

Report of the SPRING 1998 Member Survey Society of Directors of Research in Medical Education (SDRME) North American Units

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Preface

The SDRME Executive Committee conducted a membership survey during the Spring of 1998. This survey was sent to the entire membership. This report is based upon only the 56 directors of units in North America, of whom 34 (61%) responded to the survey. The survey asked for the identification of the respondent to facilitate follow-up. The purpose of this report is to present the results of this, the fifth survey of SDRME members.

The survey was composed of seven sections. The results will be presented separately for each section. (Note that total percentages may not equal 100% due to rounding error.)

I. Organizational Structure of the Unit

The first question asked for the name of the unit. The names fell into five different categories of unit titles. The categories and the percentage of units in each are shown in Table 1.

Table 1
Unit Name

<u>Name</u>	<u>N</u>	<u>Percentage</u>	
Center	3	9	
Department	2	6	
Division	5	15	
Office	20	59	
Other/Not Specified	4	12	

By far, the most common unit title was Office with 59% of the respondents in the category. Division, with 5 units, was the only other title reported by more than 3 units.

The next question requested the title of the lead person in each unit. The main titles listed and the percentage of respondents reporting each are shown in Table 2.

Table 2
Title of Lead Person

<u>Title</u>	<u>N</u>	<u>Percentage</u>
Assistant Dean	2	6
Associate Dean	5	15
Chair	2	6
Director	19	56
Other	6	18

Director was the most common title of the unit lead person and was reported by 56% of the respondents. Five respondents (15%) were Associate Deans. The remaining respondents were Associate or Assistant Deans, Chairs, held other titles, or held dual titles (Director and Associate Dean [N=1], or Director and Assistant Dean [N=2]).

The next question sought the titles of administrative subordinates. Seventeen respondents (50%) indicated they had administrative subordinates within the office for a total of 45 administrative subordinates across units. The main titles of administrative subordinates are: Director: N=8 (18%); Associate or Assistant Director: N=8 (18%); Coordinator: N=7 (16%); Program Area Head: N=6 (13%); Associate or Assistant Dean: N=6 (13%); Specialist or Associate Specialist: N=4 (9%); and other: N=6 (13%). Seventeen units (50%) responded "none" or "NA," or left the item blank.

The last question in this section asked for the administrative title(s) of the individual to whom the lead person reports. Table 3 shows the results. There were nine different titles reported. Unit heads most often reported to one of the Deans. There were 16 unit heads who reported to an Associate Dean, 8 who reported directly to the Dean, 2 who reported to a Vice Dean, and 2 who reported to a Director. The remaining units reported to a Vice Chancellor, Vice President, Vice Provost, or Chair.

Table 3
Administrative Title to Whom Lead Person Reports

<u>Title</u>	<u>N</u>	<u>Percentage</u>
Dean	8	24

Senior Associate Dean	9		27
Associate Dean	7		21
Vice Dean	2		6
Director (executive, other)	2		6
Vice Chancellor (or assistant, associate)	2		6
Vice President (or associate, other)	2		6
Vice Provost	1		3
Chair	1		3

These results indicate that over 59% of the units are called Offices, 56% of the units have lead persons with the title of Director, and over 72% of the unit directors report to a senior administrative officer with a title of Associate Dean or above.

II. Educational Activities

This section listed 91 educational activities broken down into seven groups: research areas, service areas, evaluation areas, workshop audiences, consultation areas, teaching audiences, and teaching areas. Units were asked to check all activities in which they participate on a regular basis and to indicate with an asterisk the activities they considered to be key roles at their institutions. Table 4 shows the percentage of respondents (N=34) who reported involvement in each activity.

Table 4
Activities in Which Unit is Involved

#	<u>Activity</u>	<u>Participated</u>		<u>Key role</u>	
			<u>N (%)</u>		<u>N (%)</u>
Research Areas					
1	None		0 (0)		--
2	Student selection		8 (24)		1 (3)
3	Instructional design		15 (44)		4 (12)

