Is There a Crisis in Scholarship?

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The 2001-02 Argus Commission Report raises the issue of whether we have a 'crisis in scholarship' in our schools and colleges(1). The authors passionately defend the value of scholarship to our enterprise saying that it sustains us and validates our existence within our universities. They express concern that scholarship may suffer in the near future due to a diminution in the apparent importance of scholarship within the academy, a decline in the number of scholars and the dilution of scholars due to the expansion of our enterprise.

While I agree that it is critical that colleges and schools of pharmacy engender a culture of scholarship that generates scholarly work in all our disciplines, I question whether there is, in fact, a crisis to be addressed. This is an extremely important issue and warrants a careful and dispassionate examination of the facts, for if indeed there is a crisis, the steps we take to address it may be different than those we take to nurture a continued scholarly focus.

Peer-reviewed publications are the most accepted evidence of scholarship. The definition of scholarship has expanded in recent years to include not only the scholarship of discovery (research) but also the scholarship of application, integration and teaching(2). However, all of these must be disseminated via peer-reviewed publications before they can be considered scholarship. Dennis Thompson examined the publication rates of pharmacy faculty from 1976 to 1997 using data from the Science Citation Index and calculated an average number of publications per year per school for schools in the United States, the United Kingdom, Canada and Australia(3). He found that US schools of pharmacy published an average of 26 articles per year in the five-year period from 1992-1997 with a growth of 83 percent in the interval from 1976 to 1997. Schools of Pharmacy in the United Kingdom exceed us with an average of 31 articles per year over the same five year period, but as Dr. Thompson points out, the diverse training, activities, and expectations make comparisons difficult.

A second indicator of the amount of scholarship going on in schools of pharmacy is grant funding. AACP's Ken Miller addressed this recently in his Institutional Research Brief that showed, interestingly, an increase in NIH funding in US Pharmacy schools that paralleled the rise in available funding(4). Even more encouraging was the observation that a significant proportion of recent NIH funding was in schools that previously had low levels of funding. Dr. Miller suggests that the recent gains in development of research infrastructure at state universities that may have been considered "less research intensive" holds promise that the percentage of funding across all funding-rank groups will become less skewed, while all institutions continue to obtain increases in NIH funding. His data also supports the idea that it does not take a long time to change the research environment at an institution. Certainly by this indicator, our research enterprise appears to be stable, and perhaps even growing, in breadth and depth.

The Argus commission also suggests a dilution of scholars due to expansion of our enterprise. While there is little question that the expansion schools must focus a great deal of their initial energies on building a pharmacy curriculum, it also appears that the more mature expansion schools are beginning to turn their attentions to scholarship as well. Indeed, most faculty will need and desire the same validation within their institutions that scholarship brings as occurs in the older schools. Also, if they hope for any mobility in their careers, they have to establish a publication record.

An examination of the New Investigator Program grants for the past two years shows that new investigators in expansion schools won 1 of the fifteen awards in 2000 and 2 of fifteen in 2001(5). This data suggests that competitive research programs are being started by some faculty members in these schools.

Finally, the Argus Commission report argues that the crisis in scholarship is particularly acute among clinical faculty. However, several clinical faculty members are succeeding in obtaining the K series NIH awards for clinical researchers, and my personal observation is that many others are involved in exciting work establishing innovative practices and documenting financial and health outcomes of those practices. The ability of our faculty members to step up and obtain HRSA funding for a large number of community health center projects has been particularly encouraging. This personal observation is reinforced by the statement of Peter Vlasses and Jeffrey Wadelin of the American Council on Pharmaceutical Education who wrote recently, "We observed exciting models of pharmacy practice in all health care settings that evolved through collaboration of academia and health care facilities. Most important, there is a great deal of energy being put into the development of innovative, patient-centered practice models in the community setting to improve patient drug therapy outcomes and educate students."(6)
have documented these practices and their outcomes, with articles in medical as well as pharmacy journals.

So, is there a crisis? The data do not point to a current crisis. Does that mean we should be complacent about the level of scholarship that is present in our academy? I believe not. We can and should be always vigilant to ensure that each generation of new faculty has expectations for scholarship and the mentoring and time to pursue a scholarly component to their jobs.

We should ensure that in each of the new schools and the existing ones, there is a culture of scholarship that expects, encourages and rewards scholarly work, even when circumstances require an emphasis on teaching. We need to hire deans and department heads who are scholars themselves and are committed to scholarship among their faculty. We must encourage the American Council for Pharmaceutical Education to hold schools to standards of scholarship as they are accredited. While schools will vary in the importance that is placed upon research and scholarship as a component of their mission, none should be allowed to be "teaching only" institutions.

Adequate preparation to succeed in research and scholarly endeavors is also very important. We need to make sure clinical faculty are trained in research through residency research projects and fellowships or the newly emerging PhD programs that are educating clinical scientists. It is unfair to hire inadequately prepared faculty members and then expect them to conduct research; that approach simply leads to frustration and job turnover. We should ensure that the outcomes of innovative practices are assessed and documented through publications.

Even with adequate preparation during the training period, there is much that can be done to ensure the success of new faculty members. AACP should continue the successful grant-writing seminars that Ken Miller has organized and presented. Seed funding programs such as the New Investigators Program often provide the first opportunity to write a competitive proposal and generate initial data in support of larger requests. We must encourage already productive faculty members to take sabbaticals and to engage in other forms of faculty development so our research remains at the forefront of our disciplines. And we need to continue to promote interdisciplinary research and to make sure our interests are represented to the funding agencies. Even without a crisis, there is much to be done and much to be gained. The Argus Commission was absolutely right to raise the issue. As they said, it is our responsibility; no other enterprise will do it for us.

References