



CAME Voice/Voix

The Anatomy of Scholarship in Medical Residency

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Residents are a relatively untapped academic pool for scholarly activity. Academically emboldened residents can also gain the advantage of early experience in the areas of scholarly discovery, integration, application, and teaching. The Royal College's competence-by-design initiative in Canada is currently rolling out competency-based medical education (CBME), a personalized, outcomes-driven educational model of residency training. In this era of CBME, fostering early scholarly productivity can assist resident physicians in becoming not only life-long learners but also more effective educators.

Historically, most of the residents who have been interested in research and publication have been men. Much of my work has been focused on reducing this gender imbalance within postgraduate medical education. I have implemented a novel writing mentorship program for female residents in our program at McMaster University to assist in creating and publishing their academic work. This program paired female resident participants with a female faculty mentor, who helped them select topics, navigate the research ethics review process, and create and submit manuscripts to peer-reviewed journals. Over the last three years, we have seen a shifting trend toward increasing numbers of publications by female residents, particularly female first authors, compared to their male peers. I think that this type of academic writing mentorship could benefit the scholarly productivity of all residents.

A writing mentorship program for residents can also help to support the development of many of the core competencies they need to develop. However, creating an active academic culture during the formative years of residency necessitates thoughtfully developed, purposeful, and multi-championed strategies at both the departmental and institutional levels in order to promote scholarship and training in research methodologies that is led by a cadre of mentors. Scholars have suggested that residency training programs should be encouraged to make academic productivity a curricular goal, with an aim of offering multiple opportunities for residents to generate scholarly products. In this view, educators in the USA have already called upon the Accreditation Council for Graduate Medical Education (ACGME) to consider amending the current requirements of resident scholarly activity to include other well-documented scholarly activities in addition to more traditionally approved activities (e.g., PubMed indexed articles, textbook chapters, conference presentations).

In order to prepare the next generation of physicians, we, the faculty, must be learners as well as teachers. As learners, our task is to understand the medical and academic milieu, and the characteristics and expectations that the current generational cohort brings to medicine. As teachers, we must identify, communicate, and role-model the principles of scholarship and scientific inquiry in order to equip our trainees to be leaders not only in academic medicine, but in the ability to judge the quality and applicability of the medical literature.

Programs such as the one described herein can certainly drive up scholarship among residents. This writing mentorship program has now been successfully adopted by our entire department. It is my hope that this initiative will inspire other residency programs that are considering how best to prepare their residents for switch to CBME.