

Humanities and Arts in Health Professions Education (HAHPE)

Statement on Faculty Roles and Promotion Guidance for Health Humanities Faculty in Health Professions Educational Institutions

June 2024

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Supplemental Materials

- Association of Bioethics Program Directors, “Assessing the accomplishments of bioethics and medical humanities faculty members being considered for promotion or tenure in academic health centers,” 2008. Available: <https://www.bioethicsdirectors.net/resources/guidelines/>
- American Society for Bioethics and Humanities, “Guidelines for tenure and promotion in academic medical centers for bioethics and medical humanities scholars,” 2009. Available: <https://asbh.org/resources/guidelines-standards>

I. Introduction to Health Humanities

This document is addressed to departmental, divisional, and/or institutional administrators and members of promotion and tenure committees in medical schools and other health professions programs. The document offers a brief introduction to Health Humanities and a concise description of scholarship, teaching, curriculum development, and service and outreach in the field. The purpose of sharing this document is to inform the assessment of Health Humanities colleagues, including assessment for promotion and/or tenure.

In recent decades, Health Humanities has emerged as an academic field in which scholars use interdisciplinary humanities and social science methods to explore, understand, and critique ideas and practices related to health, illness, healthcare, and disability. The contemporary roots of Health Humanities—also called the Medical Humanities—date back to the early 20th century, when students in some North American and European medical schools began receiving formal instruction in the history of medicine.

Today, Health Humanities includes a wide range of disciplines: history, literature and language studies, visual and performing arts, philosophy, religion, cultural studies, applied arts and crafts, and subfields in the social sciences (such as medical anthropology and medical sociology). The field is growing rapidly, with a presence in nearly every medical school and health professions program in the U.S.

Health Humanities scholarship and teaching employ methods and concepts from humanities, arts, and social sciences disciplines to address patients as whole persons. Educational efforts explore cultural, social, and ethical dimensions of health care to appreciate a breadth of patient experiences, emphasizing skills in reflection, critical thinking, and mindful approaches in circumstances often characterized by health disparities. Other foci include professional identity formation, cultural humility, practitioner well-being and burnout, and creative responses to suffering and inequity. Healthcare ethics instruction and research are often included within Health Humanities programs. Attention to the arts emphasizes the value of aesthetic responses to shared, and varied, experiences of being human.

The Association of American Medical Colleges (AAMC) has affirmed that the Health Humanities have a *fundamental role* in medical education (known as the FRAHME report; Howley, Gaufburg, and King). Health Humanities faculty help students achieve specific training competencies required by the Liaison Committee on Medical Education (LCME), the Commission on Osteopathic College Accreditation (COCA), and the Accreditation Council for Graduate Medical Education (ACGME). However, there is significant variation among Health Humanities faculty members' roles and responsibilities within each institution. Perhaps for this reason, the FRAHME report urges every institution to embrace “an expansive view of scholarship in academic promotion and tenure processes” (Howley, Gaufburg, and King).

Humanities and arts faculty who teach, conduct research, develop programming, and engage in outreach and service in HPE come from a variety of backgrounds and with differing levels of training. In many institutions, committed faculty members without formal training or credentials in the humanities and arts lead programs, develop curricula, and conduct research.

HAHPE supports the hiring, retention, and promotion of faculty members with advanced training in the humanities and arts—graduate training that leads to a degree or a certificate—but recognizes that barriers at some institutions interfere with achieving this goal. While the field of Health Humanities overall does not benefit from being considered one that anyone can enter without formal academic training, at this stage of the development of the Health Humanities, many of its practitioners are self-taught. Exclusion of individuals with demonstrated experience and commitment to the humanities and arts from engagement and contribution is short-sighted.

Individual institutions are best suited to determining their own needs, expectations, and standards for teaching, developing curricula, and conducting research in a particular field. Institutions with established academic units, such as programs, centers, institutes, and departments, are most likely to establish baseline academic credentials for appointment to Health Humanities positions in HPE. Where these institutional structures do not exist, it is likely that faculty preparation will be more variable. We anticipate that as the field matures, expectations for graduate training will increase and become more standardized across institutions.

II. Faculty Roles and Promotion Guidance for Faculty with Appointments in Health Professions Education

Both the American Society for Bioethics and Humanities (2009) and the Association for Bioethics Program Directors (2008) provide guidance for assessing faculty in Health Humanities for promotion and tenure (see links on p. 1). These guidelines provide information regarding types of scholarly publications, appropriate pacing of research output, teaching accomplishments, and service to the profession. Review committees, department chairs, deans, and candidates can use these for annual review and for promotion and tenure.

Since the publication of those guidelines, the number of faculty positions in Health Humanities in health professions education and academic medicine in North America have increased. The Humanities and Arts in Health Professions Education committee (HAHPE) of the Health Humanities Consortium presents the guidance offered here to accommodate new types of positions, faculty roles, and forms of academic contribution exemplified in this growth.

The guidance offered here does not provide any standards for promotion and/or tenure, as these are institutionally specific. Specific assessments will rely on unit-level guidance, practices, and adherence to institution-level processes and expectations. The guidance here is meant to provide a framework to understand the contributions of health humanities faculty, to clarify features of their professional roles, and to identify areas that historically have led to challenges for Health Humanities faculty in the tenure and/or promotion process in HPE. Additionally, the guidance here does not specifically distinguish between research and scholarship, which are defined variably at different institutions.

