The dictionary meaning of scholarship is a grant or payment made to support a student’s education, awarded on the basis of academic or other achievement but it is much more extensive while we take it in the field of medical education. According to Association of American Medical Colleges (AAMC) “Any material, product or resource originally developed to fulfil a specific educational purpose that has been successfully peer reviewed and is subsequently made public through appropriate dissemination for use by others is called a scholarship.” Scholarship in medical education aims to develop and highlights the importance of teaching and learning through systematic study, dissemination of acquired information to public and inviting critical appraisal from fellow colleague. It is very important to understand the differences between scholarship and professional development. Faculties receive knowledge through professional development and contribute in academic field using the acquired knowledge in the form of scholarship. Scholarship is the critical component that allows the field of teaching and learning to move forward and not only meet the needs of today’s medical education community but to anticipate the needs and innovative methods for addressing them in the future.

For an educational activity to be labelled as scholarship it has to manifest three important characteristics which are: It should be public, susceptible to critical review and evaluation, and accessible for exchange and use by other members of one’s scholarly community. We are very familiar with the term scholarship as an academic work under the umbrella of Research/ Discovery that gets published in a journal. But scholarship applies to other areas of academic endeavour as well, like scholarship of integration that connects different disciplines in one academic activity and scholarship of application that demonstrates the important interaction between research and practice where findings of research are applied into practice. This interaction is ongoing because one informs the other and vice versa. The scholarship of teaching was one area that was undervalued until Ernst L. Boyer from Carnegie foundation prepared a report that has shifted the paradigm in the understanding of the concept of Scholarship. He argued that in the process of teaching a faculty tries to develop new knowledge about teaching and learning that is applied, integrated and that helps medical education moving forward. Hence, this work is qualified to be a scholarship.

All of us have careers to build up and we always want to grow further in academia. There is always an ongoing pressure on us to have a certain number of publications. On top of that, universities’ and medical schools have laid upon some criteria of having certain number of publications for promotion. These criteria are different in different universities. As a majority of us are clinical professionals, we may find it hard to accommodate research article writing (and other conventional scholarly activities) in our daily schedule. This itself limits the scholarly capabilities of a lot of medical practitioners. However we do activities that include teaching of students, curriculum design, collecting information related to the patients we see. The matter that should be understood is that the activities that we take for granted as scholarly activities can be converted into scholarships with just a small effort.

Even serving on a committee, appraising abstracts for a conference, functioning as an editor or a reviewer for a journal, creating a curriculum model, presenting accepted abstract at a professional conference, devising a learner assessment tool, etc. should be considered as educational scholarship. It will be better if we could give some value to these scholarly works while considering a candidate for promotion, which will lead to motivation of faculties in medical schools to be involved in above mentioned different domains of scholarship just not focusing on the discovery domain.

There are certain criteria that are to be met for converting any academic work or educational research to a scholarship. It should have an impact on the discipline or...
the community. It should be novel, innovative, or creative work and must be peer reviewed. It cannot be considered scholarship if it is not made public. Therefore, the published work should be able to be retrieved, documented, archived and replicated so that it could be a platform to build upon for other researchers.

Any institution has a goal and a vision for where it collectively wants to go in the future. Over the years institutions have come to acknowledge and assist the infrastructural needs of pre-clinical and clinical sciences but there is much less emphasis given in the area of medical education and professional development of faculties. To properly cultivate the culture of medical educational scholarships, institutions have a fundamental role to play in the mentoring, funding and facilitation of scholarly activities by providing appropriate time allocation for that. This starts with the institution providing a clear, written statement of faculty educational contributions as core to its mission and goals. At the individual level, institutions need to align promotion expectations with the educational activities assigned to faculty members. Support infrastructure for educational career development includes forums for educators to share their work and have it peer reviewed, faculty development to enhance educators' expertise and learn about new advances in the field, access to educational journals and repositories of materials and physical, virtual and technical resources. Hence, development of a parallel educational setup is quintessential in this regard. It is extremely important to have regular scholarship consultation sessions in medical institutions that will provide an opportunity for all the faculties to consult with educational researchers and other colleagues in a friendly group setting within the institution. At the meetings, participating faculty basically work on developing educational scholarship through various means including brainstorming an idea, refining an abstract or grant proposal, or critiquing a manuscript prior to submission. Research has already shown that motivating trainees during residency through such programme led to enhancement of educational scholarship achieved by trainee.¹

In conclusion, the notion that there is a role of individual faculty as well as the institution to convert our academic activities into educational scholarship for the continuous enhancement of quality of medical education to provide better health care to the targeted communities in a responsible manner. In this second edition of Birat Journal of Health Sciences (BJHS), priority is being given to convert the educational activities of medical faculties into educational scholarships and through the timely publication of this journal, we hope that this will create a domino effect that ameliorates the concept of medical education in not only our institute but institutes throughout Nepal.

**KEY WORDS**

Educational activity, medical faculty, medical education, educational scholarship

---

**REFERENCE**

