

# Disrupting the Definition of Scholarship: Advancing Your Career with Non-Traditional Scholarship

Mara L. Becker, MD, MSCE  
Pilar Ortega, MD, MGM  
Teresa M. Chan, MD, MHPE, MBA  
Kimberly Manning, MD  
February 7, 2024

# Presenters



Mara L. Becker, MD, MSCE (*moderator*)  
Professor of Pediatrics  
Vice Dean for Faculty  
Duke University School of Medicine



Teresa Chan, MD, MHPE, MBA  
Clinical Associate Professor  
Founding Dean, Toronto Metropolitan University  
School of Medicine  
Associate Professor (Clinical / Part-time)  
McMaster University,  
DeGroot School of Medicine



Pilar Ortega, MD, MGM  
Vice President, Diversity, Equity, and Inclusion  
Accreditation Council for Graduate Medical  
Education  
Clinical Associate Professor, Departments of  
Emergency Medicine and Medical Education  
University of Illinois College of Medicine



Kimberly Manning, MD  
Professor of Medicine  
Vice Chair of Diversity, Equity, and Inclusion  
Department of Medicine  
Emory University School of Medicine

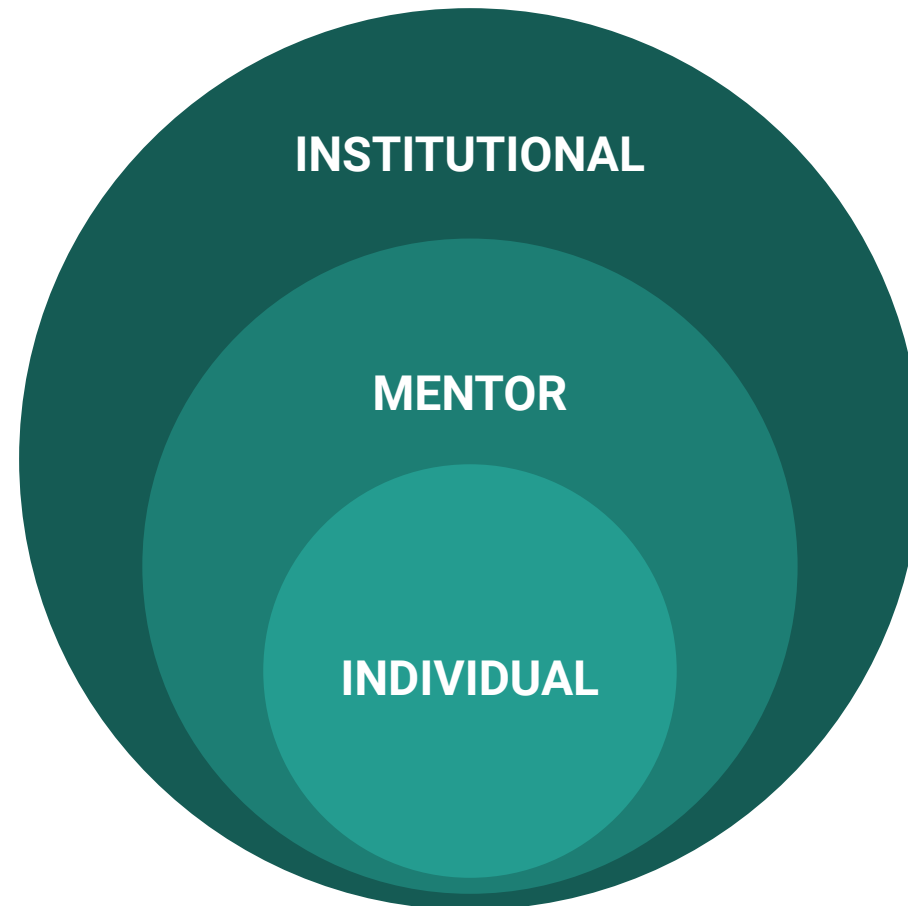


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# Agenda for Today's Session

