

# **American College of Physicians - Internal Medicine Meeting 2023**

## **San Diego, CA**

**Make an Impact and Get Promoted Via Nontraditional Methods**

### **Faculty Information**

***Director:***

**Matthew Watto, MD, FACP**

***Co-Director(s):***

**Tracey L. Henry, MD, MPH, MS, FACP**

Clinical questions to be addressed:

1. Embrace expanded definitions of scholarship and "what counts" in medicine.
2. Reclaim static professional document templates to articulate your impact, reach, and influence.
3. Analyze why and how the CV and other professional documents can be an unlikely ally and tool in equity, diversity, and inclusion work.
4. Implement creative and novel methods to advocate for professional respect and the advancement of at-risk groups, including women, racial and ethnic minorities, and junior faculty.

Posted Date: April 5, 2023

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## **Make an Impact and Get Promoted Via Nontraditional Methods**

– Sponsored by the Council of Early Career Physicians

April 27, 2023



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### **How to Participate in Live Polling**

- Open the ACP Meetings app on your phone, mobile device, or computer.
- Open the Schedule and navigate to this session.
- Scroll down to “Live Polls” to participate in polling by entering your response. Results will be displayed on the presenter’s screen.

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## Speakers

- **Tracey L. Henry, MD, MPH, MS, FACP**, Associate Professor of Medicine, Emory University School of Medicine, Chair, ACP Council of Early Career Physicians
- **Matt Watto, MD, FACP**, Clinical Associate Professor of Medicine, Sidney Kimmel College of Medicine
- Guest Speaker- **Avital Y. O' Glasser, MD, FACP, SFHM, DFPM**, Associate Professor of Medicine, Oregon Health & Science University

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## Disclosure of Financial Relationships

- Visit any speaker's profile within the meeting mobile app to view disclosure of relevant financial relationships.

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## Objectives

- Embrace expanded definitions of scholarship and “what counts” in medicine
- Reclaim static professional document templates to articulate your impact, reach, and influence
- Analyze why and how the CV and other professional documents can be an unlikely ally and tool in gender equity, diversity, and inclusion work
- Implement creative and novel methods to advocate for professional respect and the advancement of at-risk groups including women, minoritized groups and junior faculty

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## Passion and Promotion: Making Your Advocacy and Equity Work Count

**Tracey L. Henry, MD, MPH, MS**  
Associate Professor of Medicine  
Emory University School of Medicine  
Chair, ACP Council of Early Career Physicians



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## Passion



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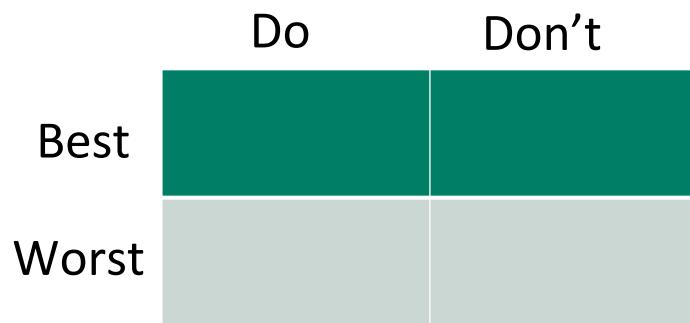
### Can your passions lead to promotion?

- Resounding YES!
- First you have to figure out what they are:
  - Scaling back on service/teaching obligations
  - Enough time to reflect
  - True North
  - Don't be flattered into overextending yourselves
  - "No" is a complete sentence



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## Choosing your activities



Ex choice to join another lateral committee: curriculum, quality



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## Best Practices for Turning Passion into Promotion



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## Best Practices

- In the beginning, for your work/initiative decide how you would make it scholarly ex. admitting a patient
- Get IRB approval up front
- Write up your initiative
  - describe the process, the pitfalls, barriers, how did you find common ground, and then your outcomes
  - if a small number, consider qualitative
  - have a researcher or statistician, public health students review for a simple analysis, construct tables



Open access  
Brief report  
*BMC Nutrition, Prevention & Health*  
Qualitative research study on addressing barriers to healthy diet among low-income individuals at an urban, safety-net hospital

Erin Calkin<sup>1</sup>, Shaele R Schmidt<sup>2</sup>, Tracy L Harry<sup>3</sup>, Daythri Kumar<sup>3</sup>,<sup>4</sup>,<sup>5</sup>,<sup>6</sup>,<sup>7</sup>,<sup>8</sup>,<sup>9</sup>,<sup>10</sup>,<sup>11</sup>,<sup>12</sup>,<sup>13</sup>,<sup>14</sup>,<sup>15</sup>,<sup>16</sup>,<sup>17</sup>,<sup>18</sup>,<sup>19</sup>,<sup>20</sup>,<sup>21</sup>,<sup>22</sup>,<sup>23</sup>,<sup>24</sup>,<sup>25</sup>,<sup>26</sup>,<sup>27</sup>,<sup>28</sup>,<sup>29</sup>,<sup>30</sup>,<sup>31</sup>,<sup>32</sup>,<sup>33</sup>,<sup>34</sup>,<sup>35</sup>,<sup>36</sup>,<sup>37</sup>,<sup>38</sup>,<sup>39</sup>,<sup>40</sup>,<sup>41</sup>,<sup>42</sup>,<sup>43</sup>,<sup>44</sup>,<sup>45</sup>,<sup>46</sup>,<sup>47</sup>,<sup>48</sup>,<sup>49</sup>,<sup>50</sup>,<sup>51</sup>,<sup>52</sup>,<sup>53</sup>,<sup>54</sup>,<sup>55</sup>,<sup>56</sup>,<sup>57</sup>,<sup>58</sup>,<sup>59</sup>,<sup>60</sup>,<sup>61</sup>,<sup>62</sup>,<sup>63</sup>,<sup>64</sup>,<sup>65</sup>,<sup>66</sup>,<sup>67</sup>,<sup>68</sup>,<sup>69</sup>,<sup>70</sup>,<sup>71</sup>,<sup>72</sup>,<sup>73</sup>,<sup>74</sup>,<sup>75</sup>,<sup>76</sup>,<sup>77</sup>,<sup>78</sup>,<sup>79</sup>,<sup>80</sup>,<sup>81</sup>,<sup>82</sup>,<sup>83</sup>,<sup>84</sup>,<sup>85</sup>,<sup>86</sup>,<sup>87</sup>,<sup>88</sup>,<sup>89</sup>,<sup>90</sup>,<sup>91</sup>,<sup>92</sup>,<sup>93</sup>,<sup>94</sup>,<sup>95</sup>,<sup>96</sup>,<sup>97</sup>,<sup>98</sup>,<sup>99</sup>,<sup>100</sup>,<sup>101</sup>,<sup>102</sup>,<sup>103</sup>,<sup>104</sup>,<sup>105</sup>,<sup>106</sup>,<sup>107</sup>,<sup>108</sup>,<sup>109</sup>,<sup>110</sup>,<sup>111</sup>,<sup>112</sup>,<sup>113</sup>,<sup>114</sup>,<sup>115</sup>,<sup>116</sup>,<sup>117</sup>,<sup>118</sup>,<sup>119</sup>,<sup>120</sup>,<sup>121</sup>,<sup>122</sup>,<sup>123</sup>,<sup>124</sup>,<sup>125</sup>,<sup>126</sup>,<sup>127</sup>,<sup>128</sup>,<sup>129</sup>,<sup>130</sup>,<sup>131</sup>,<sup>132</sup>,<sup>133</sup>,<sup>134</sup>,<sup>135</sup>,<sup>136</sup>,<sup>137</sup>,<sup>138</sup>,<sup>139</sup>,<sup>140</sup>,<sup>141</sup>,<sup>142</sup>,<sup>143</sup>,<sup>144</sup>,<sup>145</sup>,<sup>146</sup>,<sup>147</sup>,<sup>148</sup>,<sup>149</sup>,<sup>150</sup>,<sup>151</sup>,<sup>152</sup>,<sup>153</sup>,<sup>154</sup>,<sup>155</sup>,<sup>156</sup>,<sup>157</sup>,<sup>158</sup>,<sup>159</sup>,<sup>160</sup>,<sup>161</sup>,<sup>162</sup>,<sup>163</sup>,<sup>164</sup>,<sup>165</sup>,<sup>166</sup>,<sup>167</sup>,<sup>168</sup>,<sup>169</sup>,<sup>170</sup>,<sup>171</sup>,<sup>172</sup>,<sup>173</sup>,<sup>174</sup>,<sup>175</sup>,<sup>176</sup>,<sup>177</sup>,<sup>178</sup>,<sup>179</sup>,<sup>180</sup>,<sup>181</sup>,<sup>182</sup>,<sup>183</sup>,<sup>184</sup>,<sup>185</sup>,<sup>186</sup>,<sup>187</sup>,<sup>188</sup>,<sup>189</sup>,<sup>190</sup>,<sup>191</sup>,<sup>192</sup>,<sup>193</sup>,<sup>194</sup>,<sup>195</sup>,<sup>196</sup>,<sup>197</sup>,<sup>198</sup>,<sup>199</sup>,<sup>200</sup>,<sup>201</sup>,<sup>202</sup>,<sup>203</sup>,<sup>204</sup>,<sup>205</sup>,<sup>206</sup>,<sup>207</sup>,<sup>208</sup>,<sup>209</sup>,<sup>210</sup>,<sup>211</sup>,<sup>212</sup>,<sup>213</sup>,<sup>214</sup>,<sup>215</sup>,<sup>216</sup>,<sup>217</sup>,<sup>218</sup>,<sup>219</sup>,<sup>220</sup>,<sup>221</sup>,<sup>222</sup>,<sup>223</sup>,<sup>224</sup>,<sup>225</sup>,<sup>226</sup>,<sup>227</sup>,<sup>228</sup>,<sup>229</sup>,<sup>230</sup>,<sup>231</sup>,<sup>232</sup>,<sup>233</sup>,<sup>234</sup>,<sup>235</sup>,<sup>236</sup>,<sup>237</sup>,<sup>238</sup>,<sup>239</sup>,<sup>240</sup>,<sup>241</sup>,<sup>242</sup>,<sup>243</sup>,<sup>244</sup>,<sup>245</sup>,<sup>246</sup>,<sup>247</sup>,<sup>248</sup>,<sup>249</sup>,<sup>250</sup>,<sup>251</sup>,<sup>252</sup>,<sup>253</sup>,<sup>254</sup>,<sup>255</sup>,<sup>256</sup>,<sup>257</sup>,<sup>258</sup>,<sup>259</sup>,<sup>260</sup>,<sup>261</sup>,<sup>262</sup>,<sup>263</sup>,<sup>264</sup>,<sup>265</sup>,<sup>266</sup>,<sup>267</sup>,<sup>268</sup>,<sup>269</sup>,<sup>270</sup>,<sup>271</sup>,<sup>272</sup>,<sup>273</sup>,<sup>274</sup>,<sup>275</sup>,<sup>276</sup>,<sup>277</sup>,<sup>278</sup>,<sup>279</sup>,<sup>280</sup>,<sup>281</sup>,<sup>282</sup>,<sup>283</sup>,<sup>284</sup>,<sup>285</sup>,<sup>286</sup>,<sup>287</sup>,<sup>288</sup>,<sup>289</sup>,<sup>290</sup>,<sup>291</sup>,<sup>292</sup>,<sup>293</sup>,<sup>294</sup>,<sup>295</sup>,<sup>296</sup>,<sup>297</sup>,<sup>298</sup>,<sup>299</sup>,<sup>300</sup>,<sup>301</sup>,<sup>302</sup>,<sup>303</sup>,<sup>304</sup>,<sup>305</sup>,<sup>306</sup>,<sup>307</sup>,<sup>308</sup>,<sup>309</sup>,<sup>310</sup>,<sup>311</sup>,<sup>312</sup>,<sup>313</sup>,<sup>314</sup>,<sup>315</sup>,<sup>316</sup>,<sup>317</sup>,<sup>318</sup>,<sup>319</sup>,<sup>320</sup>,<sup>321</sup>,<sup>322</sup>,<sup>323</sup>,<sup>324</sup>,<sup>325</sup>,<sup>326</sup>,<sup>327</sup>,<sup>328</sup>,<sup>329</sup>,<sup>330</sup>,<sup>331</sup>,<sup>332</sup>,<sup>333</sup>,<sup>334</sup>,<sup>335</sup>,<sup>336</sup>,<sup>337</sup>,<sup>338</sup>,<sup>339</sup>,<sup>340</sup>,<sup>341</sup>,<sup>342</sup>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- Keep an updated CV- mitigate imposter phenomenon
- Never let a piece of writing go to waste
- Create a team of writers or cadre of leaders united by a common interest
- Collaborate- with learners, peers, supervisors, other schools- Public Health, other institutions