4	Curriculum		28 (82)		9 (27)
5	Institutional		10 (29)		4 (12)
6	Medical informatics		13 (38)		3 (9)
7	Patient simulations		20 (59)		3 (9)
8	Faculty careers		7 (21)		1 (3)
9	Chronic diseases		2 (6)		0 (0)
10	Disease prevention		2 (6)		0 (0)
11	Patient education		5 (15)		2 (6)
12	Clinical decision making		4 (12)		1 (3)
13	Student assessment approaches		22 (65)		6 (18)
14	Computer-based education applications		17 (50)		4 (12)
15	Assessment of competencies		19 (56)		4 (12)
16	Health economics		0 (0)		0 (0)
17	Standardized patients		20 (59)		6 (18)
18	Continuing education		8 (24)		3 (9)
19	Other		7 (21)		2 (6)
#	<u>Activity (continued)</u>		<u>Participated</u>		<u>Key role</u>
Service Areas					
20	None		0 (0)		--
21	Computer classroom/lab administration		7 (21)		2 (6)
22	Data analysis/statistics/data base		24 (71)		9 (27)
23	Computer support		7 (21)		1 (3)

24	Committees/task forces		28 (82)		9 (27)
25	Test scoring		18 (53)		5 (15)
26	Test administration		12 (35)		3 (9)
27	Performance based assessment		20 (59)		4 (12)
28	Media production		6 (18)		1 (3)
29	Printing/copying/duplication		5 (15)		0 (0)
30	Medical illustrations		3 (9)		0 (0)
31	Photography		4 (12)		0 (0)
32	Graphics production		4 (12)		0 (0)
33	Minority student recruitment		3 (9)		1 (3)
34	Curriculum planning/administration		24 (71)		9 (27)
35	Academic development and support		19 (56)		2 (6)
36	Administration of OSCEs		14 (41)		5 (15)
37	Standardized patient program administration		13 (38)		4 (12)
38	Other		6 (18)		2 (6)
#	<u>Activity (continued)</u>		<u>Participated</u>		<u>Key role</u>
Evaluation Areas					
39	None		0 (0)		--

40	Faculty		21 (62)		7 (21)
41	Students		22 (65)		7 (21)
42	Program		31 (91)		7 (21)
43	Curriculum		31 (91)		11 (32)
44	Other		0 (0)		0 (0)
Workshop Audiences					
45	None		0 (0)		--
46	On-campus faculty		31 (91)		6 (18)
47	Community faculty/preceptors		23 (68)		2 (6)
48	Students		15 (44)		1 (3)
49	Administration		7 (21)		0 (0)
50	Off-campus audiences		16 (47)		1 (3)
51	Other		2 (6)		0 (0)
Consultation Areas					
52	None		0 (0)		--
53	Research design		27 (79)		4 (12)
54	Curriculum design		27 (79)		6 (18)
55	Data analysis/statistics		24 (71)		6 (18)
56	Instructional design/strategies		24 (71)		5 (15)
57	Testing & measurement		26 (77)		5 (15)
58	Computer-based education		16 (47)		2 (6)
59	Evaluation		32 (94)		7 (21)
60	Peer reviews (manuscripts, papers,		26 (77)		3 (9)

	grants, etc.)				
#	<u>Activity (continued)</u>		<u>Participated</u>		<u>Key role</u>
Consultation Areas (continued)					
61	Academic planning		16 (47)		2 (6)
62	Grant development and administration		23 (68)		3 (9)
63	Institutional retreats		14 (41)		2 (6)
64	Other		2 (6)		0 (0)
Teaching Audience					
65	None		2 (6)		--
66	Undergraduate college students		4 (12)		0 (0)
67	Undergraduate medical students		24 (71)		2 (6)
68	Clinical faculty		29 (85)		5 (15)
69	Preceptors		21 (62)		3 (9)
70	Medical residents		18 (53)		0 (0)
71	Medical fellows		13 (38)		2 (6)
72	Non-medical health professions students		11 (32)		0 (0)
73	Graduate students		10 (29)		0 (0)
74	Other		4 (12)		1 (3)
Teaching Areas					
75	Medical humanities		6 (18)		1 (3)
76	Statistics		16 (47)		0 (0)
77	Computer applications		16 (47)		1 (3)

78	Educational methods		26 (77)		3 (9)
79	Basic sciences		4 (12)		0 (0)
80	Clinical education		7 (21)		0 (0)
81	Clinical decision making		5 (15)		1 (3)
82	Health economics/policy		2 (6)		0 (0)
#	<u>Activity (continued)</u>		<u>Participated</u>		<u>Key role</u>
Teaching Areas (continued)					
83	Research skills		22 (65)		1 (3)
84	Disease prevention		3 (9)		0 (0)
85	Patient education		5 (15)		2 (6)
86	Enrichment programs		5 (15)		0 (0)
87	Academic skills		16 (47)		3 (9)
88	Faculty development		27 (79)		9 (27)
89	International medical education		6 (18)		1 (3)
90	Test taking/preparation		11 (32)		0 (0)
91	Other		3 (9)		1 (3)

The most frequently checked items were: evaluation consultation (94%), faculty workshops (91%), curriculum evaluations (91%), program evaluations (91%), teaching clinical faculty (85%), curriculum research (82%), and service on committees and task forces (82%).

