

AtlantiCare

A member of Geisinger



Scholarly Activity

Building a Sustainable Model

Dominick Zampino DO FACP

Director Academic Affairs, AtlantiCare

Regional Associate Dean, Geisinger
Commonwealth School of Medicine

No Financial Disclosures

“Prediction is very difficult, especially about the future”

Niels Bohr

OBJECTIVES

- Review ACGME core requirements.
- Review what constitutes scholarly activity.
- Review stakeholders involved in scholarly activity.
- Review expectations of stakeholders involved in scholarly activity.
- Review “target audience” for work product of scholarly activity.
- Discuss novel approach to increase scholarly activity.

AtlantiCare

- 2 acute care campuses
- 567 total acute care beds
- 10 urgent care sites
- 17 primary care sites



AtlantiCare Medical Education

- 42 Internal Medicine Residents
- 8 Psychiatry Residents
- 3 Pharmacy Residents
- 6 Rotating Surgical Residents
- 33 core medical students



The Mandate

- “Maintain an environment of inquiry and scholarship with an active research component”*



*ACGME Common Program Requirements, 2017

What Constitutes Scholarly Activity



What Constitutes Scholarly Activity

- Research (bench, clinical)
- Case reports (abstracts, series)
- Quality Improvement (wellness!)
- Literature Reviews (retrospective, meta-analysis)
- Key: Know your Institutions capabilities and limits

Engage Stakeholders

- Faculty (Core vs. Non-Core) *be inclusive and be available to help and guide- build comradery , mentorship*
- Institution (as a whole, most importantly IRB) *Administrative support and commitment (key words: "fully funded and IRB approved")*
- Trainees *build environment of “healthy” collegial competition*
 - Residents
 - Students

Set Policy/Expectations

- Faculty (Core vs. Non-Core) *Collaborative Institutional Training Initiative (CITI) training*
- Institution (as a whole, most importantly IRB): *key words: “oversight”*
- Trainees *CITI training*
 - Residents
 - Students

Faculty Expectations

- **APG Hospitalists**
- We are creating a learning environment for our Academic Hospital Medicine Service that is sustainable. Our program will have a “university feel” that offers the best place to learn, practice medicine, and attract new local talent. In order to achieve this, we are looking for Teaching Attendings. The responsibilities of the teaching attending are as follows:
 - 50% of contracted shifts are running the teaching service
 - Presentation of 4 lectures per year
 - Mentoring and supervision of 1 CCP/ACC per year
- **Mentoring of 1 scholarly activity project per year (original research, PI/QI project)**
- Participation in at least one faculty development session per year
-
- Attending Physicians will be eligible for a yearly bonus based upon the completion of all six of the listed requirements. Each Teaching attending will be required to meet the Hospitalist work requirements to be eligible for this Teaching Bonus.
- *Candidates must have at least one year experience as an Attending Physician, be in good standing and work as a full time provider.*

Resident Expectations

- **Scholarly Activity**
- Each resident must submit at least one **(1) clinical case vignette abstract per year of training.**
- Each resident must be involved in and complete at least one **(1) quality/ performance improvement project or a clinical question (to assess an outcome) during their 36 months of training.**
- Each of these projects must be “presentation ready” (Please see ACP Poster Guideline) for the Annual Program Research Day competition held in April and submission to either local or national American College of Physicians poster competitions or a national subspecialty meeting poster competition.
-
- **Expected Project Timeline:**
- **First Year**
- Semi Annual Evaluation (December) – resident must submit a concept for either a quality improvement project (based on an identified improvement opportunity) or an identified clinical question (to assess and outcome)
- Annual Evaluation (June) – resident must show a literature review to support above and have identified a collaborating adviser (Once collaborator identified, resident must have a minimum of quarterly meetings with collaborator to assess progress and adjust project goals as necessary)
- **Second Year**
- Semi Annual Evaluation (December) – resident must be able to submit a study design (including outline of project and methodology to be used)
- Annual Evaluation (June) – resident must be able to submit preliminary data to support above
- **Third Year**
- Semi Annual Evaluation (December) – resident must be able to submit a draft of the final paper
- April – project ready for presentation at ARMC Research Day

Resident Expectations

- Department of Medical Education
- Internal Medicine Residency Program
- Scholarly Activity Presentation and Re-imbursement Policy
-
- In order to be eligible to present at an approved* regional/national conference, resident must be the lead/first author of the accepted work and submit a presentation/publication request form**. No funding (of any kind) will be provided for any scholarly activity conducted prior to your employment at AtlantiCare.
-
- AtlantiCare provides an **“annual presentation stipend” of \$1200;** expenses beyond \$1200 annually are the Residents responsibility and all expenses must be approved by AtlantiCare (i.e. don’t assume the \$1200 is automatic as AtlantiCare can refuse to reimburse for any expense deemed inappropriate or excessive).

