Scholarly Activities

WHAT THEY ARE & HOW TO COUNT THEM

PHILIP G. DAY, PHD

FACULTY ASSOCIATE

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

Presentation Overview

I will review:

1. The various accreditation requirements for Research and Scholarly Activities (RSA);

2. What counts, and how to count, Residents RSA efforts;

3. Examples of Resident RSA in a Family Medicine department; and,

4. Methods for tracking departmental RSA.

Presentation Objectives

After this presentation, audience members will be able to:

1. Understand Research and Scholarly Activities (RSA) and their role in a Family Medicine Residency.

2. Understand how RSAs fit into accreditation and curricular requirements.

3. Apply different methods for tracking RSAs in their departments.

Presentation Contents:

RSA Basics
- ACGME Curriculum Guidelines
- RSA Basics: What, Who, and Why?

RSA Specifics
- 4 Types of Scholarship
- Examples of RSA

RSA Tracking
- Tracking Methods
- Review and Q&A

RSA Basics: ACGME Curriculum Requirements

Family Medicine Residents' Scholarly Activities are required by the Accreditation Council of Graduate Medical Education (ACGME) per guideline IV.B.1 - 3:

1. "The curriculum must advance Residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

2. Residents should participate in scholarly activity.

   a. Residents should complete two scholarly activities, at least one of which should be a quality improvement project.

3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities."

RSA Basics: What?

1. "Scholarship/scholarly activity entails <u>contribution to knowledge available to the discipline of FM</u> and/or its subspecialty fellowship areas."

2. "To be recognized as scholarship, contributions must be: <u>shared with peers …and subject to peer review</u>.

   a. 'Peers' are defined as similar in level of experience and education as the individual conducting the scholarly work. Faculty members…are generally expected to communicate their work at a regional or national level for it to be considered a contribution to the discipline as a whole. <u>Residents may share their work at a local, state, regional, or national level for it to be recognized as scholarship</u>."

3. Three components then: knowledge contribution, review, and dissemination.

RSA Basics: Knowledge Contribution

In order for a scholarly activity to "count" it must:

A. Make a knowledge contribution to the field

   i. They don't have to make a breakthrough or a revolutionary argument, but their contribution must be distinct and intelligible from existing knowledge in the field.

   ii. Therefore, no matter how narrow or qualified, a Resident must make a <u>novel</u> contribution to FM and can't repeat or rehash something accepted, proven, or considered basic knowledge.

      a. They can, however, find novelty in applying a proven study to their particular and unique patient population.

RSA Basics: Peer Review

B. Be subject to some level of peer review

   i. "Peer review" can mean many things and can be subject to departmental needs or definitions.

   ii. In general, we consider something to be peer reviewed when it has been objectively evaluated and reviewed in an open forum by other Residents, Faculty, or medical professionals at conferences, invited lectures, or through a refereed process.

   iii. Examples of peer review:

      a. Poster or talk accepted for presentation at a conference

      b. Curricular change vetted by department and adopted

      c. Article submitted to journal for publication

         1. In this situation if the article is rejected we still consider it to be peer reviewed, but not disseminated

RSA Basics: Dissemination

C. Be disseminated (shared) with peers in some form of an open or critical venue

   i. This is related to peer review, but not the same aspect in that this mandates that Residents share their findings with (potentially) anyone.

   ii. In short: peer review is a necessary step to reaching the required quality to widely share activity findings or developments.

   iii. Dissemination examples:

      a. Conferences – local to international

      b. Publication in a journal, newsletter, newspaper

      c. Permanent resource for other medical professionals (website or database)

      d. Departmental audience – this is a last resort for emergency or fallback purposes

RSA Basics: ACGME Scholarly Activity Requirements: Who

	Residency Faculty Members (Core/Key)	Residents	Fellowship Faculty Members (Core/Key)	Fellows
Number of Scholarly Works	Two (2) per faculty member on average over five years [rolling window]	Two (2) per resident by end of residency [NB: at least one must be quality improvement]	One (1) per faculty member per year, averaged over five years	One (1) per fellow by end of fellowship

RSA Basics: Why?

1. The purpose of the scholarly project is to stimulate a lifelong interest in scholarship and to develop the skills needed to accomplish it.

2. Essentially, RSAs are a great opportunity for Residents to pursue the academic aspects of Residency and their future profession.

3. That said, they rarely pursue an RSA for purely academic purposes or just for the sake of research. The more relevant and applicable activities, such as QI projects or patient pilot studies, link more directly to their clinical work and can provide them a good foundation for improving their practice in the future.

4. In short: (1) it's a required aspect of their education; (2) it teaches them how to understand research studies; and, (3) they learn how to apply findings to improve their practice and habits.

