in academia is best described by the worn-out phrase "publish or perish." Faculty are expected to develop a base of scientific investigation which is subjected to peer review in the literature. This becomes the more important goal, taking precedence over the role as a clinician or teacher.

Let us point out to our colleagues that the best description of the clinician-educator is found within the Flexner Report.¹ In the section titled "Medical Education," Flexner says, . . . on the other hand, it will never happen that every professor in either the medical school or the university faculty is a genuinely productive scientist. There is room for men of another type,—the non-productive, assimilative teacher of wide learning, continuous receptivity, critical sense, and responsive interest. Not infrequently, these men,

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catholic in their sympathies, scholarly in spirit and method, prove the purveyors and distributors through whom new ideas are harmonized and made current. They preserve balance and make connections. The one person for whom there is no place in medical school, the university or the college, is precisely he who has hitherto generally usurped the medical field,—the scientifically dead practitioner, whose knowledge has long since come to a standstill and whose lectures, composed when he first took his chair, like pebbles rolling in a brook, get smoother and smoother as the stream of time washes over them.

As clinician-educators, family practice faculty indeed have been "assimilative teachers of wide learning," have demonstrated "continuous receptivity, critical sense, and responsive interest."

We have striven to "preserve balance" as teachers, now let us preserve balance in our faculties. A single set of standards for promotion should not be applied to each and every faculty person. The balance needed is for the sum of the collective efforts of the faculty of each department to result in excellence in four major categories of faculty activity. These are (1) clinical practice, (2) teaching, (3) administration, and (4) creative activities adding to the academic base of family practice.

The level of activity in each of these categories will vary from faculty person to faculty person. Each should be evaluated in light of the contribution made to the mission of the department and the school. It should not be expected that each faculty person will make significant contributions in all categories. In assigning specific responsibilities, the individual faculty person's level of interest and expertise should be utilized to benefit the departmental needs. Having done this, promotion should be based on each faculty person's accomplishments in the category or categories so assigned. Each department must actively assess the activity of each faculty person in order to make a case for promotion.

Standards should be designed as behavioral objectives. Evaluation of the faculty based on specific behavioral objectives will lead to the documentation needed for promotion. In developing departmental standards it is suggested that consideration be given to the concepts described below.

The case has been made for faculty of family practice departments to remain skilled clinicians.

As role models they should exemplify appropriate clinical skills including those of continuing self-learning, self-evaluation, and problem solving ability. This should be required for all physician faculty members.

As a teacher, the faculty person should exhibit specific characteristics, these being: (1) possessing and providing students with a body of knowledge appropriate for family physicians; (2) exhibiting an ability to recognize and respond to learning needs; (3) demonstrating exemplary communication skills; (4) exhibiting enthusiasm for teaching and making learning enjoyable and stimulating; (5) facilitating in the student the development of self-learning, self-evaluation, critical thinking, and problem solving abilities; and (6) serving as a resource for specific information or providing a conceptual framework which enables a student to solve a given problem.

In order to carry out the mission of the department, certain qualified faculty will be given administrative responsibilities. It should be expected that these will be carried out in a manner acceptable to the department and the university, demonstrating sound administrative approaches and creativity. It should be the responsibility of the chairman of the department of family practice to carefully delineate these services and accomplishments in support of the faculty person being considered for promotion.

Creative activity should be defined as any activity which advances the concepts of family practice, the teaching of family practice, or the content of family practice. Although recognized as crucial to the growth and development of the field, clinical research should not be considered the only type of creative activity. However, all forms of creative activity should be subjected to peer review in the appropriate family medicine literature.

Failure to define and have accepted by our colleagues this type of an approach in establishing standards for promotion of faculty members in departments of family practice will lead to erosion of the gains made and failure in the continued development of strong faculties of family practice.

Reference

1. Flexner A: Medical Education in the United States and Canada, reprint of the 1910 publication: Bulletin No. 4 of The Carnegie Foundation for the Advancement of Teaching. New York, Arno Press, 1972