Making It Count Twice -Finding Scholarship in the Work You are Already Doing Pediatric Grand Rounds-20261009_073003-Meeting Recording

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53m 57s

Calderon, Delia started transcription



Calderon, Delia 0:07

We're ready to go.



Kamat, Deepak M 0:08

Good morning and welcome to Pediatric Grand Rounds. Just a quick reminder that the CME code is in the chat and it does work. We'll keep repeating it every 10-15 minutes. Also, please complete the evaluations at the end of the Grand Rounds, which helps us provide feedback.

to Grand Round speaker. It's my great pleasure to introduce this morning's Grand Round speaker, Dr. Elizabeth Hanson, who is a general pediatrician and medical educator in the Department of Pediatrics at San Antonio in GOR and Teresa. Lozano Long School of Medicine. Doctor Hanson is active in medical education across the continuum, with the focus on preclinical undergraduate medical education, graduate medical education in pediatrics, and faculty development for medical educators.

Her clinical interests include the health impacts of trauma and poverty on children and strategies to prevent and mitigate those impacts to the provision of high quality evidence-based trauma-informed primary care within the medical home. Dr. Hanson has extensive expertise in educational scholarship.

with a particular focus on domains of teaching, curriculum development, and mentoring. Her work in these areas has resulted in peer-reviewed publications, including academic medicine, academic pediatrics, JAMA Network, Open, and BMC Medical Education. Her primary educational roles within the institution include Medical School Curriculum Committee Chair, Module Co-Director for the Molecules of Medicine Course, Associate Program Director for the Pediatric Residency Program, and Chair for the Promotion Tenure Appointments and Mentoring Committee in the

Department of Pediatrics. At the national level, she's active in Academic Pediatric Association.
as a faculty member in the Educational Scholars Program and in the Association of Pediatric Program Directors as Region Co-Chair for the Southwest Region. Dr. Hanson, we are looking forward to your presentation. The floor is yours.



Hanson, Elizabeth R 2:24

All right, thank you very much, Dr. Comet, for that very nice introduction, and welcome everybody this morning. I'm going to be talking about scholarship, and we'll start out kind of broad, and then we're going to hone in a little bit on some specifics that you all could be doing. If you're not already doing to be finding scholarship,
in the work that you do every day. So let me get this show on the road.
So I do not have any disclosures with commercial companies.
All right. Our learning objectives for this morning, we're going to start out by defining the criteria for scholarship. And then we're going to discuss how these criteria can apply to physician and health professional careers with a focus on education, clinical service, and advocacy. We will also touch a little bit on research, although I think scholarship and research is a much more broadly discussed and understood area. So I'll spend
relatively less time on that topic. And then we're going to work a little bit to identify strategies to make scholarly work count, promotion and tenure. I'll also talk a little bit, I know we have some residents and students, about how this might apply at the stage you're at with your applications to residency, fellowship, jobs, and things like that.
I will use Poll Everywhere during this first portion of the presentation. When each slide comes up, it will have a little QR code and the instructions, but I just wanted to briefly go over. If you're not familiar with Poll Everywhere, you can respond by text. If you're going to respond by text,
then this is the number you text to, 37607. And then the message that you text is this, Elizabeth Han 805. And that will help you to join the poll. You can also join online. And so we'll do a little practice poll here. Our first question is going to be whether or not you feel like something you're doing currently qualifies as a scholarship.
Again, if you're joining by text, you send this message to this number. You can also

scan the QR code with your phone and join by web.
Right, good. First success is that the poll is working, which is always, you know, one of the main challenges in teaching. And I'm happy to see that people feel like they are engaged in scholarship. So I'll give a few more seconds here for people to figure out the poll and respond.
All right, so either only one person figured it out or we have a consensus. Oh, okay, good. We have a little bit of a, we have a little bit of variation, which is always helpful. So this is the beginning of the talk and hopefully as we go through and think more about what scholarship can look like, you all will see more of it in your careers. And if you don't feel like you're doing it yet, some opportunities to engage. So I'm going to move on and there will be more opportunities for polling, but hopefully people are getting the hang of the poll.
So in this talk, as I mentioned, we're going to start by just what is scholarship? How do we define scholarship so that we have some shared common language? And then we'll do some physician case studies, again, education, clinical service, and advocacy being the main focus with a little bit of some mini cases in research to think about how for the physician, clinician, scientists, what are some ways that research could look in those careers. And then we'll finish up by talking about how you make sure that what you're doing counts. So either for promotion and tenure, job applications, residency, or fellowship applications.
Okay, so our next, we're going to go on to another polling slide. So again, if you're participating in the polling, be ready. And we're going to, this will be a word cloud, kind of what activities people feel like count as scholarship. So when you think about something that I'm doing is going to count as scholarship, what is the word that comes to mind?
Right, and I'll give you guys a minute or so to respond.
Okay, I'm seeing some different categories like teaching, research as well. Some characteristics like thoughtful, being rigorous, publications is one that also often comes up. I think traditionally we're taught like if it's scholarship, it has to be published in a traditional journal. So that's often something. I like that rigorous is rising because I think there is, and we're going to talk about kind of what does rigor look like in some of these different fields. Speaking, yeah, so speaking at conferences, speaking at workshops can definitely be a form of scholarship.