HAHPE promotes fair, equitable, and appropriate evaluation of faculty members for annual review, promotion, and tenure. In Health Humanities positions, including those in ethics, appropriate evaluation should focus primarily on the faculty member's assigned role and effort allocation at the specific institution, the institution's general guidance with regard to advancement or promotion and tenure, and any departmental, programmatic, or discipline-specific guidance for performance across mission areas. Expectations for performance in all reviewed areas should be made clear to candidates and tailored to their assigned roles and responsibilities.

Historically, Health Humanities faculty have developed varied scholarly profiles in academic medicine and health professions education. HAHPE encourages institutions to focus on *faculty roles* and *effort allocation*. In many HPE contexts, grant dollars to fund research are expected as part of a successful promotion dossier. HAHPE suggests that institutions distinguish research that necessitates external funding from research that is traditionally completed without external funding. Faculty whose roles include an expectation for external funding should have that requirement detailed in their appointment and renewal letters and addressed annually to ensure that there is adequate institutional support for this effort. Within Health Humanities units, disciplinary training, research methods, and effort allocation should account for what *kinds* of scholarly publications are to be expected as well as the *pace* of publication.

There are wide variations across academia concerning the appropriate pace of scholarly publication or other professional activity; conversations early in the candidate's probationary

period should clarify expectations based on the candidate's academic training and professional goals. Some unit heads and institutions might have very specific expectations about publication venue and audience, while others are less directive. As much as possible, efforts should be made to establish and document research and scholarly publication goals, as well as other goals for professional activity, that are appropriate to the candidate's background, training, professional goals, and institutional role.

A focus on roles and effort allocation in creating professional expectations for individual faculty members with respect to annual review and promotion and tenure processes should provide *each faculty member with a roadmap to professional success*. Such guidance also provides review committees with information specific to each faculty member's actual professional responsibilities. Optimally, each reviewing unit will have detailed expectations for annual scholarly productivity, teaching, and service. Such standards can also highlight scholarly products, such as new curricula, innovative learning experiences or assessments, or extracurricular programs, that are often the goal of Health Humanities programmatic efforts.

Health Humanities faculty should be fully integrated into HPE contexts, including serving on curricular committees, admissions, faculty governance, and other ordinarily expected faculty service at the level of the institution, department, division, and program. Health Humanities faculty can often be effective partners in institutional outreach efforts. Care should be shown to protect probationary faculty from service and outreach responsibilities that will erode protected research and educational effort. It is important to use the same principles of identifying faculty roles and responsibilities, as well as expectations, in assigning and evaluating effort in service and outreach for Health Humanities faculty.

Many Health Humanities faculty are appointed in departments and programs without colleagues of similar background, effort allocation, or responsibilities. HAHPE encourages division heads, department chairs, program directors, and other institutional leaders to ensure that Health Humanities faculty are appropriately mentored and their roles and responsibilities are understood by those at the institution who will be responsible for evaluating them.

To sum up, (1) The ABPD and ASBH guidance documents provide valuable information about research, teaching, and service for Health Humanities faculty in health professions education. (2) HAHPE is not identifying specific promotion and tenure standards, but is instead offering a *framework* within which health humanities faculty in HPE can be equitably assessed. (3) Focusing on faculty roles and effort allocation will facilitate Health Humanities faculty success and offer institution-specific guidance to chairs, deans, and review committees.

III. Teaching and Curriculum Development

In teaching and curriculum development, Health Humanities faculty make significant contributions to the education of current and future health professionals. Howley, Gaußburg, and King write, “The arts and humanities are intrinsically connected to teaching and learning in medicine, and pedagogical approaches should be woven into the fabric of 21st-century medical students’ education, resident physicians’ training, and physicians’ ongoing development.”

In the Health Humanities, teaching methods and content have diverse goals. Nevertheless, many Health Humanities scholars agree that their teaching seeks to support current and future health professionals in guiding students to:

1. Comprehend the complexity of patients and their stories in relation to social context and culture.
2. Learn to tolerate and work within experiences of uncertainty and ambiguity.
3. Behave professionally, with empathy and altruism.
4. Enhance clinical communication and observation skills.
5. Increase interprofessionalism and collaboration.
6. Avoid or mitigate experiences of burnout, compassion fatigue, and moral injury.
7. Understand and respond to social, political, and economic forces that inform ideas and practices related to health, illness, disability, and healthcare.
8. Maintain curiosity about patients, systems, and populations, and be devoted to lifelong learning.
9. Develop habits of critical thinking and mindfulness in order to approach patients as whole persons.
10. Address health disparities with cultural humility.
11. Knowledgeably and independently use ethical frameworks for medical decision making.
12. Knowledgeably employ methods from the humanities and arts.

By instilling in trainees such skills and characteristics, Health Humanities scholars contribute directly to the competency-based education expectations of the AAMC, ACGME, LCME, COCA, and other accrediting bodies. HAHPE encourages HPE programs to incorporate Health Humanities competencies into their graduation competencies.

Like many colleagues in medical education and health professions education, Health Humanities faculty create new curricular content from scratch and/or revise existing content. Many Health Humanities faculty design and direct stand-alone courses (required and elective), teach such stand-alone courses, lead individual sessions in courses that colleagues direct, and serve as discussion leaders for small groups of students. Active engagement in institutional educational efforts can involve consultation across departments and programs, the provision of discipline- or method-specific expertise, or one-off lectures to various student and faculty groups. While such varied effort can be hard to quantify, it demonstrates successful academic integration and impact.

References:

Howley L., Gaußberg E., King B. *The Fundamental Role of the Arts and Humanities in Medical Education*. Washington, DC: AAMC; 2020.