

**Brewing Epidemic of Research Publications in Medical Colleges: Critical Commentary**

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Today’s medical educator/health professional educator is undergoing an identity crisis as competing priorities are thrust on him/her. Being an astute clinician, teacher (with multiple sub-roles involving pedagogical and technological skills), researcher and administrator, the educator is expected to deliver on all fronts, which is easier said than done. The most important determinant of recognition and reward today is scholarship of discovery and not always scholarship of teaching, integration or application, which seems surreal at the least. The accreditation and ranking of an institute hinge on the number and quality of research output. There are targets set for procuring research grants and patents. This looks progressive and necessary, but there are concerns that need the attention of all stakeholders.

The National Medical Commission has defined research publication criteria from time to time for the promotion of medical college faculty, which are relevant and optimum. But there is an epidemic of research publications fueled by college managements, professional bodies and self-imposition by faculty as a matter of pride and the fallout may not be good. If we analyse the good, bad and the ugly side of publications, we find the publication landscape looking like an ocean of mediocrity with islands of excellence. Plagiarism, unethical authorship, salami publications and all other forms of misconduct are commonplace. Unfortunately, India ranks very high in research misconduct globally, and the premier medical colleges are not immune to it.<sup>[1]</sup>

Altman, in his paper ‘The scandal of poor medical research’, catalogues the incomplete spectrum of serious errors which may be willful or due to ignorance. Either way, science is defeated, and huge grant money is going down the drain.<sup>[2]</sup>

The common metrics used to measure academic excellence, like number of publications, citation numbers and impact factors, have not undergone changes for decades. These metrics have become targets and follow Goodhart’s law, according to which “when a measure becomes a target, it ceases to be a good measure”. Fire and Guestrin analysed more than 120 million papers and demonstrated that the validity of citation-based measures had been compromised and their usefulness is decreasing. More number of authors, small papers, self-citations, long list of references inflate metrics. These inflated metrics make it harder to compare researchers across fields or even departments, diminishing their usefulness.<sup>[3]</sup>

The publishing epidemic may lead to publishing addiction (PA). Publication addiction is a behavioural disorder with specific characteristics. Repeated rituals like checking citations repeatedly or the H index on Google Scholar. The trap is not easy to escape.<sup>[4]</sup> The McNamara fallacy is also applicable here, which refers to the tendency to focus on numbers, metrics, and quantifiable data while disregarding the meaningful qualitative aspects, which reinforces the fact that less may be more.<sup>[5]</sup>

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Publications being the sine qua non of merit for a medical teacher is causing a tsunami of publications that are of the run-of-the-mill type. The teacher is paying the price in terms of burnout and peer pressure. Intra-departmental conflicts due to the publication war are reported in informal circles. The surprising part is that we pay a publication fee to journals for disseminating our work, which is a product of our blood and sweat. A farmer or any other producer of a commodity would never imagine doing it! Publication as the only accountable incentive for teachers may take them away from academic and clinical duties. Scholarship of teaching attributes, including continuous deep reflection, committed engagement in action, shared communication, and a critical enquiry-based approach, may start receding from the ecosystem. We can consider developing a comprehensive framework to promote and assess the professional growth of faculty, which focuses on developing a community of practice rather than competition and the rat race. Such a framework can include scholarship of teaching, clinical excellence, 360-degree feedback, mentoring, role modelling, number of publications and citations in indexed journals, grants received for research projects, role in organising committees of CMEs and conferences, involvement in institutional committees, community educational activities and extracurricular activities. An Academic Index (AI) based on objective scoring can also be considered.

The maverick musing is not about predicting doom, but to make the faculty reflect. If we need to prevent the nemesis, we need to deliberate on this key issue at various levels. Integrating a research component in the regular faculty development programs, like Basic Course in Medical Education (BCME) may help. Primary prevention is possible with a competency-based faculty development (CBFD) programme with articulated competencies covering all types of scholarship. We need to create pathways for faculty, which may be a pure clinician pathway, clinician scientist pathway or clinician educator pathway, each

having equal recognition and not glorifying clinician scientist. Though the medical education system follows complex adaptive systems the Occam's Razor should guide us in this matter. Secondary prevention may be possible with the national medical commission scrutinising the publications made by the faculty. Tertiary prevention may be considering only citation index and not the number of publications, which is already on the cards. Quaternary prevention is to set criteria/conditions for publications once a particular number is credited to the account of a faculty. It may seem outlandish but may help prevent publication addiction and publication mania. Having used high-sounding lexicon, I feel sanguine, and the prevailing mood among the medical fraternity is propitious.

*Om Tat Sat*

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