## Results of writing groups

The screenshot shows a journal article from the NEJM Catalyst Innovations in Care Delivery. The article is titled "Best Practices for a COVID-19 Preparedness Plan for Health Systems". It discusses the development of an action plan for health systems during the coronavirus pandemic, focusing on four critical areas. The article is authored by Quyen Chu, MD, MBA<sup>1</sup>, Ricardo Correa, MD, EdD<sup>2</sup>, Tracey L. Henry, MD, MPH<sup>3</sup>, and others. It is published in the journal Surgery, volume 160, issue 2, page 40, in July 2020. The journal homepage is www.elesvier.com/locate/surg. The article is part of the Public Health Emergency Collection.

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## Never let a piece of writing go to waste

### Comprehensiveness—the Need to Resuscitate a Sagging Pillar of Primary Care

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J Gen Intern Med  
DOI 10.1007/s13330-021-01779-2  
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#### INTRODUCTION

The COVID-19 pandemic highlighted both the importance of primary care and the fragility of its current infrastructure in the United States (US). Within its first 2 months, stark reminders of the fragility of primary care emerged as millions lost their inequitable access to healthcare further underscored the current lack and future importance of universal access to high-quality primary care. In fact, more than 1 in 5 Americans and more than 1 in 5 Americans could identify a personal usual source of healthcare.<sup>1</sup> In this time of uncertainty, many patients went without care, and those who did were often left to fend for themselves. Chief among these was the lack of an accessible, trusted personal clinician capable of and committed to delivering personalized, comprehensive care. This lack of access led to an unprecedented medical and public health uncertainty. In response, providers and patients alike were faced with the added difficulty of primary care visits that were complicated by the provider office hours or practice closures imposed by crises in provider organizations.

The value of comprehensive primary care has been documented for decades prior to the pandemic. Nonetheless, at its core, primary care has been defined as a “comprehensive” service adapted to traditional fee-for-service (FFS) payments where physicians provided highly focused face-to-face visits and usually did not have the time or resources to manage complex conditions. This is in contrast to the type of primary care described by Starfield to have the fundamental features of accessibility, continuity, coordination, and comprehensiveness.<sup>2,3</sup>

#### Benefits of Comprehensiveness in Primary Care

While widespread problems with access became immediately evident with the pandemic, comprehensiveness was another

critical feature widely lacking, yet essential to “skilled problem-oriented primary care.” Comprehensiveness has been core to the definition of primary care since 1967 and is “the feature that distinguishes primary care from other forms of care-oriented medicine from other countries.” Defined as “the extent to which the primary care clinician, as part of the medical team, is able to provide all the services needed for each patient’s physical and common mental health care needs...” prior to the pandemic, the line between comprehensiveness in primary care and fragmentation was often blurred.<sup>4,5</sup>

Included among the lengthy potential list of comprehensive primary care services are follow-up, prevention and wellness, chronic disease management, provision of non-emergency needed office-based procedures, and appropriate depth and

duration of care.<sup>6</sup>

More comprehensive primary care is associated with reduced hospitalizations and emergency department visits, as well as lower rates of preventable hospitalizations. These benefits are also associated with greater health equity and care continuity.<sup>7</sup> Since more comprehensive primary care practices meet more patient needs, they are less likely to experience self-referrals with less health care fragmentation and less need for care coordination across multiple health care providers.<sup>8,9</sup>

#### Barriers to Comprehensiveness

While comprehensiveness is defined as high-value health care, it is often not delivered. This is due to the FFS service payment approach and has declined in recent decades, now varying dramatically across physicians and practice settings. In addition, while primary care can manage most medical conditions, most primary care has still been delivered through time-constrained visits within outmoded scheduling systems that do not allow for a truly comprehensive, non-comprehensive, approach to health care. Even before the pandemic and the recent highlighting of existing health inequities, primary care clinicians had the time to recognize and address their patients’ multiple health needs. Accordingly,

Henry TL, Rich EC, Bazemore A. Comprehensiveness—the Need to Resuscitate a Sagging Pillar of Primary Care. J Gen Intern Med. 2022 Jan;37(1):229-231

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## Best Practices

- Know your strength and weakness
  - if you are a thought leader, ex. Idealist, sets the vision but trouble executing, have someone that executes
  - if you aren't the best writer, add someone who enjoys writing
  - add a more senior/experts to your team to guide you on how packaging your work for scholarship
  - include learners-excellent opportunity to mentor on writing up your work for an abstract
- Keep track of list of presenting opportunities
  - Department, SOM, Multi-institution collaborative, state medical society, AMA, Medical Specialty societies: ACP, SGIM, SHM; AAIM, APDIM



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## Best Practices

- If your passion is not yet a position, create it

### EMPACT Mentoring Program



#### Purpose

The purpose of the EMPACT is to provide students who self-identify as historically underrepresented in medicine (URM) and/or those who may come from socio-economically disadvantaged backgrounds, with experiences that foster timely and successful matriculation through medical school.