- Overview of why this topic is important – now more than ever
- Panelist presentations with examples from their own careers
  - Pilar Ortega, MD, MGM
  - Teresa Chan, MD, MHPE, MBA
  - Kimberly Manning, MD
- Q&A

# What is the lens that you bring today?

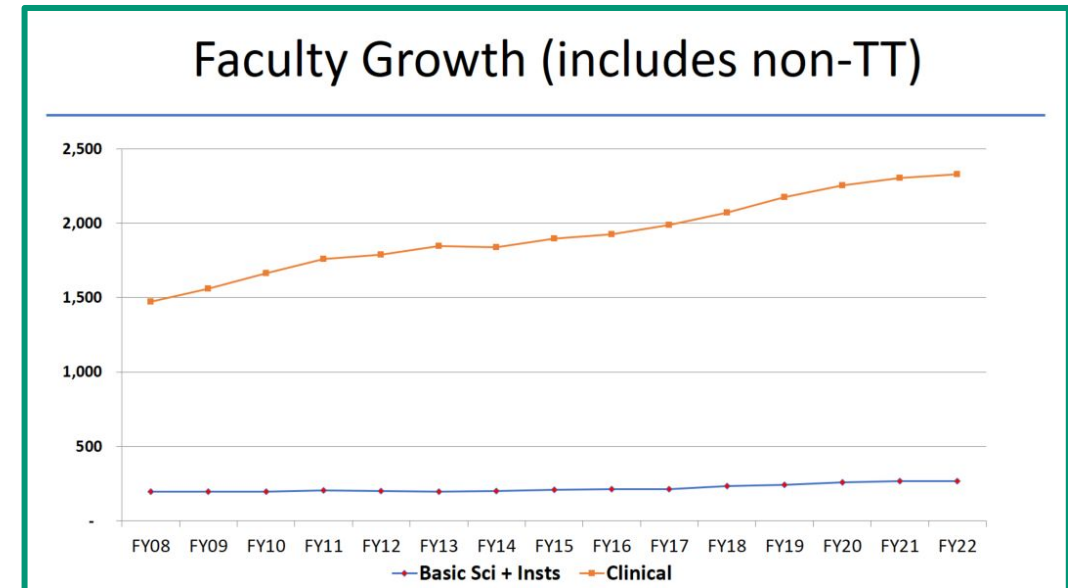


# Promotion and Tenure in Academic Medical Centers

- Relatively recent phenomenon
- However physician faculty have **fundamentally different jobs**
  - Wrt craft (patient care)--without peers within larger university system
  - Sets up a “**dual identity**”
  - Tenure does not afford “protection,” still required to keep salaries “whole”
- **Example**

# Changing Physician Phenotype in AMCs

- Narrowing operating margins and declining federal research \$\$ forcing AMCs to restructure operating models to align with goals of their affiliated hospital system
- Compositional changes in AMC physician faculty → shifting priorities
  - Physicians with higher clinical load
  - “Physician executives” – operations, innovation, strategy



# Broadening academic interests

## Doing the Work—or Not: The Promise and Limitations of Diversity, Equity, and Inclusion in US Medical Schools and Academic Medical Centers

Caitlin Jade Esparza<sup>1\*</sup>, Mark Simon<sup>2</sup>, Eraka Bath<sup>3</sup> and Michelle Ko<sup>4</sup>

## Advocacy in Pediatric Academia

### Charting a Path Forward

Abby L. Nerlinger, MD, MPH<sup>a,\*</sup>, Debra L. Best, MD<sup>a</sup>, Anita N. Shah, DO, MPH<sup>b,c</sup>



## Frequency of Social Media and Digital Scholarship Keywords in U.S. Medical Schools' Promotion and Tenure Guidelines

Graciela Maldonado, MD, MS-BATS, Jonathan Smart, MD, Warren Wiechmann, MD, MBA, Sherrie H. Kaplan, PhD, MS, MPH, John Billimek, PhD, Alisa Wray, MD, MAEd, Shannon Toohey, MD, MAEd, and Megan Boysen-Osborn, MD, MHPE