Thank you guys for engaging with the poll.
So this is a publication that came out in 1990, but it's so often used when talking about scholarship. And that's Boyer's model for scholarship. This came out of a paper called Priorities for the Professoriate. And this was just the focus of this publication was that traditionally a lot of focus had been put around research, or as Boyer called it, the scholarship of discovery, but that there were other very important, equally important aspects of scholarship that took place on university campuses. And those were the scholarship of integration, application, and teaching. So discovery, as many are familiar with, that's kind of when we think of traditional research. So there's a question, we don't know the answer to that question. And so we're trying to build new knowledge. But we can have lots of new knowledge out there and it doesn't, nothing happens to it, right? So what's the next step? and that is an opportunity for scholarship as well. So the next step is really integration. So let's kind of comb through all the published scholarship that's out there and figure out what is the most applicable to my field, to my area. So that could be in a review or putting together a textbook where you're really kind of at a higher level
pulling together that scholarship or collaborating with colleagues. A lot of times interdisciplinary work gets into the scholarship of integration. QI often will, when people are sort of describing where QI is in the scholarship spectrum, it's often attributed to
integration as well as application. So application is then kind of that next step of taking that new knowledge that came from discovery that's been processed through integration and figuring out how to apply it to fix the problems and the issues that we have going on today. So that can include serving an industry,
working with government and nonprofit agencies. You know, many of our colleagues, particularly in child abuse peds, but in other divisions as well, will testify for different government committees. And then, so that's kind of 1 aspect is that sort of advising of higher
higher ups, but also sort of leading in professional roles in society, within your medical society or within the larger community. So that's application. So we have discovery, integration, application, and then teaching, which I also saw pretty big on the word cloud. So I think this is actually a little bit
more familiar to folks than maybe integration or application, but sort of how do you take that theory and new knowledge from research and translate that into teaching?

How do you develop good teaching materials and test them and make sure that they're having the intended effect? So these are sort of the four traditional areas of scholarship.
that came out of the Boyer paper.
Okay, so let's think about, you know, more some of the criteria. We have a project, we're working on something, a lot of us are working on something, maybe all of us. And how do we make sure that that project, whether it's in discovery, integration, application, or teaching, makes the next step?
and become scholarship. So what are sort of the criteria for turning the work you're doing into scholarship? And here we'll have another word cloud poll.
And yes, if you type 2 separate words, it will separate them out, but I can sort of see someone had like a needs evaluation.
Collaboration.
Yes, you have to measure what you're doing, collaborate, communicate, maybe via traditional publications, maybe via other methods.
There should be some results that you're examining.
Right.
You guys are hitting on a lot of the, and some of you may be familiar with these, but one of the other sort of seminal publications that is often discussed in educational scholarship in particular are classics criteria. So this came out in 1997, and these are the criteria for scholarship as described by Classic et al. And so really, it follows the scientific method, but it makes it a little bit more broad, and so you can think of application to other.
other types of scholarship in addition to the scholarship of discovery. So you need to start with clear goals. And this could be in sort of scholarship of discovery, your hypothesis. And then you have your adequate preparation. So often this is doing a literature review, seeing what's already been done in your field.
And then selecting appropriate methods. So this is all part of that sort of when you're starting a scholarly project and you're thinking about what do I need to do, this is kind of the stepwise. And then significant results. So if you're going to put this out into the world, you know, this should be
something significant that others would be interested in learning from as well. And then you need to present that so that people can engage with that. And then there's an element of reflective critique and a cyclical nature to scholarship. So these are kind of the classic criteria for scholarship. And what we're going to do now is kind of

