Achieving Scholarly Productivity as a Clinician-Educator

Climbing the academic medicine “greasy pole”

..........(at MUSC Urology)
Thanks
Thanks

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Learning Objectives

• Comprehend the importance of collaborative scholarly activity

• Understand the role of leveraging senior faculty in areas of academic pursuit locally, nationally and internationally for the advancement of CE faculty

• Realize the potential successes in networking while off campus
“Greasy pole”

Used to refer to the difficult route to the top of a profession:

‘…..he steadily climbed the greasy pole towards the job he coveted most’

“I have climbed to the top of the greasy pole”

Benjamin Disraeli
1804-1881
-British statesman, author, politician
-Conservative Party leader
-Promoter of glory/power of “British Empire”
-Prime Minister x 2
What this presentation is NOT....

• “Magic” to get CE faculty motivated
  – Comes from within the individual
  – Senior faculty can only inspire, guide, assist

• “Key” to get junior faculty promoted
  – Scholarship is (minor) aspect of CE promotion
  – Will NOT cover: teaching, patient care, administration, grant writing, basic science, etc.
What this presentation is……..

Thoughts on how to engage/involve junior faculty in the production of scholarly pursuits

…….so that they can:

– enjoy some of the “fruits” of an academic career
– advance within their field
  • Within MUSC
  • Outside of MUSC
– and become better clinicians, thinkers, and leaders in their field
Three mechanisms of “engaging”

1. Finding a role model/mentor (Enthusiasm)
2. Seeking collaboration
   - Within the department
   - Within MUSC
   - Outside of MUSC
3. Using senior faculty “leverage”
   - Networking
     • At MUSC
     • Regionally, nationally, internationally
What is MUSC Urology?

• MUSC Urology*
  – 9 full-time faculty (Oncology, FPMRs, Stones, Peds, etc.)
    • 4 Professors
    • 2 Associate professors
    • 3 Assistant professors
  – 15 residents/2 Fellows/3 NP’s/1 PA
  – Research:
    • Basic science collaboration
      – NIDDK funding
      – NCI funding
    • Clinical research
      – Industry trials: 10-15 ongoing
      – Investigator initiated trials

(*9500 Board certified Urologists in US)
Who am I?

- Professor of Urology
  - Mostly clinical: 3 d clinic, 1.5 d OR, 0.5 d Admin
- Came to MUSC in 2004 to develop program in FPMRs
- Scholarly activity (as of 10/17):
  - 134 peer reviewed
  - 60 non-peer reviewed
  - 158 published abstracts
  - 66 book chapters
  - 3 books
- Grants (NIDDK, Industry, etc)
- Past president of SUFU
- Associate Editor: NAU
- Course Director: ICS/AUA/SUFU/other
- Journal Reviewer: JU/Urology/BJU/etc.
- Plenary speaker at regional, national and international meetings
CE at MUSC

• Many roles
  – Patient care
  – Teaching
    • medical students, residents, fellows, etc.
  – Administrative
  – Scholarly activity

Need to find their passion
CE promotion at MUSC
Non-clinical/non-teaching

• Assistant professor
  – Establishing recognition through candidacy or membership in appropriate professional and scientific organizations.
  – Developing skills for directing or contributing to publications related to research, teaching and/or clinical care. (Participation in interprofessional teaching and inter-disciplinary research encouraged)*
  – Clear commitment to an academic career in research, teaching and/or clinical care.
CE promotion at MUSC
Non-clinical/non-teaching

Associate professor

- Active involvement in local and national professional organizations
- Election to scientific organizations in discipline.
- >5 publications with authorship since last promotion
- Publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials. Presentations at national/international meetings.
- Direct involvement in research.
Role Model/Enthusiasm
CE and Academics: *Keeping it “fresh”*