JGIM

### PERSPECTIVE



## Documenting Quality Improvement and Patient Safety Efforts: The Quality Portfolio. A Statement from the Academic Hospitalist Taskforce

Benjamin B. Taylor, MD, MPH<sup>1</sup>, Vikas Parekh, MD<sup>2</sup>, Carlos A. Estrada, MD, MS<sup>1</sup>, Anneliese Schleyer, MD, MHA<sup>3</sup>, and Bradley Sharpe, MD<sup>4</sup>

<sup>1</sup>University of Alabama at Birmingham and Birmingham Veterans Affairs Quality Scholars Program, Birmingham, AL, USA; <sup>2</sup>University of

*Journal of Clinical and Translational Science*

[www.cambridge.org/cts](http://www.cambridge.org/cts)

### Implementation, Policy and Community Engagement Brief Report

## Team science criteria and processes for promotion and tenure of Health Science University Faculty

John R. Meurer<sup>1</sup>, Jan Fertig<sup>2</sup>, Orsolya Garrison<sup>3</sup> and Reza Shaker<sup>3</sup>

<sup>1</sup>Institute for Health & Equity, Medical College of Wisconsin (MCW), Milwaukee, WI, USA; <sup>2</sup>Humanities, Social Science and Communication Department, Milwaukee School of Engineering, Milwaukee, WI, USA and <sup>3</sup>Clinical and Translational Science Institute of Southeast Wisconsin, Milwaukee, WI, USA

2023, Volume 55, Issue 8, 541-543, e-ISSN 1938-3800

### BRIEF REPORT

## Scholarship Criteria for Promotion in the Age of Diverse Faculty Roles and Digital Media

Margaret R. Helton, MD; Donald E. Pathman, MD, MPH

Family  
Medicine



# Our P&T processes need to step up and keep up!



# Example: Duke SOM Promotion Guidelines

## Discovery

–Original research and investigation

## Integration

–Interpreting use of new knowledge across disciplines

## Application

–Aid society and professions in addressing problems

## Teaching

–Studying the process of education

### **Ex: Integration:**

–translating research discoveries – e.g., review articles, guidelines development, explaining meaning to the field, addressing implications

### **Ex: Application:**

–service, engagement, QI, advocacy – e.g., identifying problems and implications, implementing solutions (and assessment thereof), policy / position statements

### **Ex: Teaching:**

–creating a new curriculum and evaluating its effectiveness

# In addition to the usual forms of scholarship...

- Clinical guidelines (local to national)
- QI projects (local to national)
- Community partnerships
- Educational curricula or tools (with evaluation)
- Advocacy (e.g., impacting regulation / legislation)
- Positions and policies (local to national)
- Social media, other digital platforms
- Clinical informatics improving the EHR

***All must have demonstrable impact***



- **Advocacy Scholarship Framework**
- **Digital Scholarship Framework**
- **Justice, Equity, Diversity, Anti-racism, and Inclusion (JEDAI) Scholarship Framework**
- **Team Science Scholarship Framework**

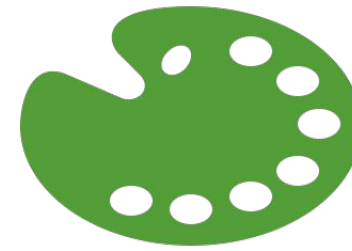
<https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty-3>