go through some cases where we're looking at
what different physicians may be doing in their work, and how we can apply classics criteria to their career, to their projects, and look for opportunities for scholarship. So I'm going to start with teaching because I think teaching is what I'm most familiar with and a lot of us here are doing in some form. And so this is case study one, the awesome teacher, right? So I think we can all think of many people who may have inspired this case study. So Dr. C is everyone's favorite attending on the awards. She's always prepared with great chalk talks on clinical cases that they encounter and conducts regular bedside teaching rounds with the students. She frequently receives the annual Best Teacher type awards voted on by the students and the residents. And so the question, I won't make you pull on this one, is Dr. C. engaged in scholarship? Right? So she certainly seems to be an amazing teacher. From what we have, do we know if she's engaged in scholarship? So let's look again at those criteria. This is from a different publication from Academic Medicine, where we've taken the Glassix criteria now, and we have
sort of the application to discovery, sort of traditional research. Again, clear goals kind of is the clarity of hypothesis and good questions. When we look at teaching, what does that look like? So in teaching, that's clear and measurable objectives. And so if you ever teach in my course, Molecules to Medicine, or work with me on preparing materials, I'm always very
focused on creating those clear learning objectives, because that is really the first step to making sure that you are engaged in scholarship when you are teaching. And also is very helpful to your learners to make sure that you're preparing the right teaching product. Then there's adequate preparation. So again,
You have your application of discovery here in teaching. This is really making sure also that you are looking at the most up-to-date knowledge so that what you're teaching is the most up-to-date and correct knowledge and that is leveled appropriately for your learner. Appropriate methods. So a lot of us are comfortable giving lectures.
That may not be the appropriate method if you're teaching, the thing you're trying to teach is a skill that requires hands-on practice. So part of scholarship of teaching is really making sure that you are selecting appropriate methods. And this may require some additional literature searching. How are people teaching this? What has been successful to select those methods?
Significant results include both sort of the, are the learners meeting their objectives

and do we have some evidence that the teaching product itself is high quality and that that is the reason why they are meeting their objectives? And then we need to figure out a way to make those results available. And we'll talk about some options for
for teaching and for some of this other work, followed by that reflective critique part to kind of continuously improve. That's part of all forms of scholarship.
So if you are just doing the first three of these, this is what's considered scholarly teaching. So hopefully whenever you teach, you can work on these kind of first three steps. But not everything you're teaching necessarily will you have the time or bandwidth or instance.



Jones, Woodson S 17:29
E.



Hanson, Elizabeth R 17:37
interest in turning into a scholarly project. So if you're setting clear goals and you're preparing and you're selecting appropriate methods for your students, then that's scholarly teaching. To really get to scholarship, though, scholarship involves this sort of engagement with the community piece, that you're measuring your results, that you're putting it out there,
and that you're having some discussion amongst your peers about, you know, kind of what is, how does this move the field forward? What are the next steps in the field? How could we teach this even better?
So we didn't give a lot of details in Dr. C's case, but let's say Dr. C also has, you know, in addition to kind of day-to-day attending on the wards, making sure the patients are taken care of. Maybe she attends in the nursery as well, and she's really interested in teaching the newborn hip exam. So she's decided this is something she wants to make, not just
part of her day-to-day teaching and excellent teaching, but a scholarship, an educational scholarship project.
So clear goals. She needs to think about, you know, what is her MS3 student versus her PD resident need to know about the neonatal hip exam, and then write some learning objectives, possibly separate ones for different levels or with a progression. And this is something that a resident
Didactic faculty have heard a little bit about the sort of idea of having different levels

