Make Your Work Count Twice: Scholarship Opportunities for Clinician-Educators

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3 University of Colorado, 4 National Board of Medical Examiners

http://www.dom.uab.edu/2011/09/presentations-1st-annual-education-summit

Objectives

☐ To list specific strategies to promote scholarship

☐ To identify ONE scholarship opportunity to implement within 6 months
Outline

- Introduction, scholarship … 10 min
- Barriers … 10 min
- Promoting scholarship … 15 min
- Examples … 5 min
- Scholarship “prescription” … 30 min
- Conclusions … 5 min
**Stages of Change Model**

**Smoking**

- Don’t have a problem
- Thinking about quitting
- Want to quit
- Quit
- Don’t want to go back

**Stages of Change Model**

**Scholarship**

- Don’t want to
- Perhaps I should
- Want to
- Do it
- Keep on doing it
Scholarship – Categories
UASOM Promotion Tenure Guidelines

☐ Discovery

☐ Teaching

☐ Application

☐ Integration


Scholarship – Categories
UASOM Promotion Tenure Guidelines

☐ Discovery. Creates new knowledge

☐ Teaching. Transmits knowledge to maximize learning, further inquiry

☐ Application. Identifies and evaluates strategies to implement new knowledge

☐ Integration. Identifies and builds links across disciplines (broader context)

### Scholarship – Categories

**UASOM Promotion Tenure Guidelines**

- **Discovery.** Creates new knowledge
  - Educational research

- **Teaching.** Transmits knowledge to maximize learning, further inquiry
  - Faculty development
  - Curriculum development
  - Awards, CME, mentorship

- **Application.** Identifies and evaluates strategies to implement new knowledge
  - Case report
  - Quality/safety
  - Learner evaluations

- **Integration.** Identifies and builds links across disciplines (broader context)
  - Narrative review
  - Textbook
  - Clinical pathways

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### Barriers
Barriers

What barriers are in your way to foster/conduct scholarship work?

- Interest
- Passion
- Skills
- Space
- Time
- Training
- Recognition
- ...
Promoting Scholarship

What worked for you?
- Barrier
- Successful
Promoting Scholarship

- Start small
- Block time each week
- Align with passion
- Align with activity (teaching, patient-care, curriculum, innovation, QI/ safety)
- Align with possibilities (review, case-report, datasets, evaluations)
- Identify collaborators (local, external)
- Think about scholarship

Examples

Adapted from Career Success for Clinician Educators, Acad Int Med Meeting (AIMM), 2010
Examples

- Curriculum innovation (AMR)
- Case report

Example #1
Curriculum Innovation

- Morning report: case-based, resident presentation, discussion
  - Inpatient topics
  - Ambulatory curriculum (AMR)

- Is it working?
  - Graduating residents, single question
  - AMR curriculum innovation ...
Example #2

Case

- 46-year-old man, fever, cough, dyspnea, R pleuritic chest pain

- Past history: hypertension, smoking, alcohol, recurrent pneumonia (last 1 month prior)
Publish a Case Report in 8 Steps

1. Retrieve information
2. Identify journal
3. Redo literature search
4. DO FIRST DRAFT!
5. Overcome barriers
6. Revise, get feedback
7. Submit
8. Deal with rejection, resubmit

Scholarship Prescription

What do you plan to do?

☐ Identify ONE activity that can lead to scholarship

☐ How might this activity lead to scholarship?

☐ What would I do next? Who can help me? What can I do within 6 months?
Scholarship Prescription

☐ Activity?

☐ Do next? Who can help?

Conclusions
Take Home Points

☐ What did I learn today?