# Panelist Presentations

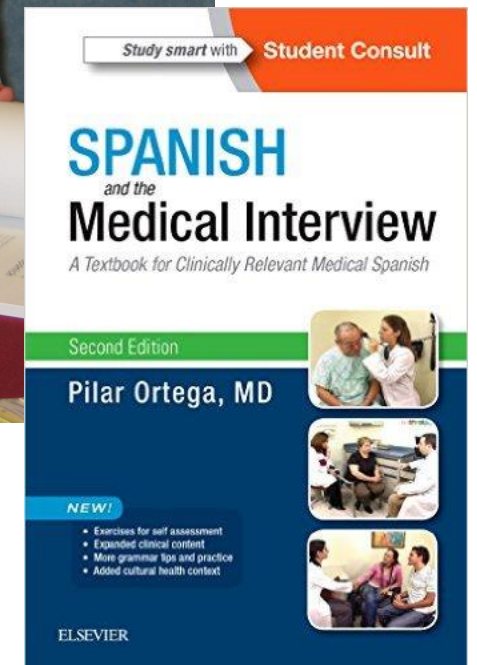
# Pilar Ortega: My nontraditional scholarship



**Content:** Non-English languages



**Format:** Graphic medicine



# Scholarly work about/in non-English languages

Involves rigorous scientific approach AND  
substantial linguistic expertise/collaboration

# Non-English languages

## Medical Spanish in US Medical Schools: a National Survey to Examine Existing Programs

Pilar Ortega, MD<sup>1,2</sup>, Nicolás O. Francone, BS<sup>3</sup>, María Paola Santos, BS<sup>4</sup>, Jorge A. Girotti, PhD, MHA<sup>1</sup>, Tiffany M. Shin, MD<sup>5</sup>, Nielutar Varjavand, MD<sup>6</sup>, and Yoon Soo Park, PhD<sup>7</sup>

MedEdPORTAL<sup>®</sup> | The AAMC Journal of Teaching and Learning Resources

Original Publication

Open Access

## Medical Spanish Musculoskeletal and Dermatologic Educational Module

Pilar Ortega, MD\*, Itzel López-Hinojosa, Yoon Soo Park, PhD, Jorge A. Girotti, PhD, MHA

\*Corresponding author: portega1@uic.edu



ELSEVIER

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: [www.journals.elsevier.com/patient-education-and-counseling](http://www.journals.elsevier.com/patient-education-and-counseling)



Spanish medical jargon: A new metric for improving patient-centered communication with Spanish-speaking patients

Pilar Ortega<sup>a,b,c,d</sup>, Rafael Cisneros<sup>e</sup>, Yoon Soo Park<sup>a</sup>

## Validity Evidence for the Physician Oral Language Observation Matrix as a Measure of Medical Spanish Proficiency

Pilar Ortega, MD, MGM<sup>1,2</sup>, Steven E. Gregorich, PhD<sup>3</sup>, Leah Karliner, MD, MAS<sup>4</sup>, Javier González, MFA<sup>5</sup>, Cristina Pérez-Cordón, PhD<sup>6</sup>, Reniell X. Iñiguez, MD<sup>7</sup>, Karen Izquierdo, MD<sup>8</sup> and Lisa C. Diamond, MD, MPH<sup>9</sup>





## Language-Appropriate Health Care

Language is the principal tool that clinicians use in providing healthcare. Populations with non-English language preferences are more likely to experience health inequities outcomes compared to English-speaking patients. Additionally, the standard use of language in healthcare communication may be ineffective for patients with sensory or cognitive impairments. *MedEdPORTAL* invites submissions with a focus on equitable language-appropriate healthcare and medical language education.

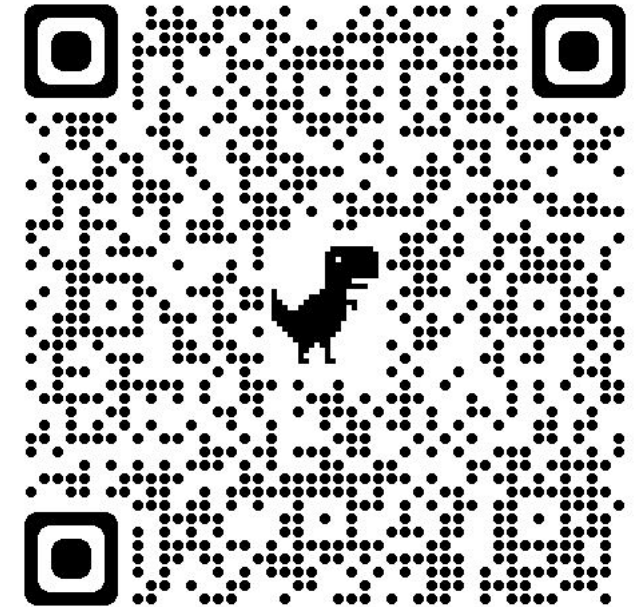
# MedEdPORTAL Call for Submissions: Language-Appropriate Healthcare and Medical Language Education