of objectives for different levels of learners. Adequate preparation. So looking at what has been done to teach this, what resources are available? Are there any published criteria? With the advent of online repositories, you may actually be able to find some of the materials you need
already published, and then you can do the work of integrating and evaluating them in your setting versus the work of kind of creating them to Novo.
And again, make sure you're tailoring to learner level. This is like the biggest complaint that you hear when you're looking at courses and curriculum committee is that things are not leveled appropriately. You know, these big time experts coming in to teach brand new medical students and there can be some mismatch. So making sure that you
are leveling appropriately to your learner and that you're teaching your upper level, your intern, and your MS3 slightly different objectives to meet what they need for their next step.
Appropriate methods. So this is a classic example where probably just a straight up lecture is not the right format. So if you're trying to teach a physical exam, you need to teach a little bit more higher level skill level. And so for the third year,
student, they may not have any idea how to start. So for a student, it could be more of a case-based discussion and talking about kind of what are you looking for? What are the maneuvers? Theoretically, how do they work? For your resident who you're going to certify to go out and practice general pediatrics, you want to know that they're able to do this.
And so really probably you need some sort of demonstration or simulation or observed practice as an appropriate method. Significant results would be looking at whether or not your students and your residents are performing the exams reliably.
And then the tricky part is always figuring out
Was it part of your intervention? And so when you're doing educational research and really trying to suss that out, there's different strategies that I won't get into today. But it's worth consulting with someone to figure out how can I really measure this, set this up from the beginning so that I can measure this.
I will put in a plug for our Academy of Educational Scholars, the AES at the School of Medicine level through Dr. Williams' office does offer a consultation service. And we've had at least one department member take advantage of that. And that can be a good place to kind of bounce your ideas off of a group of people and figure out, like, how might I be able to measure this?

So presentation could be a publication. Publications are getting harder and harder, sort of traditional publications in medical education. A workshop is often a really good way to share a technique. So that would be something to consider for this project and is a way to put that new skip, that new
practice out into the community, get feedback, and share.
OK, figure out what worked, what didn't work, and then we're going to refine the process.
So that's sort of our teaching example. I'm going to go on to the clinical service example. And then after we have our cases, we're going to have a little bit more time to talk about effective presentation and what some of those possible avenues are.
All right, so case two.
is our fearless leader.
So Dr. S is everyone's favorite colleague and service chief. She works with administrators and staff to troubleshoot issues at the clinical service and works tirelessly to ensure the needs of her faculty are met. When she's in clinic, she's diligent and thoughtful and always ensuring that the patients receive the best care she can provide.
So the question here is, is Dr. S engaged in scholarship? And remember again that we have those criteria for scholarship.
So I don't give you all the information of what else she might be doing, but really when we think about scholarship and clinical service, it can be helpful to look back at kind of that scholarship of integration, scholarship of application. So when you're in the, you know, boots on the ground in clinic, you're not usually discovering new information.
But what you're trying to do is to figure out how to interpret which information is most important and apply it to solve the problems in your setting. And so that really gives you an opportunity to engage in scholarship of integration and application.
Classically, we think about QI projects. There are other
examples. So some of y'all are engaged with clinical treatment pathways and clinical practice guidelines. So I know that many in this group have been very involved with, for example, the asthma practice guidelines in the inpatient and outpatient settings.
So that's taken what's already known for researchers in the field of asthma
and figuring out how to use that to solve our problems in our inpatient, outpatient setting for our patients. And so that's a really good example of an activity that takes what you're doing and kind of takes it to that next level of starting to engage in

scholarship. There's also an opportunity to be involved in
the application level by getting involved with organizations. And so I, you know, American Academy of Pediatrics, Academic Pediatric Association, a lot of the subspecialties have their own subspecialty societies. And many of those have committees which offer leadership roles, which can be very helpful.
to work on, you know, what maybe are some consensus guidelines that we could put out at the national level. And again, that's a way to take that sort of clinical expertise and move it into the realm of scholarship.
Keeping in mind as we go to do our, you know, clear steps of clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.
So just some scholarship ideas for Dr. S. Some of you may see yourself a little bit in this scenario. So Dr. S could become the, you know, could join the Division Director SIG, which is a special interest group with the Academic Pediatric Association. Again, similar types of committees exist in the subspecialty organizations. This is just the APA is the one that I'm, one of the ones I'm most familiar with as a member. Could be engaged in an interdisciplinary QI project, as many of us do. Work with our clinical service teams to figure out how to better address the needs of our patients. It seems like Dr. S is already very involved in mentoring.
in her division? Could she get involved in a broader physician wellness and mentoring initiative and help take that interest and passion to the next level? And again, Aap has sections and councils on lots of different clinical areas. And so that's a good way to get involved in leadership at the national level, which often then leads to scholarship as those groups will tend to try and address the big problems that are facing that area.
Okay, so our third case study. This is our committed advocate.
So Dr. R is a tireless patient advocate. Frequently he identifies the needs of his patient in his patient population and applies it to the community at large. After further investigation of these issues, he works with the local chapter of the American Academy of Pediatrics and professionals from a variety of fields to design A targeted approach.
He's written several op-eds, given interviews to the local news station, and even co-authored a bill with a state senator. So is Dr. R. engaged in scholarship is our question.
From all of the presentations, I actually put the most evidence of scholarship into this