Emory EMPACT Speed Mentoring Match  
The mission of EMPACT is to Engage, Mentor, Prepare, Advocate for, Cultivate, and Teach URM medical students in a supportive and inclusive learning environment.

#### Diversity Is Not Enough. This Is What Inclusion Looks Like.

Read about the symbiotic relationship between one mentor-mentee pair.

[Read Story](#)



#### Diversity, Equity, Inclusion and Racial Advocacy Curriculum Thread

Born from Emory student advocacy and response to reckoning with persistent systemic racism and bias in medicine, the Diversity, Equity, Inclusion and Racial Advocacy (DEIR) thread was approved in 2020 by the Emory Office of the Provost and the Office of the Vice President for Student Affairs and is led by Dr. Tracy Henry to ensure the MD curriculum reflects the School of Medicine's mission for diversity, equity, inclusion, and social justice. The DEIR thread is designed to prepare medical providers engaging patients to become not only effective physicians but leaders and advocates.

As future physicians, it is imperative that learners understand both the history and presence of systemic racism in medicine and how it affects our current healthcare delivery, policy and outcomes of our patients and communities.

Diversity, Equity and Inclusion  
DEI Video Archive  
Affinity Groups & Organizations  
Diversity Week



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## Best Practices

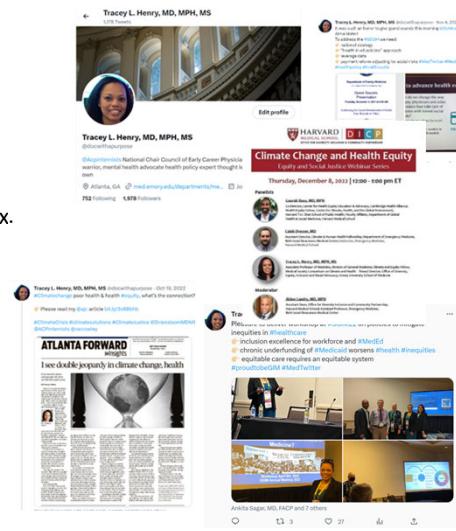
- Leverage your faculty/professional development programs ex.
  - Institutional Academic Leadership Programs
  - Satcher Integrated Care Leadership Program
  - SGIM Leadership in Health Policy (LEAHP)- national committee co-chair, position papers, mentor, national connections, workshops, book chapter
  - AMA Health System Science Scholar- book chapter, NBME HSS test item writer, HSS Advisory Task Force, panels



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## Social Media and Promotion

- Self promote
- Brand yourself
- Announce your grand rounds/talks/publications/opeds/ leadership accomplishments /initiatives ex. Climate Change fellow, HHS Scholar
- Give high yield bullet points
  - But not too much
- Start a twitter chat
- Make connections/ invitations/ collaborators



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## Making Advocacy/Equity Work Scholarly



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### Physicians role

**Physicians must “advocate for the social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”**

American Medical Association. Declaration of Professional Responsibility: Medicine's Social Contract With Humanity. <https://www.ama-assn.org/system/files/2020-03/declaration-professional-responsibility-english.pdf>

Earnest MA, Wong SL, Federico SG. Perspective: Physician advocacy: What is it and how do we do it? Acad Med. 2010;85:6367



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## Physicians role

“[We need] a reward system that reflects the diversity of our institutions and the breadth of scholarship. The challenge is to strike a balance among teaching, education, research, and service...today's faculty conclude that 'we need better ways besides publication to evaluate scholarly performance'”

--Ernest Boyer  
*Scholarship Reconsidered, 1990*



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## Boyer Model of Scholarship

*Boyer Model of Scholarship*

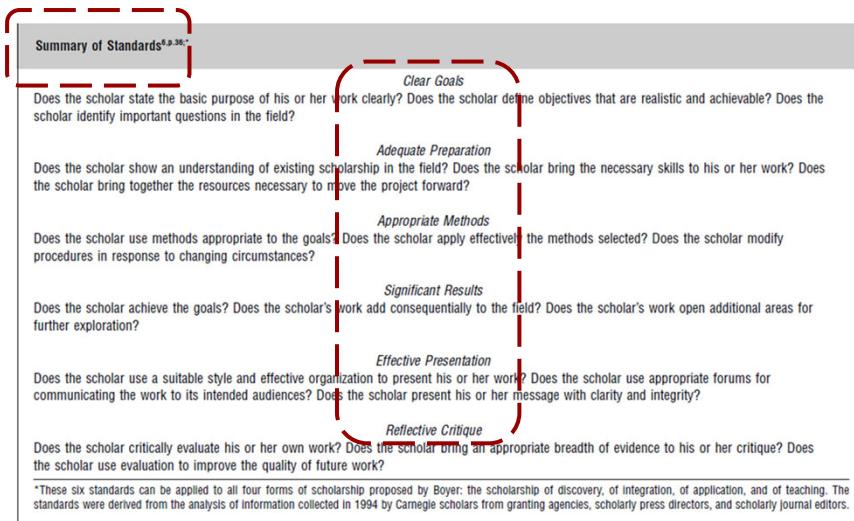
Type of Scholarship	Purpose	Measures of Performance
Discovery	Build new knowledge through traditional research.	<ul style="list-style-type: none"><li>• Publishing in peer-reviewed forums.</li><li>• Producing and/or performing creative work within established field.</li><li>• Creating infrastructure for future studies.</li></ul>
Integration	Interpret the use of knowledge across disciplines.	<ul style="list-style-type: none"><li>• Preparing a comprehensive literature review</li><li>• Writing a textbook for use in multiple disciplines.</li><li>• Collaborating with colleagues to design and deliver a core course.</li></ul>
Application	Aid society and professions in addressing problems.	<ul style="list-style-type: none"><li>• Serving industry or government as an external consultant.</li><li>• Assuming leadership roles in professional organizations.</li><li>• Advising student leaders, thereby fostering their professional growth.</li></ul>
Teaching	Study teaching models and practices to achieve optimal learning.	<ul style="list-style-type: none"><li>• Advancing learning theory through classroom research.</li><li>• Developing and testing instructional materials</li><li>• Mentoring graduate students.</li><li>• Designing and implementing a program level assessment system.</li></ul>

Ernest Boyer Scholarship reconsidered, The Carnegie Foundation Special Report 1990



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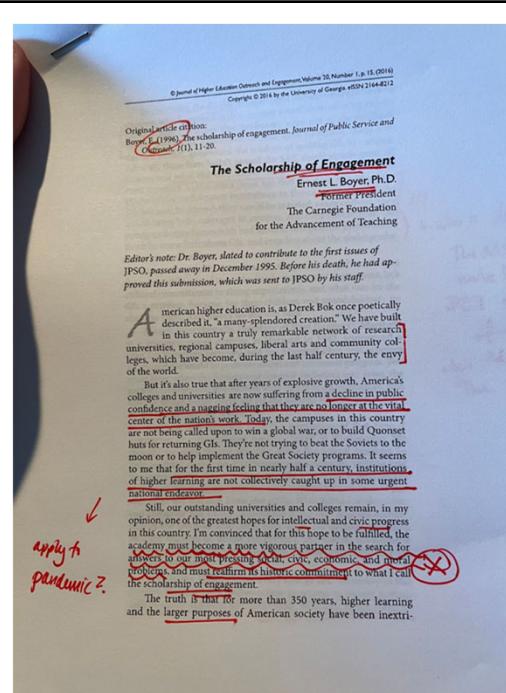
## Glassick Model of Scholarship



Fincher RM, Simpson DE, Mennin SP, Rosenfeld GC, Rothman A, McGrew MC, Hansen PA, Mazmanian PE, Turnbull JM. Scholarship in teaching: an imperative for the 21st century. *Acad Med*. 2000 Sep;75(9):887-94.