<https://www.mededportal.org/language>



## New Collection of Articles on Language Equity in Medical Education

ON [SEPTEMBER 8, 2023](#) / BY [AMROUNDS](#)



# Graphic medicine

“The interaction between the medium of comics and the discourse of healthcare” – Dr. Ian Williams

Using a non-traditional format (visual arts) to communicate medical or scientific content

EDUCATION

## Spanish Adaptation and Evaluation of Clinical Discussion Guides: Communicating the External Beam Radiotherapy Experience (CEBRE) en Español

Santiago Avila, BA,<sup>\*</sup> Idalid Franco, MD, MPH,<sup>†</sup> Celyn Bregio, BA,<sup>\*</sup> Alicia Haydon, BA,<sup>†</sup> John Paul M. Macayan, BS,<sup>‡</sup> Michael K. Rooney, MD,<sup>§</sup> Tomoko Ichikawa, MS,<sup>||</sup> Daniel W. Golden, MD, MHPE,<sup>¶</sup> and Pilar Ortega, MD, MGM,<sup>##</sup>



Es importante que avise si no puede mantener la posición. El objetivo es que esté relajado en esa posición. Será difícil relajarse si está incómodo.

Cada persona tiene una posición diferente.



## Medical Spanish Graphic Activity: A MeGA Deliberate Practice Approach to Reducing Jargon Use With Spanish-Speaking Acute Care Patients

Pilar Ortega, MD, MGM, Rafael Cisneros, MD, Yoon Soo Park, PhD


[https://doi.org/10.15766/mep\\_2374-8265.11377](https://doi.org/10.15766/mep_2374-8265.11377)



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<https://dl.acgme.org/pages/equity-matters>



### Video Library

The Equity Matters Video Library houses all the individual components of the Equity Matters curriculum and is accessible to anyone in the medical education community. No CME credit is provided for completion of the library's resources. To ensure a safe environment, it is recommended that organizations using these videos show them under the proper guidance of a trained facilitator for large viewings.



### CME Learning Path

The Equity Matters CME Learning Path is a structured, self-paced educational experience designed for individuals that want to move toward meaningful change in addressing issues related to diversity, equity and inclusion while being cognizant of the impact on the audience.

**ELECTIVE**


### Equity Matters - Module 1

Course

2.25 AMA PRA Category 1 Credits™

- Trauma-Responsive Cultures Part 1 (35 mins)
- Trauma-Responsive Cultures Part 2 (45 mins)
- The History of Race in Medicine: From Enlightenment to Flexner (32 mins)
- The New History of the Intersection of Race in Medicine: Fast Forward to 2021 (24 mins)

[Continue](#)



# *Language Equity Toolkit*

## *Coming soon!*

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### **Within the toolkit, learners will:**

- **Define language equity** and explain its impact on health care and medical education
- **Apply tools** to assess clinician and learner **language proficiency** and determine when and how to safely use non-English languages in patient care
- **Partner effectively** with qualified medical interpreters

# ACADEMIC MEDICINE



March 2022  
Volume 97  
Number 3

Journal of the Association of American Medical Colleges

## In This Issue

- Deaf Physicians and Patients
- Learners With Disabilities
- Well-Being
- Women in Medicine
- Diversity, Equity, and Inclusion
- Mentoring





