On the Need for Scholarly Practitioners in CPD

CURTIS A. OLSON, PhD

The Institute of Medicine report on redesigning continuing professional development (CPD)\(^1\) concluded that CPD is broken and the science we rely on is underdeveloped and fragmented. This report calls attention to real and significant issues, but its diagnosis of the state of the CPD field is constrained by two questionable assumptions: (1) science is the source of knowledge and information that we as CPD practitioners need to improve our practice; and (2) researchers are the producers of the relevant knowledge and information, and practitioners are the consumers and users of those products.

In this editorial I argue that CPD practitioners are a critically important component of the knowledge and information system that supports and informs research and practice in the CPD field. Practitioners can and do produce scientific knowledge, and in that capacity they serve as researchers. But practitioners are also the primary source of the practical craft knowledge that must be combined with scientific knowledge to guide effective CPD practice (for an excellent discussion of the increasing role of practitioners in knowledge production see Gibbons and colleagues\(^2\)). To the extent that this practical knowledge can be more systematically produced, captured, and disseminated (ie, made more scholarly), practitioners can accelerate the development of the CPD knowledge base and advancement of the field.

Before launching into the argument, two definitions. The first concerns what is our practice. In the absence of a consensus definition, I offer the following:

CPD is a field of practice that has as its primary goal improving the quality (safety, efficiency, and effectiveness) of health care. As an area of educational practice, CPD employs educational activities as interventions and supports the self-directed, practice-based learning efforts of clinicians.

The second is of scholarship. Scholarship is usually thought of as research, which Boyer,\(^3\) in his seminal work, Scholarship Reconsidered, called “the scholarship of discovery.” But Boyer also argued that there are other forms of scholarship, one of which is the “scholarship of application.” Scholars focused on application ask:

How can knowledge be responsibly applied to consequential problems? How can it be helpful to individuals as well as institutions?” And further, “Can social problems themselves define an agenda for scholarly investigation?\(^3(p21)\)

Boyer stresses that the scholarship of application is not a unidirectional process in which knowledge is first “discovered” by one group and then “applied” by another. Using knowledge to improve practice is typically conceptualized as a process in which researchers are producers of knowledge and practitioners are the end users. In the medical field, for example, the dominant model is that researchers develop new evidence, practices, and technologies that are then translated into the clinical setting. Clinical practitioners, if they are receptive, apply these products to their work. The role of health care practitioners in the knowledge production cycle is providing feedback, identifying new problems, and allowing researchers to use their practices as “laboratories” for clinical trials.\(^4\) A similar model prevails in the CPD field.\(^5\)

However, innovation is a more complex, social process than linear, direct research-to-practice models lead us to believe.\(^6\) Practitioners’ knowledge and contributions to innovation are often overlooked in studies examining change in professional practice and the use of scientific evidence. The result is that the contribution of scientific evidence to changing practice is overemphasized. Formal, canonical, codified knowledge accounts for only part of what professionals need to perform and improve their practice. What is absent is “the tacit, personal, practical, ‘phronetic’ knowledge that professionals use to deal with the messy reality of practice.” \(^6(p193)\)

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Dr. Olson: Editor-in-Chief, Journal of Continuing Education in the Health Professions.

Correspondence: Curtis A. Olson, University of Wisconsin-Madison Office of Continuing Professional Development in Medicine and Public Health, 2701 International Lane, Suite 208, Madison, WI 53704; e-mail: caolson@ocpd.wisc.edu.

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\(^1\)I am indebted to Paul Engel and Wout van den Bor for this line of argument.
Scientific information can be translated into effective solutions only if it is placed in the context of actual practice.\textsuperscript{7}

The implication is that CPD practitioners can make significant contributions to the knowledge base in the field through scholarship.

New intellectual understandings can arise out of the very act of application—whether in medical diagnosis, serving clients in psychotherapy, shaping public policy, creating an architectural design, or working with public schools.\textsuperscript{3(p23)}

The challenge is not to turn all practitioners into scholars, but rather to encourage and reward practitioners for finding ways to make their work more scholarly. But what does that mean from a practical perspective? Here, we can turn to the work of Bentz and Shapiro and their concept of the scholarly practitioner, who is

\ldots someone who mediates between her professional practice and the universe of scholarly, scientific, and academic knowledge and discourse. She sees her practice as part of the larger enterprise of knowledge generation and critical reflection.\textsuperscript{8(p66)}

And what does it mean to “mediate between professional practice” and “the universe of scholarly, scientific, and academic knowledge and discourse”? It means a two-way street, both drawing from and contributing to the knowledge base. To borrow an example from the clinical context:

The clinician who sees many patients and becomes expert in clinical evaluation, in differential diagnosis, and in the management of patients with complex problems clearly is applying knowledge and is a valuable asset to an academic department, but his or her application of expertise does not constitute scholarship. However, if that same clinician systematically assesses the effectiveness of different techniques and communicates the findings in a way that allows others to benefit from his or her expertise, that is scholarship.\textsuperscript{8(p96)}

Similarly, a CPD practitioner who is expert in planning and evaluating effective educational interventions to improve the quality of health care and draws on his or her experience the available research is not engaged in scholarship. Scholarship requires something more. For guidance on what “something more” might entail, we can look to standards of scholarly performance (adapted from Shulman\textsuperscript{10} and Glassick et al.\textsuperscript{11}):

1. **Having clear goals.** Being clear about the problem/question of interest and its importance. Using the literature where helpful.
2. **Being adequately prepared.** Reviewing what is already known about the problem and the previous attempts at solutions. Drawing on the literature/developing an understanding of the existing scholarship on the topic. Making use of existing theory and conceptual frameworks.
3. **Taking a systematic approach** to developing and implementing educational interventions, evaluation, and research. Drawing on the appropriate methodological literature. Selecting methods with mindfulness; making explicit the rationales for choices to clarify for others and invite critique. Basing methodological choices on the available research.
4. **Disseminating/sharing what has been learned** so that others may benefit. Making the work available through presentations or publications, preferably those that are peer-reviewed and critiqued according to accepted standards. Reporting the work in a way that can be built on by other practitioners and scholars.

This issue of JCEHP includes reports from researchers and practitioners on a variety of problems and opportunities: clinicians who lack cultural awareness and sensitivity, disparities in health care, management of medications around chronic kidney disease, transitions associated with geographical moves, the emerging role of knowledge brokering, and increasing integration and collaboration between the fields of knowledge translation (KT) and CPD. In their example can be found illustrations of these standards for scholarship. For example, the article by Sargeant and colleagues\textsuperscript{12} reports on a project guided by clear goals and an explicit rationale explaining why the goals are worth achieving. An excellent example of drawing on the existing literature and the authors’ prior experience to develop an educational intervention is Ross and colleagues’ article on using cinema in a faculty development activity to enhance their ability to lead discussions among medical students about issues of diversity and social justice.\textsuperscript{13}

The work of these and the other authors appearing in this issue adds to the growing knowledge base for CPD practice. A systematic and sustained effort is needed to encourage, support, and reward CPD practitioners who want to join with these authors and contribute to scholarship in the CPD field.

References