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## For Promotion and Tenure- Advocacy Scholarship Definition

**Scholarly activity that promotes the “social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”**

American Medical Association. Declaration of Professional Responsibility: Medicine's Social Contract With Humanity. Ahttps://www.ama-assn.org/system/files/2020-03/declaration-professional-responsibility-english.pdf

Earnest MA, Wong SL, Federico SG. Perspective: Physician advocacy: What is it and how do we do it? Acad Med. 2010;85:6367



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## Evolution of Advocacy as Scholarship in Academia

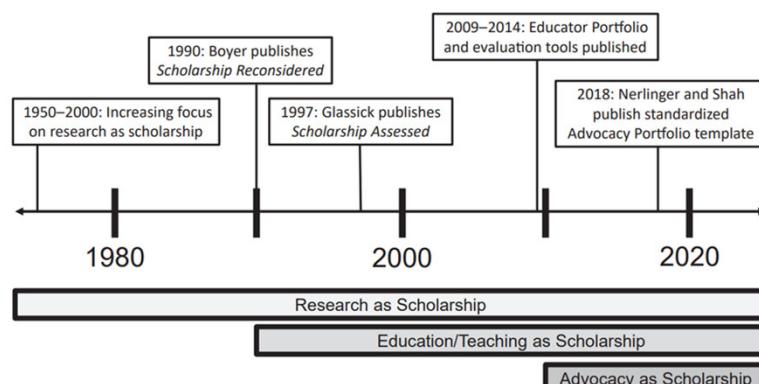


Fig. 2. The evolution of scholarship at academic medical centers, 1980-present.

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Nerlinger AL, Best DL, Shah AN. Advocacy in Pediatric Academia: Charting a Path Forward. Pediatr Clin North Am. 2023 Feb;70(1):11-24.



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## Standardized tool for documenting advocacy?

Perspective

### The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy

Abby L. Nerlinger, MD, MPH, Anita N. Shah, DO, MPH, Andrew F. Beck, MD, MPH, Lee S. Beers, MD, Shale L. Wong, MD, MSPH, Lisa J. Chamberlain, MD, MPH, and David Keller, MD

#### Abstract

Recent changes in health care delivery systems and in medical training have primed academia for a paradigm shift, with strengthened support for an evidence-based scholarly approach. Physicians who consider advocacy to be relevant to their scholarly endeavors need a standardized format to display activities leading to positive health outcomes to which their work can be attributed. Similar to the Educator Portfolio, the authors here propose the Advocacy Portfolio (AP) to document a scholarly approach to advocacy.

Despite common challenges faced in the arguments for both education

and advocacy to be viewed as scholarship, the authors highlight inherent differences between the two fields. On the basis of prior literature, the authors propose a yet more comprehensive set of domains to categorize advocacy activities, including advocacy engagement, knowledge dissemination, advocacy outreach, advocacy teaching/mentoring, and advocacy leadership/administration. Documenting quality, quantity, and a scholar's approach to advocacy within each domain is the first of many steps to establish congruence between advocacy and scholarship for physicians using the AP format.

This standardized format can be applied in a variety of settings, from medical training to academic promotion. Such documentation will be supported by advocates by aligning measured outcomes with institutional mission. The AP will also provide physician-advocates with a clear roadmap for the conduct of advocacy projects on health outcomes for patients and populations. Future challenges to broad application include establishing a national effort and developing consensus regarding criteria by which to evaluate the contributions of advocacy activities to scholarship.

**P**hysician advocacy has been defined as "action by a physician to promote those societal, political, educational, and other changes that ameliorate the suffering and threats to human health and well-being." There has been extensive debate in prior literature surrounding the nature of physicians' professional commitment to advocacy.<sup>2,3</sup> Huddle<sup>4</sup> argues that the goal of advocacy activities leading to change is disparate from the knowledge associated with traditional research and education. He further states that medical professionals do not have a civic participation by physicians. Alternatively, Croft et al<sup>5</sup> define a broader role of the

physician obligation for beneficence, describing the myriad ways, including advocacy, that physicians fulfill their ethical duty to improve patient health. Returning to the roots of our practice, Abraham Jacobs, the father of pediatric medicine, states, "every physician is a citizen of a commonwealth, with many rights and great responsibilities."<sup>6</sup>

#### The Evolving Role of Physician as Advocate

Recent changes in health policy have led to a profound shift in the debate surrounding the role of physicians as

Often, this can only be achieved through multidisciplinary advocacy efforts that may stray outside of the traditional health care system.

Advocacy is undergoing a transition period, one that relies on individual physicians' decisions to expecting advocacy from the profession at large.<sup>7</sup> As a result, there have been organizational and program-based efforts to encourage physicians to more effectively integrate advocacy and medicine.<sup>8</sup> In 1996, the Pediatric Residency Review Committee called for residency programs to "advocate on behalf of the health of children within

Nerlinger AL et. al The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy. Acad Med. 2018 Jun;93(6):860-868



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## Advocacy Portfolio (AP)

### What is it?

- Standardized format can be applied in a variety of settings, from medical training to academic promotion
- Displays scholarly approach to advocacy
  - comprehensive set of domains to categorize advocacy activities
  - documenting quality, quantity

### What is it used for?

- Negotiating for % of FTE for work  
-> great impact
- Application for a nonclinical job involving health policy, or tracking a career in public service
- If involved in traditional scholarly activities i.e. research or education → support academic promotion
- Clear Roadmap for community engagement, advocacy

Nerlinger AL et. al The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy. Acad Med. 2018 Jun;93(6):860-868



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## Advocacy Work Toward Promotion

Domain and description	Examples of advocacy activities that led to enhanced advocacy skill set for trainees or facilitation of trainee advocacy goals	Examples of advocacy approaches	Examples of advocacy scholarship
Advocacy teaching and mentorship activities that led to enhanced advocacy skill set for trainees or facilitation of trainee advocacy goals	<ul style="list-style-type: none"> <li>Lectures or curriculum designed to advocacy, including making conceptual transition from basic to advanced advocacy</li> <li>Topic and relevance to advocacy</li> <li>Advocacy projects facilitated or supervised by trainee</li> <li>Frequency of meetings with trainee</li> <li>Duration of relationship with mentee</li> <li>Reviewing of colleague or trainee AF</li> <li>Role of trainee in professional or committee affiliation</li> <li>Duration of position</li> <li>Role</li> <li>Organization goals and mission</li> <li>Advocacy affected both directly and indirectly by leadership actions</li> <li>Measurable actions and outcomes enabled by leadership</li> </ul>	<ul style="list-style-type: none"> <li>Trainee received skill set specific to advocacy, including making conceptual transition from basic to advanced advocacy</li> <li>Trainee evaluations showed that teaching affected skill development</li> <li>Trainee evaluations showed that membership affected future career</li> <li>Trainee or mentor accomplishments in advocacy</li> <li>Trainee better able to meet learning objectives for professional practice</li> <li>Position resulted in policy or programmatic changes in advocacy process or outcome measures for a community organization</li> <li>Position enabled advocate to influence organizational mission to include advocacy</li> <li>Position enabled advocate to advance the goals of physician trainees</li> <li>Volunteer versus elected positions</li> </ul>	<ul style="list-style-type: none"> <li>Articles developed or published in peer-reviewed literature or used at other institutions</li> <li>Learning objectives were stated and outcomes of training were achieved</li> <li>Feedback was obtained from trainees about how advocacy programs in the future</li> <li>Grant funding obtained for advocacy projects</li> <li>Participation in a workshop or committee that addresses a standardized advocacy skill set</li> </ul>
Advocacy leadership and administration leadership positions that positively affect physician health advocacy or advance the field of advocacy	<ul style="list-style-type: none"> <li>Admissions: SMART indicates goal of Accreditation Council for Graduate Medical Education</li> <li>Description of meetings</li> <li>Community leaders trained</li> <li>Community resources established or utilized</li> </ul>	<ul style="list-style-type: none"> <li>Systems were engaged beyond the hospital to address patient, including addressing social determinants of health and health disparities</li> <li>Community members perceived a positive change in culture, and relationship was developed</li> </ul>	<ul style="list-style-type: none"> <li>Advocate starts a local leadership committee that will set the foundation to work at a national level</li> <li>Advocate creates clear goals for advocacy partnership</li> <li>Advocate sets clear advocacy goals that are addressed in future projects</li> </ul>
Advocacy leadership and administration leadership positions that positively affect physician health advocacy or advance the field of advocacy	<ul style="list-style-type: none"> <li>Admissions: SMART indicates goal of Accreditation Council for Graduate Medical Education</li> <li>Description of meetings</li> <li>Community leaders trained</li> <li>Community resources established or utilized</li> </ul>	<ul style="list-style-type: none"> <li>Community partnership model was disseminated throughout the community and led to further community engagement projects</li> </ul>	<ul style="list-style-type: none"> <li>Community partnership model was disseminated and applied at other institutions</li> </ul>

(Table continued)

Nerlinder AL et. al The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy. Acad Med. 2018 Jun;93(6):860-868



## Advocacy Work Toward Promotion

### Appendix 1 Example Advocacy Activities in Advocacy Portfolio Format\*

**Case:** A five-year-old female with poorly controlled moderate persistent asthma is admitted to the hospital for status asthmaticus. She has a history of low socioeconomic status and her mother has been unable to convince the family's landlord to remediate the mold in her home, leading to multiple admissions for asthma exacerbations.