Residents are eligible for a **one-time per academic year presentation stipend increase of \$300 should your first-author manuscript be accepted for publication in a peer-reviewed journal.**

Residents may have more than one manuscript published each academic year (we encourage it!), but the \$300 increase will only occur for the first publication of each academic year. This stipend can be utilized until the end of your PGY-3 year, but is forfeited if not used by the end of your core training in Internal Medicine at AtlantiCare.

-
- Policy regarding coverage:
 1. AtlantiCare will provide **six (6) days of coverage (with no time-off penalty) per academic year;** anytime beyond this will be deducted from vacation time and requires that the Resident arrange coverage and seek approval of AtlantiCare.
 2. **Only 3 Residents (total of all 3 years) can be gone at any one time** for conference attendance (only exception is NJ ACP Scientific Meeting).
- 3. In situations where there are more than 4 possible attendees, priority will be given to those who have not attended a conference in the current academic year; otherwise, attendees will be decided via lottery.
- 4. International travel is not allowed.

****approved” defined as:** State Chapter or National Specialty Society Conferences, annual ACGME conferences and at the discretion of AtlantiCare GME.

-
-
- ****available on the IM Residency portal**

ATLANTICARE

Resident Manuscript/Abstract/Poster Submission Request

Principal Author Information:

Name:
Internal Mailing Address: Phone Number:
E-mail:

Title of Manuscript/Abstract/Poster:

List all authors in order of publication:
Place of submission (Journal and/or conference):
Submitted Abstract:

1. Authorship Responsibility, Criteria and Contributions. The submitting author should

meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes.

A. I certify that

the manuscript/poster represents original and valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment, and copies of closely related manuscripts/posters are provided; and

if requested, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript/poster is based for examination by the editors or their assignees; and

for papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited typescript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.

B. I have given final approval of the submitted manuscript.

C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)

Part of the content.

The whole content.

D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below. I have made substantial contributions to the intellectual content of the paper as described below.

1. (check at least 1 of the 3 below)

Conception and design

Acquisition of data

Analysis and interpretation of data

2. (check at least 1 of 2 below)

Drafting of the manuscript

Critical revision of the manuscript for important intellectual content

3. (check at least 1 below)

Statistical analysis

Obtaining funding

Administrative, technical, or material support Supervision

No additional contributions other (specify)

Primary Author Date

Signatures:

2. Co-Authorship Statement.

Authors should obtain written permission from all individuals named as a co-author. The co-authors must sign agreeing to the following statement:

I certify that I have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, writing or editing assistance) as outlined above in categories a,b,c and d.

Co-Author Date

Co-Author Date

* Upon completion please send to the AtlantiCare Office of Graduate Medical Education: Dominick Zampino DO, Medical Director for Academic Affairs dzampino@atlanticare.org 609-441-8074

GME Office, application reviewed and approved.

Date

Target “Audience”

- Society Meetings (Regional, National)
- Call for Abstracts (Regional, National)
- Grant opportunities (if at first you don’t succeed....look to your Institution)
- Institutional Research Day
- Engage your Program Coordinators

Approaches to Enhance Scholarly Activity

- Pair junior physicians with traditional physician scientists.
- Seminars or workshops.
- Fund a consulting statistician.
- Support clinicians academic productivity by reducing FTE's and providing mentorship.
- Employ an academic research coach?---

Approaches to Enhance Scholarly Activity

An Academic Research Coach: An Innovative Approach to Increasing Scholarly Productivity in Medicine

Christy M McKinney, PhD, MPH¹; Somnath Mookherjee, MD²; Stephan D Fihn, MD, MPH²; Thomas H Gallagher, MD²

¹Department of Pediatrics, Division of Craniofacial Medicine and Seattle Children's Research Institute, University of Washington, Seattle, Washington;

²Department of Medicine, Division of General Internal Medicine, University of Washington, Seattle, Washington.