one, so we can see where that is in a moment. But again, advocacy is another career area where physicians can engage in the scholarship of integration and application. and really with a little bit more of a focus on application of how do we aid society and the profession in addressing problems that face our patients.
So for Dr. R, the committed advocate, seems to have clear goals. So he's really working to identify sort of what those specific needs are and looking at kind of what's facing the community at large. So that would be one of our criteria for scholarship. We've given a lot of evidence of adequate preparation.
really investigating the issues, working with others in the field through the Aap, and trying to find a targeted approach. So that would be evidence of appropriate methods. The products of advocacy look a little bit different from the products of traditional research.
But media interviews, op-eds, engaging with the community, not just the community of academicians, but all folks in the community, is one of the significant results of community and advocacy work. So it definitely has some evidence of significant results here.
And so really just then, what about those last two criteria? Like how do we ensure effective presentation and reflective critique to make sure that this scholarly work is shared and contributes to the general body of knowledge?
So what are some of those opportunities for effective presentation? And again, these apply across the different scholarship areas. So workshops is 1. Many of the national meetings will have workshops. The point of workshops is really to disseminate a technique or an approach to a problem. And it can be helpful to bring
people from different institutions together who are all approaching it. And it shares that with the community of people who are all doing this work. And it gives some opportunity within it for reflective critique and sharing of ideas and sort of going home with a way to refine what you're doing. Abstracts,
Whether that results in a poster presentation or a platform presentation is another really good way of disseminating your work in these areas. And that often will there'll be some discussion around the abstract and can lead to future collaborations. There are online repositories. This is if you're creating like really
a product that can be shared. So if you're creating a curriculum with your own sort of new curricular products, like you've made videos or tools or worksheets or slide decks, these can be shared on online repositories. And the most prominent one is Med Ed Portal. It has gotten a little bit harder.

They've gotten more rigorous in their selection criteria, but they offer a consultation service as well. If you go on their website for people who intend to submit, you can consult with very experienced reviewers and submitters to get what you're working on into the shape that they want it in, and that will really increase your likelihood of getting
accepted there. And then of course, there's the more traditional publication route, which has sort of your typical research reports and there are education research reports. It's like rigorous educational research. There's also other types of publications that can go out in traditional journals that can be a way to disseminate. So they may offer something that's a little bit more abbreviated, like an educational innovation report or a QI innovation report. There may be the opportunity to publish a review, either a systematic or a scoping review. You may be able to publish clinical practice guidelines. Certainly, the Aap will publish there.
consensus guidelines in their journal Pediatrics. And that's where being on those Aap section of Council of Committees is really important because that helps you get a seat at the table and be part of that process.
Okay, so this is a little bit of self-promotion, so I should put in a disclosure. This is a paper that I wrote with two colleagues, my mentee and another junior colleague from the Educational Scholars Program. And we published this this year in Academic Pediatrics. And it's really like a how-to guide.
for writing educational innovation reports. So I just wanted to share this as a resource. And we've taken Glassics criteria and set, you know, as you're writing your paper, make sure you're answering these questions. And so I just put that in there as a resource for folks, and I'm happy to help anyone who's working on this to try and create some shared language around
What should that report contain to make sure that it is sort of the full picture of educational scholarship?
Right. And last but not least, just a couple of research mini cases. We don't want to ignore the researchers in the room. We know we have many of you who are involved in research. For most faculty in our division, it's not your primary area, although there are some primary research faculty.
So these are just a couple of cases of what research might look like if you have your, maybe your overall career is more clinical service focused or more teaching focused, but there, you know, what are some opportunities for more traditional forms of research? So Dr. K, Dr. K is the director of a multidisciplinary clinic or center.