# Games, Playing the long game, and being a Game Changer

Teresa Chan

# Serious Games



Received: 26 August 2020 | Revised: 2 January 2021 | Accepted: 11 January 2021  
DOI: 10.1002/je12.10576

**BRIEF CONTRIBUTION**

## Using Observation to Determine Teaching Moments Within a Serious Game: A GridlockED as Medical Education (GAME2) Study

Gurmun Brar, BMSc, MD Candidate<sup>1</sup>, Sam Lambert, BBA, MD Candidate<sup>2</sup>, Simon Huang, MSc, MD<sup>3</sup>, Rebecca Dang, BSc, MSc Candidate<sup>4</sup>, and Teresa M. Chan, MD FRCP, MHPE, DRCPC<sup>5</sup>, and

**ABSTRACT**  
Background: The use of serious games as an educational tool may be an effective strategy to improve knowledge and skill among health care trainees. GridlockED is a serious board game designed to simulate a shift in the emergency department (ED) that incorporates concepts such as prioritization in a multipatient environment and stewardship of finite resources. Serious games can present concepts to learners that are not easily accessible through other teaching methods. GridlockED was designed to demonstrate the principles behind ED flow and how to prioritize in a complex multipatient environment. The objective of this study was to identify teaching points to which learners are exposed while playing the GridlockED game.

**Methods:** We conducted a prospective, observational study from May to August 2017. Practicing emergency physicians, residents, and nurses were recruited as participants to play GridlockED. Participants were instructed on how to play the game and then engaged in playing GridlockED during which their gameplay was video recorded. The videos of the play sessions were qualitatively analyzed using an interpretive description technique. All teaching points explicitly stated by players or implicitly observed by researchers were recorded.

**Results:** Teaching points were identified in the GridlockED play sessions centered around the concepts of patient prioritization and staff placement. Major themes present in gameplay, as well as deviations from reality and frequent misconceptions about emergency care, were also identified.

**Conclusions:** Observations of experienced ED practitioners reveal that the GridlockED board game creates opportunities for engaging medical learners in systems-level teaching. Our findings will help create the next generation of emergency medicine educators.

**Keywords:** Emergency medicine, medical education, serious games, simulation, systems-level teaching

**Correspondence:** Teresa M. Chan, MD, FRCP, MHPE, 237 Barton St E, McMaster Clinics Room 255, Hamilton General Hospital, Hamilton, ON L8L 2K2, Canada. Email: teresa.chan@medportal.ca

**Supervising Editor:** Susan Farrell

**Abstract Objective:** Investigate teaching moments within a serious game.

**Abstract Methods:** Prospective, observational study.

**Abstract Results:** Teaching points were identified in the GridlockED play sessions centered around the concepts of patient prioritization and staff placement.

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Simulation & Gaming  
2020, Vol. 51(3) 365-377  
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DOI: 10.1177/104878120904125  
journals.sagepub.com/home/sim

**ORIGINAL CONTRIBUTION**

## Feeling the flow with a serious game workshop: GridlockED as Medical Education 2 study (GAME2 study)

Stephen J. Hale MD<sup>1</sup> | Sonja Wakeling MD<sup>2</sup> | Anuja Bhalaria MD<sup>3</sup> |  
Jananati Balakumar<sup>4</sup> | Simon Huang MSc, MD<sup>4</sup> |  
Shawn Mondoux MD, FRCP, MSc<sup>5,6</sup> | J. Bruce Blain MSt, LLB, MEd<sup>7</sup>  
Teresa M. Chan MD, FRCP, MHPE<sup>9,10,11</sup>

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**Abstract Keywords:** Emergency medicine, medical education, serious games, simulation, systems-level teaching

**Abstract Introduction:** As serious games are a relatively new phenomenon in medical education, there is little data on end user demographics or usage. In this study our goal was to describe the demographics and usage for purchasers of a systems GridlockED board game, a serious board game for teaching about a systems approach to managing care in the emergency department.