The activities most frequently mentioned as being key roles were curriculum evaluation (32%), curriculum research (27%), data analysis/statistics/data base (27%), committees and task forces (27%), curriculum planning/administration services (27%), and faculty development (27%).

To assist in reducing the Activities data to a more manageable level, Table 5 shows the six activities 25% or more of the respondents selected as a key activity, plus four additional items selected by over 80% of the respondents.

Table 5
Most Frequently Selected Unit Activities

Group: Activity	Participated (%)	Key role (%)
Most frequently chosen key activities:		
Curriculum evaluations	(91)	(32)
Curriculum research	(82)	(27)
Committees/task forces	(82)	(27)
Faculty development	(79)	(27)
Curriculum planning/administration	(71)	(27)
Data analysis/statistics/data base	(71)	(27)
Four additional items, selected by >80%:		
Consultations on evaluations	(94)	(21)
Program evaluations	(91)	(21)
Workshops for on-campus faculty	(91)	(18)
Teaching clinical faculty	(85)	(15)

III. Funding for Fiscal Year 1997-98

The first part of this section asked about funding mechanisms for the units. Of the 34 units responding, 25 units (74%) begin their fiscal year in July. September is the next most common month (3 units, 9%). The most recent fiscal year began in 1997 for 85% of the units. The rest had begun in 1998. Twenty-nine respondents (85%) reported that the unit lead person controlled the budget.

The second part asked for the total budget for fiscal 1997-98 and percentages of unit support that came from four different sources. Table 6 shows the total budget and the percentages of unit support that came from four different sources. **Budgets reported in Canadian dollars were converted to US dollars before being analyzed.** All dollar figures in the report are in US dollars.

Table 6
Sources of Support

	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
Total Budget *	30	1	260	597	1,034	3,934	883	1,015
Sources (%):								
<i>"Hard" University funds</i>	29	0	50	68	96	100	67	28
<i>Grants & Contracts</i>	23	0	2	12	50	100	24	27
<i>Grants & Contracts awarded to other depts.</i>	19	0	1	5	10	15	5	5
<i>Recharge/ Charge back</i>	14	0	0	8	42	100	22	32

* U.S. dollars x 1000.

The median percentage of support from "hard" university funds was 68%. The sum of the median values are substantially short of the 100% one would anticipate due to the wide variation in the distribution of support between the different sources. The dollar amounts also reflect the distributional anomaly.

It is clear from these results that over half of the various units are actively engaged in securing external support for their activities. While the level of unit activities supported by external funds varies greatly, on average it accounted for about a third of unit finances, up from a quarter in 1996. The median operating budget of units from all sources of funding is approximately \$597,000.

IV Personnel

The personnel section begins with a profile of the unit director and then profiles unit faculty and professional and scientific staff. Table 7 shows the distribution of Director characteristics including highest degree, administrative title, faculty title, and tenure status.

Table 7
Director: Highest Degree, Titles, and Tenure Status

<u>Highest Degree</u>	<u>N</u>	<u>Percentage</u>
Ph.D.	19	56
Ed.D.	8	24
M.D.	6	18
M.A./M.S.	1	3
<u>Administrative Title</u>		
Director	19	56
Associate Dean	5	15
Assistant Dean	2	6
Chair	2	6
Other (Includes those with dual titles)	6	18
<u>Faculty Title</u>	<u>N</u>	<u>Percentage</u>
Professor	16	47
Associate Professor	11	32
Assistant Professor	6	18
Other/Left Blank	1	3
	(Director, continued)	
<u>Tenure</u>	<u>N</u>	<u>Percentage</u>

Yes	14	41
No	3	9
Not indicated	17	50

Over 56% of the directors had a Ph.D., and 24% had an Ed.D. The most frequent administrative title was Director (56%), and the most frequent faculty title was Professor (47%). Associate Professor was the faculty title held by all but 7 of the remaining respondents. Forty-one percent of the respondents indicated they had tenure.

Table 8 shows the distribution of director longevity in medical education, in their institution, and as director, and the distribution of directors' ages.

