EDUCATIONAL SCHOLARSHIP
Objectives

Describe the steps of planning, conducting, and disseminating educational scholarship.

Identify at least (3) forms of educational scholarship relevant to their professional advancement.

Describe the (4) Kirkpatrick Levels of educational evaluation and research.
Reflection and Discussion

What do you hope to get out of this session?

What are your biggest barriers to conducting educational scholarship?

What are your greatest needs?

What research interests/ideas do you have?
Figure 1. Research roles pyramid.

- Agenda setter
- Research director
- Principal investigator
- Collaborator
- Utilizer
- Consumer
- Generation
- Leadership
- Translation
Education Research

- Brainstorming and planning
- Searching the literature (generally and critically)
- Study design
- Intervention design
- Evaluation design
- Data collection
- IRB
- Working with learners
- Dissemination strategies
Med Ed Examples

- Continuing education
- Curriculum development and evaluation
- UME and GME
- Teaching methods
- Assessment techniques
- Patient education/communication
- Faculty development
- Clinical decision-making
- Practitioner and learner well-being
Start from what you know, or at least, what you know that you want to know
Write your curricular ideas, research hypotheses, and questions down
Plan, plan, plan
Start small and simply
Begin with the end
Deliberate deliverables
Reach out to others
Examples

- Clerkship Reflection Essays on Difficult Topics
- Resident’s Quality Improvement Projects
- Mitton and Mullarkey IPS Feedback Sessions
- Pre/Post Learner Training of IFE
- Needs Assessment of Community Partners
Discussion

◦ Who wants to share their ideas?
◦ What doesn’t this cover that would be helpful?
Kirkpatrick’s Four Levels of Evaluation

- While it is possible to present or publish a plan or a work-in-progress, most venues want some level of outcome data.
- Kirkpatrick describes four levels of assessment that demonstrate the effectiveness of your intervention.
- All are useful and usable, but the higher levels are generally considered better forms of evidence.
Level 1 assesses participant reaction to the intervention.

Generally, their opinions and satisfaction after completion.

This type of evaluation data can be used to improve the program, curriculum, session, etc.
Level 2 assesses change in knowledge, skills, and/or attitudes

Should be pre/post: baseline and after completion (or multiple timepoints)

Generally self-reported change, but could be demonstrated through case practice
Level 3 assesses behavior change of participants

Analyze changes in practice or behavior directly related to intervention at a later timepoint

Rather than just self-reported opinions or knowledge gain, this measures implementation
Level 4 assesses program impact on clinical outcomes

Analyze the effectiveness of the program at a clinic or system level

Not always applicable in medical education scholarship
Levels 1 and 2 are suitable for quality assurance, internal improvement, posters and lecture presentations.

Pilot studies and learner projects usually begin with L1-2 in order to assess the intervention and to make changes before scaling up.

Most journals want evidence of the lasting impact (Level 3 or 4) of an intervention for publication.

It is important and common practice to try and capture Levels 1-3.

Qualitative data can complement L1-2 and strengthen your outcomes data.
Scholarly Activities

- Case reports
- Literature reviews and summaries
- Quality improvement
- Narrative essays
- Ethics and humanities in FM
- Book reviews
- Photo rounds
- Best practices, guidelines, and practice updates
- Grants
- Grand Rounds
Working together

- Articulate your interests
- Track opportunities
- Identify deadlines
- Align with career goals
- Reach out early!