☐ What do I want to do / learn?
Objectives

- To list specific strategies to promote scholarship
- To identify ONE scholarship opportunity to implement within 6 months

Faculty Development Opportunity
1ST Annual Education Summit

*Who Should Attend?*
Department of Medicine Clinical Faculty

*Where?*
West Pavilion Conference Center

*When?*
Friday, September 23, 2011
8:00 AM – 4:00 PM

*RSVP* to Karen Whited at whitedk@uab.edu by Sept 1st, 2011

Workshops to Enhance Teaching Skills and Strategies for Clinician Educators

http://www.dom.uab.edu/2011/09/presentations-1st-annual-education-summit
Selected References


Selected Resources

- AAIM #4. Faculty Role and Scholarship (AJM)
- Designing clinical research (book)
- Publish a case report (8 steps, handout)
- MedEd Portal (AAMC peer-reviewed clearinghouse)
- Career Success for Clinician Educators (AIMM)
- Publication venues (C-E, Quality/Safety)
  - Medical Education Really Good Stuff. Other scholarly examples.
Table 1: Scholarship for the Clinician Educator

<table>
<thead>
<tr>
<th>Domain</th>
<th>Achievement</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discovery</strong></td>
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<tr>
<td></td>
<td>Formal educational research</td>
<td>New teaching technology</td>
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<td></td>
<td>Grant for educational research</td>
<td>Robert Wood Johnson Foundation</td>
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<td></td>
<td>Clinical trials</td>
<td>Industry or NIH-supported multicenter trials</td>
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<td>Database research or epidemiology</td>
<td>Chart review</td>
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<tr>
<td></td>
<td>Advanced degree in research</td>
<td>Masters of public health</td>
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<td></td>
<td>Editorial board/manuscript reviewer</td>
<td>Institutional, national educational organizations</td>
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<td></td>
<td>Educational grant reviewer</td>
<td>Referenced journal</td>
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<td>Abstract reviewer (national organization)</td>
<td>Meetings of national/regional professional organizations</td>
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<td>Invited article/editorial</td>
<td>Education-related journals</td>
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<tr>
<td><strong>Integration</strong></td>
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<td></td>
<td>Narrative review articles</td>
<td>Office management articles</td>
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<td>Systematic review articles</td>
<td>Clinical areas were large RCTs are unavailable</td>
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<td>Textbooks and chapters</td>
<td>Comprehensive review of clinical area</td>
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<td>Meta-analyses</td>
<td>Clinical areas lacking level 1 evidence</td>
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<td></td>
<td>Expert consensus statements</td>
<td>Government or professional organization</td>
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<td></td>
<td>Evidence-based guidelines</td>
<td>Government or professional organization</td>
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<td>State-of-the-art journal articles</td>
<td>Diagnosis or management: utility of specific technology</td>
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<td>Reviewer/editorial board of integration-specific journals</td>
<td>Bench to bedside</td>
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<td>Care paths for home institution</td>
<td>Diabetes care</td>
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<td></td>
<td>Science-to-practice projects</td>
<td>American Heart Association “Get with the Guidelines”</td>
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</tbody>
</table>

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<tr>
<th>Domain</th>
<th>Achievement</th>
<th>Example</th>
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<tbody>
<tr>
<td><strong>Application</strong></td>
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<td></td>
<td>Case reports</td>
<td>Case from personal practice</td>
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<td>Publications to quality improvement literature</td>
<td>Practice-based learning</td>
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<td></td>
<td>Clinical quality measures</td>
<td>InterQual, Joint Commission</td>
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<td>Customer/patient satisfaction surveys</td>
<td>Press Ganey</td>
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<td></td>
<td>Clinical care awards/recognition</td>
<td>Physician of the Year</td>
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<td></td>
<td>Peer faculty evaluations</td>
<td>Intra-departmental and inter-departmental clinicians</td>
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<td></td>
<td>Learner evaluations</td>
<td>Student, resident, fellow teacher evaluations</td>
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<td>Referring physician evaluations</td>
<td>Extramural, community-based providers and network physicians</td>
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<td>Formal peer review history (hospital quality management)</td>
<td>Percentage of level 1 reviews</td>
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<td></td>
<td>Resource management (utilization review)</td>
<td>Lengths of stay and readmissions</td>
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<td>Use of evidence-based medicine in practice</td>
<td>Consultations</td>
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<td>Leadership/active participation in professional organizations</td>
<td>State medical association: committee chair: organizational educational product ownership</td>
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<td></td>
<td>Collaborative clinical care</td>
<td>Interdepartmental product lines, centers of excellence</td>
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<td></td>
<td>Local care path development/championship</td>
<td>Heart Failure Society of America heart failure disease management</td>
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<td></td>
<td>Extramural consulting</td>
<td>Individual or group consulting for systems: Improvement/Feasibility</td>
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<td>Masters of Business Administration</td>
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<tr>
<td><strong>Teaching</strong></td>
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<td></td>
<td>Advanced degree</td>
<td>Teacher of the Year</td>
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<td></td>
<td>Teaching awards</td>
<td>Learner and peer evaluations</td>
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<td></td>
<td>Classroom teaching matrix</td>
<td>Clerkship, elective, or clinical rotation</td>
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<td></td>
<td>Clinical teaching quality</td>
<td>New use of existing technology</td>
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<td>Curriculum development</td>
<td>Faculty advisor, mentoring committee</td>
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<td>Educational innovations</td>
<td>Internal Medicine De-Training Examination, National Board of Medical Examiners, American Board of Internal Medicine</td>
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<td></td>
<td>Formal mentorship (faculty advisor)</td>
<td>Journal clubs, EBM courses</td>
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<td>Qualitative setting for extramural assessment organization</td>
<td>Professionalism, evidence-based practice</td>
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<td></td>
<td>Special projects</td>
<td>Faculty mentor, leader of faculty development programs</td>
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<td></td>
<td>Role modeling</td>
<td>National or institutional</td>
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<td></td>
<td>Faculty development</td>
<td>Grand rounds, named leadership</td>
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<tr>
<td></td>
<td>CME course presentations/leadership</td>
<td>Master of Medical Education</td>
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**Study Outline**