for her clinical area of expertise. So how might Dr. K get involved in research? And these examples come from the work that I've seen many of you doing. So by joining a research or clinical care collaborative for your area of expertise, this often provides lots of different opportunities for research.
You can be a site PI in a multicenter trial, whether that's QI, clinical, or translational. participating in a study team to develop national practice guidelines. And there are some sort of formal ways that this can go, this can happen. So those are opportunities for research that sort of align with a clinical leadership type career. For if you're more involved in the education side, perhaps you're a training program director or assistant or associate program director,
There are also research collaboratives available through, for example, the APPD, which is our Pediatric Program Director Group. Other program director groups have research collaboratives. You can, as some of the folks on this call, serve as a site PI for a multi-site educational project. Many of you guys are engaged with Simpl right now for our residents.
That is a multi-site educational project from the American Board of Pediatrics that we've been able to be a part of. And by joining that, we've been able to participate in the study team. There's also consensus guidelines in education. So what are the key learning objectives in this subject area?
And there may be groups getting together. Again, kind of going back to joining some of those committees at your society will help you hear about these and be a part of these teams when they happen. And so these would be things like Delphi studies.
Okay.
So now that we've kind of covered the basics of scholarship and shown some examples of how scholarship might be applied in different types of physician or health professional careers, let's talk a little bit about how we make sure that you get credit for what you do. And so some people call this making it count twice because you're obviously you're doing the work.
because it needs to be done. How do we make sure to also get that credit for scholarship, for promotion, for your next application? And so with everything, you know, the key first step here is begin with the end in mind. So what is your next step? Is it applying to residency?
So then you need to think about what goes on my ARIS application. Is it applying to fellowship? Talk to your fellowship mentors and, you know, ask what are the things

that those fellowship directors are going to be looking for in my application. If you're a faculty member, we have the promotion and tenure criteria and I put a link at the end to the Office for Faculty SharePoint site.
And I have an example here on our slide, very helpful, has all the criteria, has examples, have a little checklist that you can use. And so keeping that in mind as you're getting started can be very helpful. When you first join faculty, you may say yes to lots of things.
And that's okay initially. But you can't keep saying yes to everything indiscriminately, or you'll just end up with, you know, burnt out with a mess of a CV that has no focus and kind of not knowing where your next step is. So as you start to hone in on what your areas of interest are, look at those criteria.
Think about what you're passionate about and use that to kind of guide the next steps and the choices you make. Then when you do things, make sure you're keeping track of it. So we're really bad at updating our CVs. I can tell you when I ask people when they want to meet with me about promotion to update the CV, it's always like, oh yeah.
Let me go do that. So try and keep it updated as you go, even if it's not as pretty as you want it to be. You can also keep what are called portfolios, and this can be helpful, especially if you're getting started in educational or advocacy work. They're a lot more detailed, but they can kind of give you, clue you in.
to the things that you might want to be keeping track of that you can put in the descriptive section of your CV that are going to really highlight how what you're doing is not just good work, but is scholarly. And then there's a paper I'll share with you as a resource called Q2 Engage, which I think is kind of a helpful sort of shorthand for thinking about what kind of details you want to keep track of the different activities you're doing.
And then check in regularly. So this could be with your division chief or your program director, if you're a trainee, your advisors and your mentors. If you're a faculty, then of course I'm available to you as the P-TECH chair and Dr. Mustafa as the co-chair. And you know, the ideal is that you do this all proactively. So when you're having your annual meeting,
with your division chief and your faculty mentor that you're thinking about, you know, what are my next steps? Where am I? You know, what have I done? What am I interested in? What should I do next to kind of continue building that evidence for promotion? Sometimes this happens retrospectively, which is okay, we can work with

that.
But again, try to begin with the end in mind.
So this is just an example of what promotion criteria look like. I think I didn't really look at this until I was like, I think I want to go for a promotion. So hopefully you'll do it sooner. But if you go on the Office for Faculty SharePoint site, this is a screenshot from their website. It did recently update, but I believe this is from the updated. version. If not, it may look slightly different. And you can open up the criteria depending on your track, and you can open up the one that says with evidence, and it gives you like a little checklist. And so you can use this as an audit of your CV and as a sort of proactively kind of choosing what I want to focus on. If I'm deciding between 2 opportunities,
and one is really fitting with the criteria and will give me some evidence, you know, that can be a helpful tool.
So here's some examples of portfolios, which is another way that you can be documenting your scholarship. The educational scholarship program, which I'm a graduate and faculty, so I guess that is a disclosure, has an educator portfolio template. This was something I found really helpful when I was starting my career with educational scholarship.
As I've gotten farther along, I don't necessarily keep this document updated, but I use the sort of details and the things I learned about documenting in it to keep my LSOM CV updated with the kinds of details and information that really show the scholarship of the work I'm doing in each activity.
So I think it is a good developmental tool. Some institutions, if you end up, you know, for our Residents and fellows, if you end up at a different institution, some require you to keep an institutional educator portfolio. There is also an advocacy portfolio. This is a newer publication. This can be found
on the Community Pediatrics Training Initiative, CPTI website of the American Academy of Pediatrics. And this is a way to keep track of the types of products that are kind of the significant results in advocacy. So did you give policy testimony? Did you engage with the media? Did you put out an op-ed?
You know, where was it published? What is the readership? And so that is a very helpful tool so that when you're then putting together your promotion packet and trying to, or if you're a fellow or a resident applying to that faculty position, you can use this to kind of show the impact of the work you've done.
This is the key to engage paper I mentioned. I just find this to be a helpful sort of