BACKGROUND: Academic faculty who devote most of their time to clinical work often struggle to engage in meaningful scholarly work. They may be disadvantaged by limited research training and limited time. Simply providing senior mentors and biostatistical support has limited effectiveness.

OBJECTIVE: We aimed to increase productivity in scholarly work of hospitalists and internal medicine physicians by integrating an Academic Research Coach into a robust faculty development program.

DESIGN: This was a pre-post quality improvement evaluation.

SETTING: This was conducted at the University of Washington in faculty across three academic-affiliated hospitals and 10 academic-affiliated clinics.

PARTICIPANTS: Participants were hospitalists and internists on faculty in the Division of General Internal Medicine at the University of Washington.

INTERVENTION: The coach was a 0.50 full time

equivalent health services researcher with strong research methods, project implementation, and interpersonal skills. The coach consulted on research, quality improvement, and other scholarship.

MEASUREMENTS: We assessed the number of faculty supported, types of services provided, and numbers of grants, papers, and abstracts submitted and accepted.

RESULTS: The coach consulted with 49 general internal medicine faculty including 30 hospitalists who conducted 63 projects. The coach supported 13 publications, 11 abstracts, four grant submissions, and seven manuscript reviews. Forty-eight faculty in other departments benefited as co-authors.

CONCLUSION: Employing a dedicated health services researcher as part of a faculty development program is an effective way to engage clinically oriented faculty in meaningful scholarship. Key aspects of the program included an accessible and knowledgeable coach and an ongoing marketing strategy. *Journal of Hospital Medicine* 2019;14:457-461. Published online first April 8, 2019.
© 2019 Society of Hospital Medicine

Approaches to Enhance Scholarly Activity

- **RESULTS:**
- Consulted 49 General IM faculty (including 30 hospitalist)
- Conducted combined 63 projects
- Supported 13 publications
- 11 abstracts
- 4 grant submissions
- 7 manuscript reviews
- 48 faculty in other departments benefited as co-authors

AtlantiCare Research Day

- Full Day Event
- 2 Entry Categories for Competition
 - Clinical Case Vignettes/series
 - Original QI or Research
- 3 Judges (2 “In-House” 1 “Guest”)
- Set Judging Hours
- Authors Get 5 Minutes to Present Their Work
- Awards for Top 3 in Each Category

2019 RESIDENT RESEARCH DAY / March 28, 2019

ORIGINAL RESEARCH			
#	Publication Title	Primary Author	Secondary Authors
1	Quantify Use of AntiCoagulation to improve Management of AF.	Mehrab, A	Anil Rahul MD; Natalie Millet MD; Anthony Macchiavelli MD; Alison Hallam, RN
2	A Resident-Led Initiative to Bring Teaching Back to the Bedside at a Community Hospital.	Okigbo, C	Pavan Ganapathiraju, DO; Aileen Hocbo, MD; Snigdha Kanakamedala, MD; Amulya Dakka, MD; Paolo Tempongko, MD; Krizelle Garde, MD
3	Strategic Implementation of Appropriate Oritavancin Utilization at a Community Teaching Hospital: Spending Money to Save Money and Improve Quality of Care.	Ganapathiraju, P	George Haddad, Pharm.D. Candidate; Hien Nguyen, Pharm.D., BCPS; Ethan Nhan, Pharm.D., CACP; Joseph Reilly, Pharm.D., BCGP
4	Evaluation of the Development of Acute Kidney Injury in Patients Receiving Piperacillin-Tazobactam with Concomitant Vancomycin or Televancin.	Millet, N	Shela Delos Reyes, B.S., Pharm.D.; Cristen Whittaker, Pharm.D.; Shimeng Liu, Pharm.D.; Puja Trivedi, Pharm.D., BCCCP; Joseph Reilly, Pharm.D., BCGP
5	Reinforcing Teamwork in a High Call Volume Step Down Unit: A collaboration Among the Night Float Residents, Nursing Staff, and Hospitalists to Improve Workflow and Patient Outcomes	Garde, K	Amulya Dakka, MD; Urmil Patel, MD; Vishal Patel, MD; Richa Dhawan, MD; Dominick Zampino, DO; Aileen Hocbo, MD; Jennifer Ketrchledge, MSN, RN; Beth Tjell, BSN, RN
6	Evaluation of the Telephone Follow Up as an Intervention to Prevent Early Readmissions to a community based inpatient psychiatric hospital.	Phillip, A	Garrett Rossi, MD; Brian Isaacson, MD
7	Comparison of the Conclusiveness of Suicidal Ideation between Individuals Intoxicated with Cocaine and Alcohol: A Qualitative Study for the ED.	Phillip, A	Brian Isaacson, MD,
8	Urinary Tract Infections at a Community Teaching Hospital: An Evaluation of Outpatient Treatment Failures Through the Emergency Department.	Waters, B	Keith Semler, D.O.; Cristen Whittaker, Pharm.D.; Ethan Nhan, Pharm.D., CACP; Joseph Reilly, Pharm.D., BCGP; Manish Trivedi, M.D.
9	Latex Allergy in Hospitalized Patients: A Quality Improvement Initiative with Dietary Involvement for Patient Safety.	Higgins, L	Lauren Walega, RDN; Miraj Ahmed, Pharm.D.; Nima Munir, Pharm.D.; Raymond Vuong, Pharm.D.; Robert Walters, Pharm.D.; MBA, Joseph Reilly, Pharm.D., BCGP.
10	Clinical Evaluation of Carbapenem Resistant Enterobacteriaceae (CRE) Infections in a Community Teaching Hospital.	Ganapathiraju, P	Victor Garlitos; Gemma Downham, MPH, CIC, FAPIC; Joseph Reilly, Pharm.D., BCGP; Manish Trivedi, MD.