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td><strong>Research question</strong></td>
<td>FINER</td>
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<tr>
<td></td>
<td>Feasible, Interesting, Novel, Ethical, Relevant</td>
</tr>
<tr>
<td><strong>Significance / background</strong></td>
<td>Previous research, known, limitations, magnitude.</td>
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<tr>
<td><strong>Design</strong></td>
<td>Time frame, epidemiological approach.</td>
</tr>
<tr>
<td><strong>Subjects</strong></td>
<td>Selection criteria (inclusion/ exclusion)</td>
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<td>Sampling / recruitment / n</td>
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<tr>
<td><strong>Variables</strong></td>
<td>Predictor, confounder, outcome</td>
</tr>
<tr>
<td><strong>Statistical issues</strong></td>
<td>Hypothesis, sample size, analytic approach</td>
</tr>
</tbody>
</table>
Publish a case report

WD07
GETTING YOUR VIGNETTE PUBLISHED IN JGIM AND OTHER JOURNALS: A STEP-BY-STEP APPROACH

Coordinator: Michael Landry, MD, MS (mlandry@tulane.edu)
Division of General Internal Medicine, Tulane University.

Additional Faculty:
Carlos Estrada, MD, MS, Lisa Willett, MD, Analia Castiglioni, MD, Gustavo Heudebert, MD. The University of Alabama at Birmingham.
Jordana Karpati, MD, lsu. Louisiana University School of Medicine.
Bruce E. Johnson, MD. Brody School of Medicine at East Carolina University.


Publish Curriculum

MAKING IT COUNT TWICE:
HOW TO GET CURRICULAR WORK PUBLISHED

27th Annual Meeting
Society of General Internal Medicine
Saturday, May 14, 2005

Session Coordinator:
David E. Kern, MD, MPH, Editor, 2004 JGIM Education Issue, Co-Director, Division of General Internal Medicine, Johns Hopkins Bayview Medical Center, Johns Hopkins University School of Medicine

Session Co-Coordinators:
William T. Bensel, MD, Editor, 2004 JGIM Education Issue, Emory University School of Medicine
Michael L. Green, MD, MS, Associate Editor, 2004 JGIM Education Issue, Yale University School of Medicine

http://www.sgim.org/userfiles/file/AMHandouts/AM05/handouts/WG06.pdf
Develop Curriculum

32nd SGIM Annual Meeting
May 13, 2009

The Six-Step Approach to Curriculum Development
David E. Kern, MD, MPH
Patricia A. Thomas, MD
Mark T. Hughes, MD, MA
L. Randol Barker, MD
Eric B. Bass, MD, MPH
Joseph A. Currey, MD, MPH
Leah Wolfe, MD