Table 8
Director: Years of Experience

	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
In Medical Education	33	3	14	18	23	30	18	7
In Institution	34	.5	3	12	19	27	12	8
As Director	33	.5	2	4	10	22	6	6
Age	32	36	45	49	53	64	49	6

The typical director has spent approximately 18 years in medical education, 12 of which were in his/her present institution. He/she has been director for 6 years and is 49 years old.

The next sections asked about the staff in the unit. The core faculty/professional and scientific staff profile asked for the academic rank, highest degree, years of medical education experience, annual salary, % full-time equivalent (FTE), tenured (yes/no), and age of each faculty/staff member. Information was provided for 161 faculty/staff. (Note that there were a lot of missing data, especially for salary; this accounts for the small N's reported in Tables 10 through 14.) It also asked for the number of support staff in the unit in addition to those listed above. The median size of a unit was a total of 8 core and support staff members, as shown in Table 9.

Table 9
Number of Unit Staff (FTE)

<u>Staff</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
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Core Professional Staff	161	0	2	4	6	18	5	4
Support Staff	256	0.1	1	3	12	50	8	11
Total Number of Staff	417	0	5	8	17	68	12	12

V. Scholarship

The scholarship section of the survey was divided into four sections. The first asked for a listing of peer-reviewed articles published during the two-year period between January 1, 1996 and December 30, 1997.

The 34 respondents reported the publication of 269 articles in 72 peer-reviewed journals. As shown in Table 15, 158 articles were in education-related journals. The most frequent journal identified was *Academic Medicine*, with 97 articles. The next most frequently occurring educational journals were *Advances in Health Science Education* (14 articles), *Teaching and Learning in Medicine* (10), *Medical Education* (9), and *Journal of Continuing Education in the Health Professions* (6). Various education-related journals accounted for the remaining 22 articles published in educational journals. Medical and specialty journals such as *Family Medicine* (19 articles) account for the other types of journals in which unit personnel published.

Table 15
Articles in Peer Reviewed Journals During the Two-Year Period of 1996-97*

<u>Journal</u>	<u>Number of Articles</u>
<i>Academic Medicine</i>	97
<i>Teaching and Learning in Medicine</i>	10
<i>Journal of Continuing Education in the Health Professions</i>	6
<i>Medical Education</i>	9
<i>Advances in Health Science Education</i>	14
Other Education Journals	22
<i>Family Medicine</i>	19

<i>Annals of the Royal College of Physicians and Surgeons of Canada</i>	5
Other Medical and Specialty Journals	<u>87</u>
TOTAL	269

* Note: some units reported publications for only 1996 or only 1997.

Respondents also provided 129 citations for other publications, such as books, chapters, reviews, editorials, papers, and other printed publications, during the same period of time. The mean number of publications per unit per year was 2.

The relatively low rate of publication per year per core staff member probably relates to the diverse roles assumed by staff in many units. Many units have personnel who are dedicated to service roles with little if any expectations for publishing. This may give a misleading image of the productivity of the research staff in the various units. In the future, it may be better to focus on productivity per each research staff member.

The third section requested the number of peer-reviewed presentations authored or co-authored by unit faculty/staff. A mean of 9 faculty/staff were first authors, and 7 were co-authors on such presentations.

The final section under Scholarship asked for the number of faculty/staff who were Principal Investigators (PIs) of externally funded grants or contracts. A mean of 2 faculty or staff per unit were PIs on at least one grant or contract (new or continuation). Unit PIs served on a mean of 4 grants per unit. Table 16 summarizes the information on grants and PIs in the units.

Table 16
Average Number of PIs and Grants Per Unit

	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
# Staff who were PIs on grants	29	0	0	1	3	11	2	2
# Grants on which staff were PIs	29	0	0	3	5	20	4	5

VI. Achievements at the National Level

Respondents were asked to indicate achievements which personnel from their unit accomplished in several areas. They were also asked to indicate the level of involvement for each selection.

Table 17 shows a summary of the various types of activities such unit personnel are involved with as well as their level of involvement. These activities are divided according to participation in grant programs, the journal publication process, national professional meetings, and professional organizations.

Table 17
Achievements at National Level
 Participation in grants programs (principal investigator, staff, reviewer).