shorthand when I'm, you know, adding a new entry to my CV. And I want to make sure that I'm including key details. So it's quantity, quality, and engagement with the community. So quantity includes
How long? How many learners? How many times you've given it? Quality is, do you have student evaluations? Can you quickly summarize those? Did you get any peer feedback or peer evaluations? Or have you been asked back every single year? That's an evidence of quality. And then engagement. So both how...
How did you reach out into the community to create this activity in a scholarly way? And then how did you put back out? So if you, you know, if you did a literature search and you brought in interdisciplinary experts to help you create it, put that in there. And then if you published or presented, you could put that in the entry as well. And you kind of use this to
to sort of summarize the different activities that you're doing.
All right. And so just some examples from the Dr. R case on advocacy, how he might document some of this in his CV. So at the practice level, describing what his practice looks like, what is the payer mix? What are the
social needs of the patients he's seeing? And then what are the outcomes? So maybe in this really high social needs patient population, I got these really excellent patient outcomes. That would be good quantity and quality evidence to document that kind of shows some of that scholarliness to his clinical work.
And then engagement. So drawing from guidelines and interdisciplinary models, and then how you then put back out. Are you part of a practice collaborative? Do you help set guidelines and best practices in your field? At the systems level, this could include things like committee roles. Are you a leader of a committee?
How many hours, what types of activities does your committee participate in? And then, you know, what are those products? Are you testifying to legislators? Are you receiving awards?
engagement, are you using the best practices in that area? And then are you putting out into the community in some way?
All right, so in the final little time before questions, we have our final poll.
So take a moment and reflect on the things that you are currently doing in your day-to-day work. And then is there something that you're doing that you kind of are doing anyway that you have an interest in developing further into an opportunity for scholarship? Maybe something that you haven't yet taken past the scholarly teaching or the scholarly clinical work,

into the realm of scholarship, but you would like to do that. How might you apply Glassics criteria? That's that clear goals, adequate preparation to what you've already done. And based on where you are, kind of what's your next step? So I'm going to have you kind of think about this. And then just to kind of get that commitment, I'm just going to have you put your next step in the poll. And hopefully that will spur you on to some additional scholarly work.
So I'll give you a moment. This is a bigger ask.
Go ahead and open up the poll in case anybody is ready.
Right, and that's a timely one. This is kind of workshop and abstract season. PAS workshops already closed, but some of the other meetings, APPD is still open. Shine maybe is due like in four days, but you have a little time.
Ohh.
Yes, update your CV. Always a good answer.
Oh.
You know, in terms of collaboration, certainly networking with your faculty, mentor, advisor can be helpful if you don't know someone who's doing the kind of work you're doing. And again, it's always, you know, joining those society committees. At the beginning, you might just be a quiet participant.
as you start to get to know the work of the committee and get involved more, then you get asked to do, you get asked to join in different leadership roles. And that's definitely a really good way to form that collaboration if you don't already have a connection in that area. When I was early in my career and I knew I was interested in advocacy and community Pediatrics, the academic
Pediatric Association started a task force for child poverty. And so I thought, well, I don't really know any of these people or all that much about, you know, this topic other than how it affects my own patient population, but I'm going to join. And that became one of my more fruitful scholarly activities because I was able to not only have some publications out of that work,
but form a network of colleagues that are still people I ask for letters, people I reach out to to collaborate on projects. And so really, those kinds of committees, task force can be a really good way to get engaged with this as kind of a first step.
I'll let people continue to reflect quietly. I know not everyone may want to share their next step. And then here's just a few more resources that I have for you. So the Academic Pediatric Association has a number of career development programs. They have one for QI, for health

Policy for education, and again, there's other organizations that likely have other good programs, but these are the ones I'm most familiar with. There's the links for the two portfolio templates that I shared, and then the Office for Faculty SharePoint site, which has both the promotion criteria.
and the LSOM CV template with examples. So that's a really good starting place if you're starting to think about updating your CV, looking at promotion. And that, I believe, is my last slide. So that is all I have for you. I will leave the resources up or I can unshare so we can go to questions.