Curriculum Evaluation

Curriculum Evaluation

Eva Aagaard MD
University of Colorado
Denver School of Medicine

Stephen D. Sisson MD
The Johns Hopkins University
School of Medicine

Abby L. Spencer MD
Avery County Medical Hospital

Donna Windish MD
MPH
Family Practice Residency Program

http://www.sgim.org/userfiles/file/AMHandouts/AM08/PR09%20Curriculum
%20Evaluation%20Workshop%20version%204%20%2008.pdf
MedEdPortal
https://www.mededportal.org

Expanding Morning Report

Expanding Morning Report Beyond the Presentation: Using Morning Report Cases as a Tool for Resident and Faculty Education

Resource Type: Case, Tutorial
MIP ID: 6130
Version: 1
Published: November 9, 2010

Description:
At Wake Forest, we have an approach to Morning Report that is similar to most institutions: a case is presented by an upper-level resident; the patient is summarized; a differential diagnosis is explored; and the plan for further evaluation and management is discussed. Over the last two years the chief residents have worked to expand the educational opportunity that comes with each patient presented. Now, as the cases are presented, we simultaneously create a document on the computer. The document is then saved and we work to expand on the potential learning from the case. Any photographs or radiographic images (de-identified) are added to the document.

Next we perform a literature and internet search of the topics discussed, with the goal of resident (and faculty) education in mind. We may include a variety of resources depending on the particular case.
Career Success for Clinician Educators

Abby Spencer, MD, MS  
Eva Aagaard, MD  
Shobhna G Chheda, MD, MPH  
Lisa L Willett, MD  
Analia Castiglioni, MD  
2010 National Academic Internal Medicine Meeting  
San Antonio, TX  
October 16th, 2010


Medical Education

Really Good Stuff (500 words, peer-reviewed)

Panel advising: an alternative to consider  
Rosette Chakrakal, Elisha Brownfield & Erica Brownfield

Context and setting Mentorship is a critical aspect of career development that is often overlooked as a result of increasing clinical, administrative and research demands on academic medicine faculty staff. Prior research on mentorship has explored the effectiveness of traditional longitudinal dyadic models. Alternative ways to efficiently provide career advice are sorely needed.

Why the idea was necessary Although academic medical meetings often offer mentoring opportunities, few attendees participate. Most attendees, however, hope to gain valuable advice from networking with others. We explored an innovative approach known as 'panel advising' as an alternative to the dyadic model and hypothesized that panel advising would be a feasible and acceptable method of addressing topics and themes previously associated with effective dyadic mentor-mentee relationships.

Feasibility of an evidence-based medicine educational prescription  
David A Feldstein, Scott Mead & Linda B Mantell

Context and setting Medical residents must learn techniques to manage and appraise the ever-expanding medical literature in order to incorporate relevant evidence into patient care. Using evidence-based medicine (EBM) is an accepted method of teaching and practicing incorporating medical literature into clinical care. The Accreditation Council for Graduate Medical Education (ACGME) has included EBM as a core component of the practice-based learning and improvement competency.

Why the idea was necessary Quality tools with which to evaluate EBM competency are lacking. Many evaluate only individual components of the EBM process, and few evaluate performance during actual patient care. We evaluated the feasibility and reliability of an EBM educational prescription (EP) to enhance skills and evaluate competence.

What was done Based on a literature review and input from experts, we developed an EP to guide residents

Med Educ. 2009;43:1087

Med Educ. 2009;43:1105-6

http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2923/homepage/really_good_stuff_guidelines_for_authors.htm
Other Scholarly Examples


Make Your Work Count Twice: Scholarship Opportunities for Clinician-Educators

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Professor of Medicine
General Internal Medicine

Birmingham VAMC National Quality Scholars Program
www.vaqs.org

Presented at the 1st Educational Summit, UAB
http://www.dom.uab.edu/2011/09/presentations-1st-annual-education-summit

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2 Birmingham VAMC, 3 Tulane University

Presented at SSGIM Meeting, Feb 2012
http://www.dom.uab.edu/2011/09/presentations-1st-annual-education-summit