**Abstract Methods:** We conducted a two-phase survey of individuals interested in purchasing GridlockED. Users were asked to complete a brief demographic survey before accessing the purchasing site. A follow-up survey was performed 3-6 months after the initial survey. That survey was to assess participants' usage, play patterns, and what changes to GridlockED they would like to see. Individuals who did not purchase the board game were asked about their barriers to purchase.

**Abstract Results:** After one year of sales, 213 games were purchased, 560 individuals had completed the intake survey with 408 consented to follow-up. Responding purchasers were from 16 different roles in healthcare in 11 countries. Our survey yielded 53 responses (out of 408 individuals, 14% response rate) from 53 respondents (consort of 408 individuals, 14% response rate) who did not purchase the board game were asked about their barriers to purchase.

**Abstract Conclusions:** GridlockED is a serious board game designed to simulate a shift in the emergency department (ED) that incorporates concepts such as prioritization in a multipatient environment and stewardship of finite resources. Serious games can present concepts to learners that are not easily accessible through other teaching methods. GridlockED was designed to demonstrate the principles behind ED flow and how to prioritize in a complex multipatient environment. The objective of this study was to identify teaching points to which learners are exposed while playing the GridlockED game.

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**Abstract Correspondence:** Teresa M. Chan, MD, FRCP, MHPE, 237 Barton St E, McMaster Clinics Room 255, Hamilton General Hospital, Hamilton, ON L8L 2K2, Canada. Email: teresa.chan@medportal.ca

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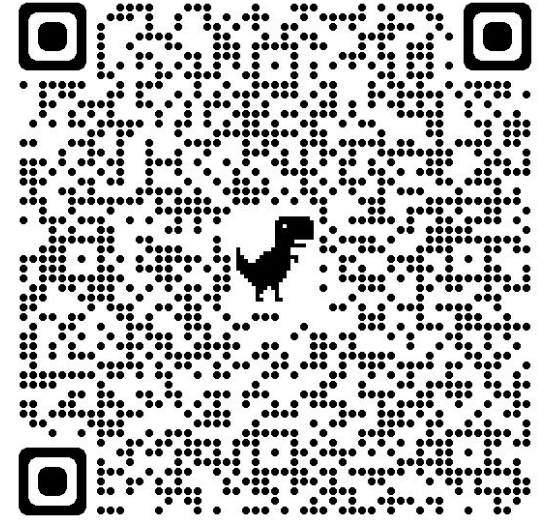
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**Abstract Keywords:** Emergency medicine, medical education, serious games, simulation, systems-level teaching

# Free Open Access Medical education



# Policy Making Changing the Game *Toronto Metropolitan University Clinical Faculty Policy*





# Changing the Game: What Scholarship Looks Like

Kimberly D. Manning, MD  
Professor of Medicine and  
Vice Chair of DEI  
Emory Department of Medicine



Edit profile

**Kimberly D. Manning, MD**

@gradydoctor

Internist, teacher, thinker, doer | [@EmoryDeptofMed](#) AVC for [#DEI](#) & Professor | [@HumanDoctoring](#) podcast | [@JHospMedicine](#) LPD | [#HBCUMade](#) | she/her/ma'am

# The big three

- Scholarship
- Service
- Teaching



# The big three

- Scholarship

Original research  
Poster presentations  
Grant funding  
Journal publications



# Threats to finding your niche and building a national reputation

- Service
- Mission driven work
- Clinical duties
- Threats to well-being
- Paucity of examples
- Social capital
- Imposter syndrome / Underappreciation syndrome
- What “counts” and what doesn’t





# #MissionDriven: Thinking inside the box

← **Kimberly D. Manning, MD**  
7,552 Tweets



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**Kimberly D. Manning, MD**  
@gradydoctor

Doctor, mom, teacher, thinker, doer | @EmoryDeptofMed AVC for #DEI & Professor | 'Bout that #DEI, #MedEd, #medhum, & #GIM life | Tweets mine | she/her/hers ▲