**Project Description:** Asthma was identified as a public health focus area in the hospital's Community Health Needs Assessment. Children with asthma admitted to the hospital were electronically referred to community organizations upon discharge.<sup>17</sup> Efforts were used to track asthma admissions over time and to identify children with asthma who had multiple admissions. Children with asthma who had three or more admissions due to risk factors related to readmission for hospital children with asthma. Home visitation using community health workers assisted in family education. Community health workers were assigned to each child with asthma and tracked their progress using a tracking tool. The tracking tool included zip codes.<sup>18</sup> The coalition and medical-legal partnership used legislative advocacy to prompt legislators to add mold to the list of state housing code violations.<sup>19</sup>

Category	Quantity	Quality	Scholarly approach and scholarship
Advocacy engagement	EHR integration of electronic referral system for community health workers with asthma resulted in 20% reduction in emergency room visits for asthma decrements due to mold, and therefore 65% of children with asthma in community homes visit a registered sanitarian.	<ul style="list-style-type: none"> <li>Using the state population health project with an estimated audience of 1,000 children with asthma residing in ZIP codes with high mold risk, the state housing code violations due to mold, and therefore 65% of children with asthma in community homes visit a registered sanitarian.</li> </ul>	<ul style="list-style-type: none"> <li>Due to the success of legislation, mold decrements were removed from the state housing code violations, and mold became enforceable under state law</li> <li>Home visits identified and helped families remediate mold conditions, contributing to decreased hospitalizations and improved quality of life for families involved</li> <li>Information was communicated in a concise, understandable, and persuasive manner to the community</li> <li>The hospital was able to negotiate with the state legislature to increase the amount of funding for the state housing code violations due to mold for the subsequent year</li> </ul>
Knowledge dissemination	Local radio station interview regarding project with an estimated audience of 10,000 children with asthma.	<ul style="list-style-type: none"> <li>Invited to give a briefing on childhood asthma to congressional offices on Capitol Hill</li> <li>Community leaders subsequently invited to speak to congressional offices to one state Medicaid MCO that provides services to approximately 20,000 children</li> </ul>	<ul style="list-style-type: none"> <li>Information was communicated in a concise, understandable, and persuasive manner to the community</li> <li>The hospital was able to negotiate with the state legislature to increase the amount of funding for the state housing code violations due to mold for the subsequent year</li> <li>Congressional testimony and radio station interview relayed information about the success of the project results and prior peer-reviewed literature</li> <li>Community partnerships allowed for the hospital to engage in environmental remediation for children with asthma</li> </ul>
Community outreach	As part of the coalition, lectures were provided to the community regarding management of environmental triggers for asthma.	<ul style="list-style-type: none"> <li>Community members showed evidence of improved knowledge, attitudes, and self-efficacy as measured through survey</li> <li>The coalition and educational programs were the primary source of funding for the hospital-community partnerships within the hospital</li> </ul>	<ul style="list-style-type: none"> <li>Community partnerships allowed for the hospital to engage in environmental remediation for children with asthma</li> <li>Community partnerships allowed for the hospital to engage in environmental remediation for children with asthma</li> <li>Grant funding for educational programs</li> <li>Project led to national newspaper article as example of community-based advocacy improving asthma outcomes</li> </ul>

(Appendix continued)

Nerlinder AL et. al The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy. Acad Med. 2018 Jun;93(6):860-868



## Advocacy Work Toward Promotion

**TABLE 1** American Academy of Pediatric Community Pediatrics Training Initiative Advocacy Portfolio Domains

1. Primary area(s) of concentration	<ul style="list-style-type: none"><li>• Description of what unites your advocacy work</li></ul>
2. Personal statement	<ul style="list-style-type: none"><li>• Include advocacy philosophy and create a narrative that explains your work over scholarly approach</li></ul>
3. Advocacy engagement/knowledge dissemination	<ul style="list-style-type: none"><li>• Advocacy awards</li><li>• Policy testimony</li><li>• Engagement with media: written</li><li>• Engagement with media: audio/video</li><li>• Invited presentations/visiting professorships</li></ul>
4. Community engagement/outreach	<ul style="list-style-type: none"><li>• Engagement with communities, community based organizations, coalitions, collective impact organizations, and serving on boards</li></ul>
5. Advocacy teaching and mentoring	<ul style="list-style-type: none"><li>• Curriculum development and delivery</li><li>• Mentoring others in community health and advocacy</li></ul>
6. Advocacy leadership and administration	<ul style="list-style-type: none"><li>• Advocacy leadership</li><li>• Health care systems advocacy</li><li>• Include key scholarly works</li></ul>
7. Products of advocacy scholarship	<ul style="list-style-type: none"><li>• Include policy fellowships, advocacy fellowships, AAP advocacy conference, specialty advocacy training, media training workshops, etc.</li></ul>
8. Advanced training in advocacy skills	

Bode SM, et al. Academic Careers in Advocacy: Aligning Institutional Values Through Use of an Advocacy Portfolio. Pediatrics. 2022 Jul 1;150(1):e2021055014.



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## Institutional Examples



Will your  
institution  
be next?



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## Duke – Advocacy Scholarship

### Criteria

The authors of the Advocacy Portfolio are creating a template where accomplishments in the advocacy domain can be organized. Once complete, this template will be made available on the Duke APT website for interested faculty members.

The general framework for evaluating scholarship by department APT committees in the advocacy domain includes the following:

- Intellectual Development Statement (IDS): the advocacy philosophy and its alignment with career goals should be clearly articulated in the faculty member's IDS
- Domains of advocacy activities: advocacy activities span various domains, including proof of knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/organization
- Scholarly output in advocacy is required
- Scholarly output can include, but is not limited to, the following:
  - Non-peer reviewed content
  - Institutional reports and presentations
  - Social media (blogs, websites, and other digital platforms)
  - Visiting scholarships
  - Participation in local and regional taskforces
  - Participation in local and regional legislative efforts
  - Invited presentations at local, regional, or national meetings
  - Public health intervention that becomes a standard of care
  - Establishment of community partnerships
  - News releases from press (print, media, online)
  - Co-authorship of clinical policy statements, legislative briefs, consensus statements, or practice guidelines
  - Columns in professional trade journals, or non-technical medicine-related academic books
  - Invention disclosures, patent applications, and / or awarding of patents reflecting original innovation
- Peer reviewed manuscripts are encouraged but not required for promotion in the Career Track unless specified by Department-level criteria
- Ability to obtain funding for advocacy efforts (e.g., grant funding for community partnered programs, funding for educational efforts, funding for health equity programs) or to have a

Specific criteria by rank include the following.

### Associate Professor:

- The Associate Professor is expected to have an established record in advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/organization
- Scholarly output in advocacy is required
- Scholarly output can include, but is not limited to, the following:
  - Non-peer reviewed content
  - Institutional reports and presentations
  - Social media (blogs, websites, and other digital platforms)
  - Visiting scholarships
  - Participation in local and regional taskforces
  - Participation in local and regional legislative efforts
  - Invited presentations at local, regional, or national meetings
  - Public health intervention that becomes a standard of care
  - Establishment of community partnerships
  - News releases from press (print, media, online)
  - Co-authorship of clinical policy statements, legislative briefs, consensus statements, or practice guidelines
  - Columns in professional trade journals, or non-technical medicine-related academic books
  - Invention disclosures, patent applications, and / or awarding of patents reflecting original innovation
- Peer reviewed manuscripts are encouraged but not required for promotion in the Career Track unless specified by Department-level criteria
- Ability to obtain funding for advocacy efforts (e.g., grant funding for community partnered programs, funding for educational efforts, funding for health equity programs) or to have a

[https://medschool.duke.edu/sites/default/files/2021-05/advocacy\\_scholarship\\_framework\\_.pdf](https://medschool.duke.edu/sites/default/files/2021-05/advocacy_scholarship_framework_.pdf)



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## Another framework for scholarly work-non research

### • Good advice not just for residents!

#### *An Example of a Resident Scholarly Project using Glassick's Criteria*

Clear Goals: Obtaining clear goals often requires an iterative effort to obtain sufficient understanding of the problem (eg, what is known/unknown, why it matters).