RSA Basics Recap

1. Residents must complete two (2) during Residency, one of which must be a quality improvement project.

2. In order to "count," an RSA must: make a knowledge contribution, be subject to peer review, and be disseminated to an audience (generally) wider than the department.

3. Faculty members mentor and guide, but Resident(s) perform bulk of all work.

4. The purpose of the RSA is to highlight how academic research skills augment and improve their practice management and patient care.

RSA Specifics: Four Types of Scholarship

The ACGME recognizes these four categories of scholarship and each RSA must be categorized on the annual accreditation reporting:

- ◦ Discovery
- ◦ Integration
- ◦ Application
- ◦ Teaching

Four Types: Discovery

Build new knowledge through hypothesis-driven original basic, clinical, epidemiological, or other research on health or disease

Examples:
◦ Poster presentation at a research fair
◦ Original research paper or abstract publication
◦ Original research presentation in local/state grand rounds or a residency conference

Four Types: Integration

Synthesize current knowledge so as to make it useful to other researchers, clinicians, patients, policy-makers, and/or educators

Examples:
◦ Case study or literature review presentation
◦ Organize and lead a patient education conference series on care for a chronic condition
◦ Publish an op-ed in a local or state newspaper explaining a current public health concern
◦ Publish a letter to the editor of a national medical journal analyzing results of a paper published by others

Four Types: Application

<u>Use knowledge to improve</u> health care, medical practice, health systems operation, public health, or policy

Examples:

◦ Present the design and results of a clinical quality improvement project conducted in the residency – *most common in our dept*

◦ Describe the design, implementation, and effects of a patient education program on risk behavior

◦ Serve as chair of local or state medical society committee and publish a report of the committee's accomplishments

Four Types: Teaching

Develop, implement, and <u>evaluate educational programs</u>, rotations, courses, materials, or other resources to educate students, health care professions, patients, or the public

Examples:

◦ Prepare an enduring curriculum for use in a residency program
◦ Develop and implement a program for patient self-care for chronic diseases

RSA Examples: Discovery

1. Jetpuri, Z., Nguyen, J., Pagels, P., Goyal, V., Kindratt, T., De Valdenebro, S., Gimpel, N. *Lost Kids: Discovering the Barriers among Caregivers & Residents and Bridging the Gap behind a Missing Demographic*. Poster Presentation at the Society of Teachers of Family Medicine Annual Spring Conference. Baltimore, MD. May 2013.

2. Blower J. *Determining Characteristics of Yoga Users and Assessing the Perceived Benefits of Yoga Use for Health Using the 2002, 2007, and 2012 National Health Interview Survey (NHIS) Data.* Poster Presentation at John Peter Smith Hospital Research Day Conference. Fort Worth, TX. June 2015.

RSA Examples: Integration

Example:

1. Roy, V., Kindratt, T., Gimpel, N. *Interventions to Curb Indoor Tanning – A Systematic Review*. Poster Presentation at the Dallas Chapter of the Texas Academy of Family Physicians Poster Research Contest, Dallas, TX. May 2013.

2. Huang M. *Osteoarthritis* – Family Medicine Core Topic. University of Texas Southwestern Medical Center Library – Family Medicine Portal. Dallas, TX. April 2015.

RSA Examples: Application

Example:

1. Ashraf, A., Julka, M., Gimpel N., Atrey, V., Budhwar, N., Morrow, J. *Quality Improvement Study: Adult Immunization Rates in a Primary Care Setting.* Poster Presentation at the North American Primary Care Research Group 40th Annual Meeting, New Orleans, LA. Dec 2012.

2. Johnson J. *Identification and Intervention of Potentially Inappropriate Medication that Meets the Beers Criteria at the Parkland Family Medicine Geriatric's Clinic*. Poster Presentation at John Peter Smith Hospital Research Day Conference. Fort Worth, TX. June 2015.

RSA Examples: Teaching

Example:

1. Gimpel, N., Pagels, P., Roy, V., Tullius, Z., Kindratt, T. *Family Medicine Resident Education: An Innovative Model of Community Medicine Training*. Poster Presentation at North American Primary Care Research Group's 41st Annual Meeting. Ottawa, Canada. Nov 2013.

2. Day P., Jetpuri Z. *Building a Culture of Inquiry in a Family Medicine Department*. Poster accepted for Society of Teachers of Family Medicine Annual Conference. Minneapolis, MN. May 2016.

Four Types of Scholarship: Summary

There are no quota requirements for each category for residents or faculty. However, every RSA must be categorized according to the above as they will be reported to the ACGME in that format.

These categories are assigned both by the content of the project – is the knowledge new, synthesized, applied, or instructional? – and the means of dissemination – publication, presentation, news item, workshop, curriculum change, etc.