- Patient care/teaching/admin can get “repetitive”
- Mentor/role model of senior faculty:
  - Portray scholarly pursuits as:
    - Maintaining passion, and interest in a “rote” world (avoid boredom)
    - Seeing the excitement and challenges in modern medicine
      - Innovation
        » thinking about (small) problems….and solving them
    - Intellectual curiosity…….rewarding intelligence/ingenuity/innovation
    - Ultimately gaining professional satisfaction and continued growth
      - Physician (innovator, “cutting edge”, etc.”)
      - Scholarship is “timeless” permanent evidence of production
Role Model/Enthusiasm
CE and Academics: *Keeping it “fresh”*

- Encourage involvement in all aspects of the scholarly part of academic medicine:
  - Research (*whatever that is!!!*):
    - clinical, basic science, etc.
  - Writing, reviewing, meetings.....which leads to:
    - Reputation
    - Leadership opportunities:
      - locally, regionally, nationally
      - panels, societies, practice/professional associations, industry
        (innovation, ideas, funding, etc.)
Role Model/Mentor

Opportunities

Opportunity is missed by most people because it is dressed in overalls and looks like work.  (Thomas A. Edison)

• NEVER say “NO” to an opportunity
  – Be “the go to” person
  – Be “the can do” person
  – Be “the did it well” person
  – Be “the did it ON TIME” person
Role Model/Mentor

Become the “expert” \textit{(in something)}

• “Embrace” something:
  – Become the expert

• Think “small and obscure” early on
  – What are the questions?
  – What is the evidence?
  – Where are the gaps?

• SOLICIT yourself
  
  • Call/write the editor of a journal
  • Speak to meeting organizers
WHEN do you do this work?

- Academic day (?)
- Daily:
  - *Come in a hour early*
  - *Stay an hour later*
  - *Between OR cases………*
- Nights
- Weekends
- Other

……..should be a passion
Collaboration

- Within the Department (across divisions)
- Within MUSC (across Depts, Schools)
- Outside of MUSC (USC, Clemson, etc.)
Collaboration
MUSC Urology

- Hollings Cancer Center
  - Sphingolipid/ceramides in prostate cancer
- MUSC Radiology
- MUSC Pathology
- Clemson Bioengineering
- USC School of Pharmacy
  - Interstitial cystitis (inflammatory modulators)
  - Voiding dysfunction
    - Smooth muscle physiology/pharmacology
    - Potassium channel
• Pathology (and Pediatrics)

• Radiology

• Nursing

• Other
  – Petkov et al (about 10 papers)
Leveraging senior faculty

• In Urology:
  – CE’s meet regularly with senior faculty
  – Nuture “expert” ideas
    • Explore areas of interest
    • Explore areas of need
  – “market the expert”
    – Locally, regionally, nationally
Leveraging senior faculty

- Writing
  - Papers
    - Consult/involve CE in clinical projects/papers/abstracts
    - Review articles
      - Your field, other fields journals (solicit)
  - Journal article reviews
  - Grants (??)
  - Investigator initiated research
    - Locally: MUSC, etc.
    - Nationally: NIH, NIDDK pilot funding
    - Industry
Leveraging senior faculty

• Networking
  – “shamelessly” promote your CEs to colleagues:
    • Volunteer junior faculty for talks, etc.
      – *Example: Texas Urologic Talk*
    • Meetings: plenary, breakouts, moderators, etc.
      – *Example: Peds urology at SUFU*
    • Journal article reviews

• Local, regional, national, international committees, guideline panels, etc
Urology faculty member “x” (ESR mentee)

• First 14 months in practice (CE track)
  – Scholarly activity:
    • 2 published peer reviewed papers
    • 2 published non-peer reviewed papers
    • 4 published abstracts
    • 1 book chapter
  – Reviewer for JU, Urology, NAU, BJU
  – Mentoring/assisting medical student Masters project
  – Grants: PI/Sub-investigator on 4 grants
  – Panelist at SCUA meeting
  – Moderator at SUFU meeting
  – Abstract reviewer for AUA national meeting
Promotion folder

• Write it all down
  – Everything
    • Lectures, teaching, VPs.
Questions?