- Problem: re-hospitalization rates for geriatric patients within 30 days postdischarge from inpatient rehabilitation are higher at our institution than national norms.
- Possible explanations: suboptimal handoffs from psychiatrist to primary care provider (PCP); patient's lack of clarity regarding follow-up with psychiatrist.
- Hypothesis: discharge note lacks critical information.

#### Rip Out Action Items

1. Expand approach to meet scholarly project requirement
2. Support systemic inquiry in teaching, quality improvement, and community engagement
3. Apply scholarship criteria to frame inquiry approach:
  - a. Clear goals
  - b. Adequate preparation
  - c. Appropriate methods
  - d. Significant results
  - e. Effective presentation
  - f. Reflective critique

#### Residents:

- Identify an area of interest in which you want advance knowledge in a field.
- Apply the Glassick criteria to frame your project and secure an adviser with expertise in the area.
- Select an inquiry area that is applicable to your future practice – Continuous Quality Improvement, practice-based learning and improvement, safety, academic career, staff development, etc.
- Transfer approach learned through residency project to other aspects of career.



Simpson D, Meurer L, Braza D. Meeting the Scholarly Project Requirement—Application of Scholarship Criteria beyond Research. J Grad Med Educ. 2012 Mar;4(1):111-2.

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## Another framework for scholarly work- quality portfolio

- Similar to the educator's portfolio
- Serves both for individuals and institutions
  - document excellence or achievement in quality/safety for promotion
  - demonstrate productivity for periodic evals of performance
  - guide individual faculty development
    - through self-reflection, mentorship, and raise the value of QI in home institution
    - via a standardized format for comparative and peer review of quality and safety activities

Table 1. Quality Portfolio Components

Component	Description
Faculty narrative	<ul style="list-style-type: none"> <li>• Outlines role, philosophy, and approach to quality improvement and patient safety</li> <li>• Lists leadership roles and summarizes roles and responsibilities</li> <li>• Describes quality improvement and patient safety projects:           <ul style="list-style-type: none"> <li>• Project title, timeframe, and time commitment</li> <li>• Goals and members</li> <li>• Outcomes, results, and dissemination</li> </ul> </li> </ul>
Leadership and administrative activities Project activities	<ul style="list-style-type: none"> <li>• Lists leadership roles and summarizes roles and responsibilities</li> <li>• Describes quality improvement and patient safety projects:           <ul style="list-style-type: none"> <li>• Project title, timeframe, and time commitment</li> <li>• Goals and members</li> <li>• Outcomes, results, and dissemination</li> </ul> </li> </ul>
Education and curricular activities	<ul style="list-style-type: none"> <li>• Documents teaching activities and curriculum development in quality improvement and patient safety</li> <li>• Teaching activity, class title, and curriculum</li> <li>• Time commitment</li> <li>• Description, goals, format, structure, teaching role</li> <li>• Learners</li> <li>• Evaluation (learners, curriculum), dissemination</li> </ul>
Research and scholarship	<ul style="list-style-type: none"> <li>• Documents research and scholarship activities in quality improvement and patient safety</li> <li>• Publications, grants and contracts, enduring educational materials</li> <li>• Lists award name, organization, and criteria for selection</li> <li>• Lists training and certification specific for quality improvement or patient safety</li> <li>• Includes include pertinent or supporting information not otherwise contained in the portfolio</li> </ul>
Honors, awards, and recognition Training and certification	<ul style="list-style-type: none"> <li>• Lists award name, organization, and criteria for selection</li> <li>• Lists training and certification specific for quality improvement or patient safety</li> </ul>
Appendix	



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Taylor BB, Parekh V, Estrada CA, Schleyer A, Sharpe B. Documenting quality improvement and patient safety efforts: the quality portfolio. A statement from the academic hospitalist taskforce. J Gen Intern Med. 2014 Jan;29(1):214-8.

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## Case #1 - Depression Screening Project

- TJ- New junior faculty member, strong interests in mental health and behavioral health integration and background in advocacy and policy work. Aware of the stark statistics on the effects of untreated mental health d/o on health outcomes.
- Previously not completed in the primary care visit because of various barriers
- New primary care grant support where only 3 priorities could be chosen. She decided that implementing universal depression screening in her clinic was the perfect project.



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## Questions for discussion

1. Should the promotion and tenure (P&T) committee recognize TJ's mental health advocacy initiative & count it towards academic promotion?
2. Do we know if & how P&T committees recognize and reward advocacy initiatives as scholarly work?
3. Do consensus guidelines exist on how Advocacy should count towards P&T?
4. How & where might TJ highlight Advocacy on her CV?
5. What changes should be made to guidelines for promotion?
6. Can TJ make this work to count toward his FTE and decrease her clinical time?

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## Depression Screening Project Example

Domain	Quantity/Quality	Scholarly Impact
Advocacy Engagement	Leadership, multiple departments, IT, nursing, front desk staff were engaged in change; 90% depression screening rate in 1 <sup>st</sup> yr; led to improve timely access to MH care	Peer reviewed publication, invited speaker at regional, national meetings
Advocacy Teaching and Mentoring	Learners assessed prior to implementation of curriculum and objectives achieved, evals demonstrated teaching affected skill development, ~100 learners/yr	Curriculum for staff, developed teaching educational tools
Advocacy Leadership and Administration	Intervention became standard of care and sustainable; institutional leadership invested funding for more BH specialists	MHA of GA Board, Public Policy Chair, SGIM's PCC- BH workgroup

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## Case Example- Depression Screening Project

- **Education**
  - Lectures
  - Mentoring to learners
  - Curriculum for staff, developed teaching educational tools, multiple poster presentations- locally/regionally/nationally
- **Leadership Roles**
  - BH Integration Primary Care Lead
  - MHA of GA Board- Public Policy Chair
  - SGIM's rep to the PCC- BH workgroup
- **Impact**
  - On clinic culture and resident/faculty practices
  - On patient care, outcomes
  - Quantification of patients helped
- **Scholarship**
  - Peer Reviewed Publication
  - Multiple presentations- oral, posters institutionally, regionally, nationally
- **Awards**
  - DOM Outstanding QI award
  - ACP 1st place poster regional competition



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## How to climb a ladder not yet built?

- Academic medicine- re-think what is considered scholarly
  - Ex. Tweet reaches/teaches thousands of patients, professional colleagues → more impact than a paper that is read by a fraction of people
  - Not all advocacy work -> poster or peer reviewed paper
    - documenting impact on the population affected and outcomes should be enough
    - “not documented it didn’t happen”



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## Call to action

- We have to change the policies for the academic medicine we want to see, reflect current realities educational landscape
- Redefine what is scholarly, think about who was at the table when these policies / guidelines were made
- Research is about impact and change, rather clinical or educational or professional practice changes
  - so why wouldn’t you count someone’s social media impact who’s not only on our profession, but patients, lay public
- Advocacy/Equity portfolio- for promotion



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# Career Advancement Through Social Media and Digital Scholarship

**Matthew Watto, MD, FACP**

Clinical Associate Professor of Medicine  
Sidney Kimmel Medical College



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## I am more than an academic general internist

- Co-creator, co-host, co-showrunner, The Curbsiders
- 4 podcasts, 1 digital newsletter
- Over 500 episodes, 400 hrs of content, 250 hours of CME
- Website >150K pageviews/mo
- Podcasts with >40 million downloads all-time



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## My niche = pain points, practical knowledge for the internist



Curbsiders  
PODCAST

Cribssiders  
PODCAST

Teach  
PODCAST

Addiction Medicine  
PODCAST

Digest  
NEWSLETTER

ABOUT US

### About Us

The Curbsiders is **THE** medical podcast network for clinicians that uses expert interviews to bring you clinical pearls, practice-changing knowledge, and bad puns.

Each show and mini-series makes your day easier by addressing common pain points to supercharge your learning and medical practice.

<https://thecurbsiders.com/about-us>



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## A case of digital scholarship

### Case #2

JJ is a 32 yo early career physician who graduated residency in 2020. He is working general internal medicine at an academic medical center with a standard contract, 1.0 clinical FTE. JJ spends 0.8 FTE outpatient and 0.2 FTE attending the inpatient service. JJ loves hospital medicine and regularly **posts high-yield pearls on TikTok and IG**. He has **44,000 followers**, and his posts regularly get **>50-100,000 views**. JJ's social media and digital scholarship (SMDS) is all unpaid work on nights and weekends.