	Number <u>Checked*</u> (N = 22)	- <u>PI</u> <u>N (%)</u>	- <u>Staff</u> <u>N (%)</u>	- <u>Reviewer</u> <u>N (%)</u>
NIH	16	5 (31)	9 (56)	10 (63)
HRSA	14	6 (43)	11 (79)	2 (14)
Foundation	12	9 (75)	6 (50)	3 (25)
NLM	6	4 (67)	4 (67)	1 (17)
ACPHR	3	0 (0)	0 (0)	3 (100)
US Department of Education	2	2 (100)	1 (50)	0 (0)
Other	10	8 (80)	6 (60)	2 (20)

* PI, staff, and reviewer percentages are expressed as a percentage of those participating in the activity in any role.

Participation in NIH grants was the most frequently selected option with 47% (16/34) followed closely by HRSA grants with 41% (14/34) and foundation grants with 35% (12/34). Unit members were more likely to be NIH reviewers than PI or staff, but for all other grants processes the largest levels of involvement were as staff and principal investigator.

Participation in Journal Publication Process (author, manuscript reviewer, editorial board).

	Number	-	Manuscript	Editorial
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	<u>Checked*</u> (N = 30)	<u>Author</u> N (%)	<u>Reviewer</u> N (%)	<u>Board</u> N (%)
<i>Academic Medicine</i>	27	24 (89)	17 (63)	2 (7)
<i>Teaching and Learning in Medicine</i>	22	12 (55)	17 (77)	2 (9)
<i>Medical Education</i>	5	5 (100)	0 (0)	1 (20)
<i>Evaluation and the Health Professions</i>	3	2 (67)	2 (67)	1 (33)
<i>Medical Teacher</i>	4	4 (100)	0 (0)	0 (0)
Other	17	14 (82)	14 (82)	8 (47)

* Author, manuscript reviewer, and editorial board percentages expressed as a percentage of those participating in the activity in any role.

Participation in the publication process clearly was focused on *Academic Medicine* and *Teaching and Learning in Medicine*.

3. Participation in National Professional Meetings (presenter, proposal reviewer, discussant, moderator/session chair).

	Number <u>Checked*</u> (N = 32)	<u>Presenter</u> N (%)	Proposal <u>Reviewer</u> N (%)	<u>Discussant</u> N (%)	Moderator <u>Session Chair</u> N (%)
RIME	26	23 (89)	18 (69)	11 (42)	11 (42)
Generalists in Medical Education	10	6 (60)	8 (80)	3 (30)	4 (40)
AERA	17	12 (71)	10 (59)	7 (41)	7 (41)
Other	20	20 (100)	7 (35)	5 (25)	5 (25)

*Presenter, proposal reviewer, discussant, and moderator/session chair percentages are expressed as a percentage of those participating in any role.

4. Participation in Professional Organization(s) (member, officer in organization).

	Number Checked* (N=34)	- Member N (%)	<u>Officer in Organization</u> N (%)
GEA	32	29 (91)	4 (13)
AERA	22	21 (96)	2 (9)
SDRME	30	29 (97)	4 (13)
Other:	16	14 (88)	4 (25)

* Member and "officer in organization" percentages are expressed as a percentage of those participating in either role.

The results regarding participation in national professional meetings and organizations show the Research In Medical Education Conference and the Group on Educational Affairs of the AAMC to be the meeting and organization (excepting SDRME for obvious reasons) with the most participation of unit personnel.

Summary

This section was originally designed to document the impact that member units have had on their own institutions as well as in the discipline of medical education. From these results, it is apparent that the units are heavily tied into evaluation efforts at both the institutional and national level. Research efforts being engaged by these units have led to a reasonably high, but variable, level of publication activity. The current wave of new curricula being implemented in medical education centers are being heavily supported by these units with all units being involved in curriculum planning and administration. In sum, member units serve a broad range of needs at their institutions while supporting in a very tangible way the creation of new knowledge in medical education. It is also difficult to quantify the synergistic effect of their very existence and their ability to keep the issue of medical education and its importance in the consciousness of faculty in the face of competing demands from research and patient care.

VII. Degree Granting Programs

The final section asked for a description of the degree granting programs offered by units. Four programs granted a masters degree, often in conjunction with another department or school. Four

other programs offered certificates, fellowships, or courses that could be applied toward a degree.

Conclusions

These data provide many insights into the infra-structure of the offices of Medical Education in North America. The documentation of productivity indices such as extra mural funding secured and number of publications will be useful information for the Society as it promotes the cause of its members. The information on the activities in which our units engage will be useful information in communicating with institutions who are considering establishing a unit. The salary data have been important for helping establish reasonable salary levels for newly created units and helping members argue for salaries in line with what unit personnel deserve.