

## Creating Value for Patients: Implications for Academic Promotion Priorities

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In my last column, I introduced SGIM's new tag line—"Creating Value for Patients." While waiting to hear the reaction to the tag line, I spent the last month thinking about the opportunities that SGIM members have to create value for patients through their work in research, education, and clinical practice. There is no question in my mind that we have many such opportunities! The problem is that the academic approach to our scholarly work often falls short of the mark when measured in terms of the impact on our patients. To address this problem, we need to give serious attention to changing academic promotion priorities.

As a member of the Professorial Promotion Committee at the Johns Hopkins University School of Medicine, I see what is valued in promotion decisions. The h-index provides a convenient measure of a faculty member's scholarly productivity, measuring the number of publications that have been cited in other publications at least  $h$  times. If an investigator has published 40 peer-reviewed journal articles that have been cited 40 or more times, the candidate almost always will be promoted. Usually, candidates with a stellar h-index have other convincing evidence of the national and international impact of their work. However, we frequently have only limited evidence of how the work has benefited patients. For candidates lacking a high h-index, we struggle to find evidence of impact even when it seems relatively obvious that patients have benefited tremendously.

What can promotion committees do to support efforts to create value

for patients? At many schools, promotion committees have created multiple tracks to recognize different forms of scholarship. Indeed, clinician-educators in SGIM helped lead the way in advocating for changes in the criteria for promotion that brought greater recognition to educators.<sup>1-4</sup> Similar efforts are needed to recognize the scholarly work of those faculty members who are working hard to bring value to patients through activities beyond traditional research and education.

One of the best examples of scholarly work that directly benefits patients is in the area of quality improvement and patient safety. Unfortunately, only a few medical schools explicitly recognize quality improvement and safety activities as a path to promotion. In my institution, which has a "one-track" promotion system, faculty can get promoted based on the quality and impact of scholarship in quality improvement and patient safety. The difficulty lies in how we measure the impact of such work, since standard publication metrics are inadequate.

Recently, the SGIM Academic Hospitalist Task Force published a statement advocating for use of a quality portfolio to document quality improvement and patient safety efforts.<sup>5</sup> The Task Force recommended including six categories in the quality portfolio: 1) leadership and administrative activities; 2) project activities; 3) education and curricula; 4) research and scholarship; 5) honors, awards, and recognition; and 6) training and certification. The Task Force emphasized that outcomes and results were the most important com-

ponents of the section on project activities. In my opinion, the Task Force's statement did not go far enough in emphasizing the importance of highlighting measures of impact, such as the number of patients benefiting from each project. One complaint I've heard from promotion committee members who are not fans of portfolios is that they become lengthy tomes that merely list numerous activities without providing substantive measures of impact. If a portfolio succinctly summarizes evidence of impact on patients, it will be much more valuable.

I believe we should be advocating for widespread adoption of the Task Force's recommendations, noting that the quality portfolio has been endorsed by SGIM, the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM), and the Association of Professors of Medicine. We should also explore whether similar efforts are needed to support other types of activities that are essential to translating innovations into meaningful sustainable benefits for our patients. I'm thinking about those faculty who are engaged in implementation science and dissemination work that may not produce the kinds of publications that jack up an h-index. Although traditional academic promotion criteria will remain valuable for rewarding investigators engaged in discovery-oriented research, we should continue to advocate for promotion criteria that reward the full spectrum of scholarly work that is needed to create value for our patients.

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