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## Questions for discussion

1. Should the promotion and tenure (P&T) committee recognize JJ's SMDS and count it towards academic promotion?
2. Do we know if & how P&T committees recognize and reward SMDS as scholarly work?
3. Do consensus guidelines exist on how SDMS should count towards P&T?
4. How & where might JJ highlight SDMS on his CV?
5. What changes should be made to guidelines for promotion?
6. Can JJ make this work to count toward his FTE and decrease clinical time?

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## Do P&T committee guidelines mention SMDS?

- Mayo Clinic has included social media and digital scholarship (SDMS) since 2016<sup>3</sup>
- SMDS keywords **absent from majority**<sup>1</sup>
- Non-specific words e.g. creativ\*, innov\*, disseminat\* **present in majority**<sup>1</sup>
- SMDS "**explicitly endorsed**" by 12 of 148 (8.1%) allopathic schools<sup>2</sup>

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1. Maldonado et al. Acad Med. 2022 PMID: 34348378  
2. Johng et al. Fam Med. 2021 PMID: 33723821  
3. Cabrera et al. JGME. 2017 PMCID: PMC5559234



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## Your CV & portfolio make your case

"Career advancement based on social media should progress when the **scholar creates a portfolio demonstrating a niche, quality throughput, and impact**, followed by the recognition from promotion and tenure committees that this portfolio is in line with the institutional mission, of high quality, and consistent with the appraisal guidelines."

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Cabrera et al. JGME. 2017 PMCID: PMC5559234



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## Document SMDS on CV under Research/Scholarship, Teaching, Service, or Bibliography

### Include the following

- Time period
- **Platform** (social media, chats, podcasts, videos, blog posts, infographics)
- **Numbers:** followers, posts, impressions
- Links
- Screenshots/Advanced Metrics
- Explanation of why the scholar chose to highlight
- **Categories:** innovation, dissemination, education, advocacy, mentorship,

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Aquaviva et al. JMIR. 2020 PMCID: PMC7744266



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## Example #1 - How to Document SMDS on your CV

October 24, 2022

Podcast episode: [#361 Advanced Lipidology](#)

- 97,880 listens
- Discussed new frontiers treatment of lipid disorders, prevention CVD
- Category: innovation, dissemination, education

Chiu CJ, Antaki J, Michos E, Williams PN, Watto MF.  
"Advanced Lipidology". *The Curbsiders Internal Medicine Podcast*.

<https://thecurbsiders.com/category/curbsiders-podcast> Final publishing date October 24, 2022.



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## Your CV & portfolio make your case

"Career advancement based on social media should progress when the scholar creates a portfolio demonstrating a niche, quality throughput, and impact, followed by the recognition from promotion and tenure committees that this **portfolio is in line with the institutional mission, of high quality, and consistent with the appraisal guidelines.**"

Cabrera et al. JGME. 2017 PMCID: PMC5559234

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## Portfolio Narrative Section

### Example

"My social media use as a physician does not exist in a vacuum—it is an integral part of how I learn, teach, disseminate traditional (and non-traditional) scholarship, advocate, participate in DEI work, and mentor. I engage in a type of social media use called [mission-based tweeting](#), which I have published about and teach to others. Social media-based activity is a means to an end, not an end in and of itself. "

Avital O'Glasser MD

Marcelin et al. J Hosp Med. 2021 PMID: 34328840



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### Example #2 - How to Document SMDS

June 3, 2018

Video clip: The 30-Second Knee Exam with Dr. Ted Parks <https://youtu.be/lil88-bKktE>

- 20,906 views
- Taught a 30-sec high-yield knee exam for primary care.
- Category: innovation, dissemination, education

Taranto N, Parks T, Chiu CJ, Brigham SK, Williams PN, Watto MF. "98 Knee Pain: History, exam, bracing, x-rays, and injectables". *The Curbsiders Internal Medicine Podcast*.

<https://thecurbysiders.com/category/curbsiders-podcast> Final publishing date June 3, 2018.



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## Portfolio - Selected Contribution

October 24, 2022

Podcast episode: [#361 Advanced Lipidology](#)

- 97,880 listens
- Discussed new frontiers treatment of lipid disorders, prevention CVD.
- Category: innovation, dissemination, education

Chiu CJ, Antaki J, Michos E, Williams PN, Watto MF. "Advanced Lipidology". *The Curbsiders Internal Medicine Podcast*.

<https://thecurbsiders.com/category/curbsiders-podcast> Final publishing date October 24, 2022.

Mauricio Gonzalez MD. [@DrMauricioGon](#) ...  
Phenomenal episode by @thecurbsiders about lipidology. So lucky I have two amazing cardiologists that always answer my questions @DBelardoMD @DrOstfeld 🤪  
  
open.spotify.com  
#361 Advanced Lipidology  
Listen to this episode from The Curbsiders Internal Medicine Podcast on Spotify. Lipids Update 2022: ...  
1:37 PM · Oct 25, 2022  
1 Retweet 15 Likes



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## P&T Impact Grid (hypothetical example)



- **Low:** Editor-in-chief media with >1,000-3,000 impressions either per post or per month (views, downloads, streams, page views)
- **Medium:** Editor-in-chief media with >5,000-15,000 impressions either per post or per month
- **High:** Editor-in-chief media with >20,000-50,000 impressions either per post or per month

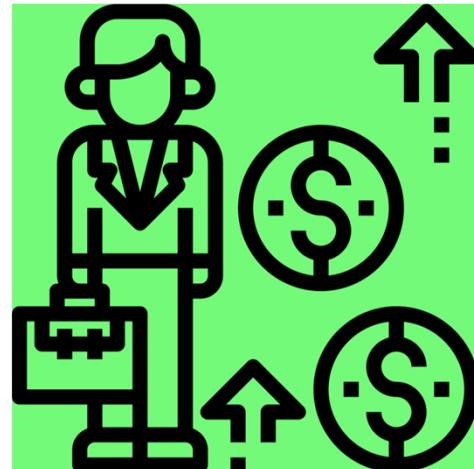
Cabrera et al. JGME. 2017 PMID: PMC5559234



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## My friends have been promoted based on SMDS!

- Podcasting
- Twitter/Tweetorials



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## Unpaid work without FTE support is the norm

- I, along w/multiple friends in podcasting have taken pay cuts to lower FTE to 0.8
- Income generation thru monetization of SMDS is necessary to makeup for losses



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## Create a landing page



# Kevin M. Simon, MD, LLC

Psychiatry & Psychotherapy

Home About Me Media Services Contact



## About Me

Kevin M. Simon, MD

Dr. Kevin M. Simon is the inaugural Chief Behavioral Health Officer for the City of Boston. He is a Harvard-trained Board Certified Psychiatrist & Addiction Medicine Specialist. Dr. Simon is an Attending Psychiatrist at Boston Children's Hospital, a Instructor in Psychiatry at Harvard Medical School, a Commonwealth Fund Fellow in Health Policy at Harvard University, the Medical Director of Wayside Youth & Family Support Network, and a healthcare consultant. Clinically, he practices as a Child Adolescent, and Adult Psychiatrist and Addiction Medicine Specialist caring for youth and their families through Boston Children's Hospital Adolescent Substance Use & Addiction Program (ASAP). As a physician-scientist, his research focuses on the



<https://www.kevinsimonmd.com/about-me>

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## Update LinkedIn or Doximity



**Tracey L. Henry, MD, MPH, MS**  
Physician | Educator | Health Policy Expert | Health Equity  
Warrior | Climate and Health Equity | Thought Leader |  
Mental Health Advocate | Patient Safety Specialist  
Atlanta Metropolitan Area  
3K followers · 500+ connections

 American Medical Association  
 Georgetown University

**Experience**

 **American Medical Association**  
4 years 3 months

-  **Member, Council on Legislation**  
Jun 2022 - Present · 10 months

The Council on Legislation (COL) reviews proposed federal legislation and recommends appropriate action in accordance with AMA policy. It also develops model state legislation, recommends changes in existing AMA policy when necessary to accomplish effective legislative goals, and recommends to the Board of Trustees new federal legislation and legislation to modify existing laws of interest to the AMA.
-  **ACP Delegate to the AMA House of Delegates**  
Jan 2019 - Present · 4 years 3 months
-  **AMA Health Systems Science Scholar**  
Dec 2020 - Dec 2021 · 1 year 1 month

The purpose of the AMA HSS Scholars Program is to equip faculty who have significant responsibility for—or who anticipate having responsibility for—implementing and/or teaching topics related to health systems science, with the knowledge and skills needed to be outstanding teachers and leaders. Specifically, the program will provide an overview of how to design, implement and evaluate health systems science curriculum at participants' local institutions. This 12-month program will include ...