Kamat, Deepak M 48:06
Thank you, Dr. Hanson, for that wonderful presentation of educational scholarship. Let's see if anybody has any questions or comments for you.



Williams, Janet F (Dr.) 48:06
UH.



Kamat, Deepak M 48:19
You can put them in the chat, or you can, Doctor, Doctor Williams, yeah, Doctor Williams, yes.



Hanson, Elizabeth R 48:22
I see Dr. Williams has her hand up, so I'd love to hear from her.



Williams, Janet F (Dr.) 48:26
Liz, thank you so much for that very thoughtful and just wonderful presentation to help people think through what they're already doing and how to express it. I have a couple comments. Sometimes it's daunting to think about
of national involvement. And gee, you know, I'm not trying for tenure. I'm just, you know, want to do what I do really well, although I'm not opposed to documenting scholarship. And one thing that's right at home here that could be a connection to a national
is the Texas Pediatric Society. They have phenomenal advocacy, if that's an interest here, right at home in Texas, where we need all kinds of advocacy for kids. They have fantastic committees. You start getting colleagues all across, in academics and in the community,

all across the state. And that could lead to national involvement because it is, it actually predates the American Academy of Pediatrics, but the entire state of Texas is a chapter. So it's very powerful in the American Academy of Pediatrics. So
I don't want people to forget that because it's much easier to do things kind of locally before you decide you want to do something globally.
Then I wanted to mention just your beautiful presentation of scholarship and a lot of times I think of there are lots of P words and I say you need to have a product or outcome of what you're doing. You have to have proof, right?
And when you're doing something like a committee, it's not just presence of, it's documentable participation. So like you said, a policy, a product, a publication, a presentation, lots of P words. And if you
spell it German way, funding with a PF is a P word. So thank you so much for putting this in a very clear framework for people to look at the evidence promotion and tenure guidelines and use them backwards.
Use them backwards. Say, I don't have anything in this area. What would I, what is it I'm already doing that I could show proof, a product, an outcome to put into that area of my CV? So anyway, thank you, thank you, thank you.



Hanson, Elizabeth R 51:12
Yeah.
Oh, you're welcome. And thank you for bringing up Tps. I should have put that on there because I know they have a number of really great committees and several of our faculty are very involved in Tps. It has been a really good source of collaboration and scholarship.



Kamat, Deepak M 51:29
Other questions, comments for Doctor Hanson?
The Gong.



Gong, Alice K 51:35
Oh, I just thank you, Liz. That was wonderful. Tps also allows you to join the committees virtually. So if having to travel is difficult for you, the committees, you can still engage in the committee work and do a lot of things through those committee.
It just takes bringing it up as an issue in the committee, and then the committee talks

about it, and then they come up with ways to help you address those. And I've seen that many times. So I would encourage everyone to get involved. It's not as difficult as trying to get to a national meeting, which I just gotten back from the Aap meeting in San Diego.
It's very expensive and difficult to do that, whereas Texas Pediatric Society is down, you know, it's not that far away, and they try to make it so that everyone can be involved.


Hanson, Elizabeth R 52:38
Yep, and then, you know...


Kamat, Deepak M 52:38
Other questions, comment, yeah.
Good.


Hanson, Elizabeth R 52:40
No.
The only more accessible.


Kamat, Deepak M 52:52
Yeah, we cannot hear you, yeah.


Hanson, Elizabeth R 52:53
My wi-fi got funny, so I just turned off my video, but...
I just mentioned that concept is another opportunity if you're involved in teaching students.


Kamat, Deepak M 53:12
Any other questions, comments for Dr. Hanson?


Hanson, Elizabeth R 53:25
Thanks everybody. I'm sorry my wife I decided to fail here at the end, but I turned off the video. I think it's better.


Kamat, Deepak M 53:27

Okay.

Thank you, Dr. Hanson. Thank you everybody for attending this morning's Grand Round. I'm going to conclude. Have a wonderful weekend. We'll see you next Friday.

Thank you.

Thank you.

Calderon, Delia stopped transcription