📍 Atlanta, Georgia [med.emory.edu/departments/me...](https://med.emory.edu/departments/me...)  
📅 Joined October 2010

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- Medical education
  - Diversity, Equity, and Inclusion
  - Humanism
  - Patient/Doctor communication
  - Fighting anti-black racism
- ➔
- Indifference to inclusion
  - Not being student/patient centered
  - Underserved patients being ignored

# The power of being mission driven



Edit profile

**Kimberly Manning, MD**

@gradydoctor

Doctor, mother, wife, blogger, writer, teacher, thinker, doer, believer, laughter, live-er, lover. 'Bout that #DEI, #MedEd, #medhum and #GIM life. Tweets mine.

📍 Atlanta, Georgia 🌐 [gradydoctor.com](http://gradydoctor.com)

📅 Joined October 2010

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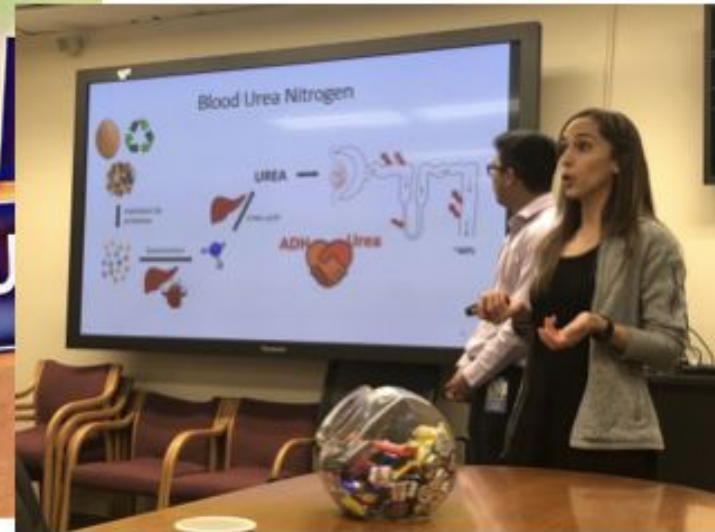
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# The power of #medtwitter



# What happened next?



# Opportunities

**UCSF** School of Medicine

**UF** College of Medicine  
UNIVERSITY of FLORIDA

**Duke University**  
School of Medicine

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1811

**UNC**  
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MEDICINE

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**School of Medicine**  
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**Stanford**  
MEDICINE

School of Medicine

**M**  
**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN



## Kimberly D. Manning, MD

@gradydoctor

Internist, teacher, thinker, do  
[@EmoryDeptofMed](#) AVC for #  
Professor | [@HumanDoctoring](#)  
| [@JHospMedicine](#) LPD | #HB  
she/her/ma'am ▲

📍 Atlanta, Georgia

[med.emory.edu/departments](https://med.emory.edu/departments)

📅 Joined October 2010

1,176 Following 106.5K Followers



# Additional Resources

Duke Expressions of Scholarship including Frameworks for Scholarship related to Advocacy, JEDAI, Digital Media and Team Science: [Expressions of Scholarship | Duke University School of Medicine](#)

Jones D, Fluker S-AN, Walker TA, Manning KD, Bussey-Jones JC. [An Innovative Approach to Career Development and Promotion of Diverse Faculty](#). J Hosp Med. 2023;18(3):234-238.

Mayersak RJ, Yarris LM, Tuttle RC, et al. [Demonstrating Your Work: A Guide to Educators' Portfolios for Graduate Medical Educators](#). J Grad Med Educ. 2021;13(5):635–639.

**Teresa Chan**

[tchanmd@torontomu.ca](mailto:tchanmd@torontomu.ca)

**Pilar Ortega**

[portega@acgme.org](mailto:portega@acgme.org)

**Kimberly Manning**

[kdmanni@emory.edu](mailto:kdmanni@emory.edu)

**Mara Becker**

[mara.becker@duke.edu](mailto:mara.becker@duke.edu)



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# Panel Q&A