 **American College of Physicians**  
9 years

## About

Dr. Tracey Henry is an Associate Professor at Emory University and a clinical educator and attending physician in both inpatient and outpatient medicine. She is the Assistant Health Director in the Grady Primary Care Center and Director of Policy Curriculum for Emory's Internal Medicine Residency Primary Care Track. Dr. Henry also holds an appointment at Georgia State University School of Public

<https://www.linkedin.com/in/tracey-l-henry-md-mph-ms->



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## Bringing it All Together—Action Items to Reclaim Your CV

Avital O'Glasser, MD, FACP, SFHM, DFPM  
Associate Professor of Medicine  
Oregon Health & Science University



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## Time to Shake Up the CV

Given my personal identity as a “rebel with a cause” as an advocate for digital/non-traditional scholarship and advocacy as scholarship, this combo is ~~100~~ ❤️



8:50 AM · Apr 29, 2022



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## Time to Shake Up the CV



Avital Y. O'Glasser, MD FACP SFHM DFPN (she/her)  
@aoglasser

...

Friday #Medtread! I've been chatting lately that I should write a #tweetorial about how I've put my social media related/based activities on my academic/professional CV. So, without further ado... 1/x



12:20 PM · Aug 9, 2019

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*"Putting more eyes on more CVs that have social media scholarship is the only way to make P&T committees aware of this space"*

Rohit Marawar M.D.

<https://twitter.com/rohitmarawar/status/1635356200387608577?s=20>



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## CV-Scholarship Section (Representative Examples)

### Publications/Creative Work (\* Denotes Trainee):

Embedded hyperlinks to primary content

Hyperlinks to article metrics

#### Peer-Reviewed Publications:

1. Rupert D, Shah K, Chen BY, **O'Glasser AY**, Schiml M, Jain S, Chino F. Sex and Location Differences in Verification Status of Physician-Held Social Media Platform Accounts. *JAMA Netw Open*. 2022 Aug 1;5(8):e2225671. Erratum in: *JAMA Netw Open*. 2022 Oct 3;5(10):e2240840. PMID: [35939304](#). [Article Metrics](#).
2. Burfeind KG, Zarnegarnia Y, Tekkali P, **O'Glasser AY**, Quinn JF, Schenning KJ. Potentially Inappropriate Medication Administration Is Associated With Adverse Postoperative Outcomes in Older Surgical Patients: A Retrospective Cohort Study. *Anesth Analg*. 2022 Nov 1;135(5):1048-1056. PMID: [35986676](#). [Article Metrics](#).

#### Non-Peer-Reviewed Publications:

*as of 5/2021, SGIM Forum describes their publication as peer-reviewed, non-medlined publications*

1. **O'Glasser AY**, Schenning KJ. [Comment](#): "In Reply to--Perioperative Cardiovascular Considerations Prior to Elective Noncardiac Surgery in Patients With a History of COVID-19". *JAMA Surgery*.
2. **O'Glasser AY**. [Perioperative Medicine as an Unanticipated Front-Row Seat to the COVID-19 Pandemic](#). SGIM Forum, December 2021.



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## CV–DIGITAL Scholarship Section (Representative Examples)

### Digital Scholarship:

#### Leadership or Production/Editing:

2021 Inaugural editor, [Women in Medicine Summit Blog](#)

2020 The Curbsiders producer and CME content editor

Embedded hyperlinks to primary content

#### Podcast Guest Expert and/or Production/Editing:

##### Podcasts (CME available):

1. Jyang E, Selzer A, O'Glasser AY, Watto MF. [#Perioperative Medicine with Anesthesiologist Dr. Angela Selzer](#). The Curbsiders Internal Medicine Podcast. November 11, 2022.

##### Podcasts (no CME available):

1. O'Glasser AY. Guest discussant. [Digital Education and Health Care with Avital O'Glasser, MD](#). Oncology Overdrive. January 19, 2023.
2. Bloomgarden E, O'Glasser AY. Guest discussant. Explore the Space. [Episode 291 - MedLasso Presents: Ted Lasso, Gender Equity and Leadership](#). August 2022.

Empower the reader with information about impact/effort (ex. CME availability)

#### Blog Posts, Online Newsletters, and Other Electronic Publications or Presentations:

##### Women in Medicine Blog

1. [MedLasso Presents: Ted Lasso, Gender Equity and Leadership](#). March 7, 2023.

1. O'Glasser AY. [What Is Missed When We Rush Back to "Normal"](#)? MedPage Today. August 2022.

2. O'Glasser AY. [WIMS 2021--Why We STILL Need Women in Medicine Conferences in 2021](#). Doximity. October 5, 2021.



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## “And”, not “Or”

**Twitter-based education, representative activity (Complete list available: [AYO Twitter-based education](#))**

**Tweetorials, representative (grouped by subject matter):**

Perioperative Medicine

1. [Surgical risk of COVID](#) (9/10/2021)
2. [Perioperative COVID-19 Vaccination](#) (2/3/2021)
3. [Surgical risk of COVID](#) (5/21/2020)

COVID-19 education and advocacy

1. [Oregon COVID-19 Updates and Trends](#) (6/29/2020)
2. [Resuming Elective Surgeries After the First COVID Surge](#) (5/7/2020)
3. [Perioperative Telehealth Visits as Response to COVID-19](#) (4/24/2020)



Randy M. Cohn, MD, FAAOS

@randymcohn

...

Replies to [@DrAlrahmani](#)

Had one of my tweets cited in an academic journal. Our research librarian suggested adding “alternative metrics” section to my CV.

Citation: Randymcohn. (Available at) [twitter.com/randymcohn/sta...](#)

Date accessed: March 22, 2022. Discussed and cited in Arthroscopy. 2022;38(6):1755-7



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## Give it a Name, Get it a Title

### Example:

- Does your CV have a “service” section?
- Are you doing this work through a committee?
  - *Can you ask for a “communications committee” to be formed?*
- Are you the “lead” for this work?
  - *Can you ask to be titled a “social media ambassador”?*

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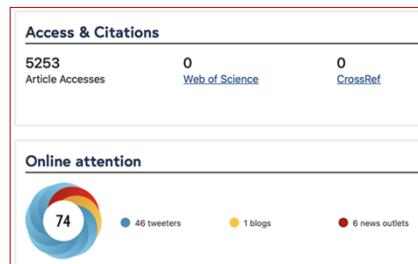
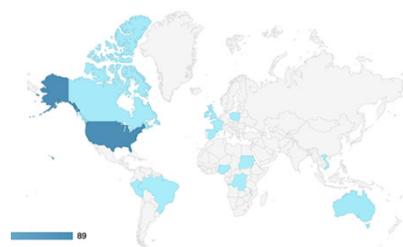


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## TALK ABOUT IT!!

### Example:

- Know your Altmetrics data
  - *this has been cited 26 times in two years and was top ranked for alternative metrics for that journal for the year of publication*
- Maximize your narrative arc (impact, trajectory)
  - *The work I've done has resulted in \_\_\_\_\_*
- Teach your reader
  - *Digital scholarship definition*
  - *Scholarship of Engagement definition*
- Utilize hyperlinks
  - *Representative comments include: "[This is a fantastic thread and should be standard for all trainee programs today](#)"*



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## Be allies, especially in letter writing!

- “Dr. \_\_\_\_ demonstrates a clear trajectory and commitment to her chosen focus areas. I will also note that **nearly half of her peer-reviewed publications were published during the COVID-19 pandemic—a time during which we know women, especially parents, have seen submission rates fall.**”
- “Even though novel dissemination venues such as media appearances and OpEds aren’t traditionally considered through the “currency” of academic medicine, she is **changing the national conversation about what it means to be a physician advocate and content expert.**”
- “While it’s a non-traditional academic subject, **in reviewing the Almetric data**, I note that her publication regarding social media already has 50 citations and is ranked as the most widely disseminated article in that journal in 2021.”



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## Other Advice:

- Keep it current
  - Cloud-based documents
- Save evidence of impact
- “Rainy day folder”

david byron queen @byron\_queen · Jun 13  
the time i accidentally sent a photo of a dog dressed as steve jobs instead of my resume

Appreciate you keeping me in mind!

I've attached my resume in case you'd like to keep it on file.

Thanks again!

All best,  
David

Steve Jobs  
1955-2011

ALT

david byron queen @byron\_queen · Jun 13  
Replying to @byron\_queen  
be careful what you save in your 'jobs' folder



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Let's  
Recap



## Additional Resources

- QR Code for handout



**Thank You !**



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