RSA Tracking

The approach and mechanisms for tracking depend on department resources, curricular assignments, and continual interdepartmental communication.

In general, curriculum leaders coordinate with each other, the Program Director, and Program Coordinator to ensure (as best as possible) that our RSA records stay updated.

RSA Tracking Methods

How we track RSAs:

1. An Excel spreadsheet accessible to Faculty members through a shared drive

2. Constantly asking Residents and Faculty about RSA activities

3. Quarterly updates require Residents to present the status of their work

4. Dedicated Faculty member responsible for annual RSA report collation

5. Faculty (are supposed to) track their RSA activities through Medhub

Hafsa Akram**	**Gimpel**	Gimpel	Smoking Cessation -	1	Project in development	Teaching	**Project - Hypertensio**	**Completed and disseminated on 9/29/15**		completed
		Budhwar, Kindratt	**Chronic Disease (Diabetes) QI Project from class block**	5	Oral presentation during clinic team meeting	Application				
Kimberly Kone	**McGregor**	Osayande, Mir	AVS QI project poster	**Completed poster**	**date to present: abstract submitted to JPS for research day June 5; Dissemination during UTSW Quality Week**		Hypertension	with Nuti and Yun 10/27/15		completed
		McGregor/Osaynde	**AAFP revision - Management of pediatric poisoning (McGregor and Osayande)PEDS PAPER**		paper not accepted by AAFP, Has dissemenation planned for June 2015 Tuesday conference	Integration				
Kennex Munez	**Kale**	Gimpel and Kindratt	**Women's Preventive Health QI Project from class block, intervention in process, working with Joy on project, medical students and FM specialty study**	7	Poster presentation at STFM at Dallas TAFP, May 13, 2014. Also accepted for NAPCRG in November 2014	Application	**Diabetes**	**Disseminated 10/27/15**		completed
Rathna Nuti		Dimeff	**Sports Medicine Review of Braces, poster presentation abstract accepted to AMSSM (conference in April 14 to 19). field manual due October 31st**	4	Introduction complete, working on body of paper	Integration	**Hypertension**			completed
	Mir		**Chapter 2: On-Site Preparedness A. Preparticipation Evaluation (PPE) Robert J. Dimeff, MD and Rathna Nuti, MD submitted Oct 2014**		Published online 08.19.15			**Disseminated 10/27/15**		
			5MCC 2016: PFPF Patellofemoral pain		Accepted	NA				

RSA Tracking Ideas

We are also in the process of updating our departmental approach to tracking and encouraging scholarly activities. Here are a few of the new and developing ideas for implementation.

1. Development and adoption of a standardized timeline for every Resident with breakdowns, milestones, and requirements for each post-graduate year

2. Implementation of a standardized, minable database for tracking and accumulating research data

3. Color-coded area of Resident dashboard that indicates progress and status at each formal and informal review

RSA Tracking Obstacles

1. Our biggest obstacle: Residents that fail to inform any of us (or each other) about their RSA activities and status.
   a. Solution: Constant inquiries by me and mandatory submission of quarterly status updates

2. Another obstacle: group work. We allow group work, but each Resident must have a clearly-defined research or scholarly role. For dissemination of a group project, we don't require that all/each Resident disseminate the activity, but that it be disseminated at least once to count for individuals' participating.
   a. Solution: When initiating a new group project each Resident must identify and distinguish their role, and that distinct activity is tracked under the umbrella of the overall project.

RSA Review

1. Research and scholarly activities are a mandatory part of Resident and Faculty work that encourage critical thinking, collaboration, and creativity.
   a. <u>Residents must complete two (2) during their Residency</u>, one of which must be quality improvement and therefore an Application project.

2. ACGME delineates three aspects of a "complete" project:
   a. Knowledge contribution
   b. Peer review
   c. Dissemination

3. These aspects can be interpreted in different ways, but in general their four provided categories describe (by means of example) how each aspect fits together to form a completed project.

RSA Review

1. ACGME provides four acceptable and broad categories for tracking and accreditation:
   a. Discovery
   b. Integration
   c. Application
   d. Teaching

2. There are no required amounts or proportions regarding the type of RSA initiated, but it is necessary to track the category-type for annual reporting.

Referenced Guidelines

1. Scholarly Activity Guidelines: Review Committee for Family Medicine. *Accreditation Council for Graduate Medical Education*. 2012. http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/120_Family_Medicine_Scholarship_Guidelines.pdf

2. ACGME Program Requirements for Graduate Medical Education in Family Medicine. *Accreditation Council for Graduate Medical Education*. 2015. https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2016.pdf

3. philip.day@utsouthwestern.edu – don't hesitate to email me with any further questions