Primary Authors: Residents Highlighted: Faculty

2019 RESIDENT RESEARCH DAY / March 28, 2019

CLINICAL VIGNETTES

#	Publication Title	Primary Author	Secondary Authors
1	Rare Case Presentation of Acute Calcific Longus Colli Tendinitis.	Faiek, S	Kyle Urbanczyk, DO; Syed Hasn, MD, FACP, FHM
2	Beware of ringing beads! Rare case of transient ischemic attack from fibro-muscular dysplasia of cervical-cranial arteries.	Dakka, A	Saif Faiek, MD; Amina Mehrab, MD; Danish Abbasi, MD, FACP; Arif Hussain, MD, FACP, FHM
3	Sickle cell crisis gone wild.	Dakka, A	Shelly Gupta, MD; Hasitkumar Patel, MD
4	Management of Calcium Channel Blocker Induced Shock with Hyperinsulinemia-Euglycemia Therapy.	Farrukh, H	Danish Abbasi MD, FACP
5	Acute Psychosis after Treatment with Ciprofloxacin: A Case Series.	Rossi, G	Kristen Mazoki, DO
6	The Utility of Proton MR Spectroscopy in Diagnosing B cell Lymphoma: A Case Presentation.	Faiek, S	Lauren McKay, OMS-III; David Zeidweg, DO; David Stidd, MD; Ruifeng Zhou, MD
7	A case of Steroid Responsive Podocyte Infolding Glomerulopathy in Haitian descent.	ElsHazly, A	Charles Nnewiwe, MD
8	Tumor Lysis Syndrome: Rare Presentation in a Patient with Cholangiocarcinoma Undergoing Chemotherapy.	Sadiq, A	Natalie Millet D.O.; Blessing Osondu M.D.; Nitin Behl M.D.; Siddharth Bhimani D.O.
9	A rare case of Good Pasture syndrome with negative ANCA and pauci-immune GN (ANCA vasculitis)	Mehrab, A	Mark Yun MD; Behl Nitin MD
10	Delayed Heparin-Induced Thrombocytopenia in a Patient with Polycythemia Vera.	Waters, B	Pavan Ganapathiraju, D.O.; MariLen Graham, Pharm.D.; Cristen Whittaker, Pharm.D.; Joseph Reilly, Pharm.D., BCGP; Eric Driscoll, D.O.
11	Dapsone-Induced Methemoglobinemia Treated with Oral Gimetidine: A Case Report.	Higgins, L	Natalie Millet, DO; Rebecca Erb, Pharm.D.; Tamara Karcheski, B.S. Pharm.D.; Joseph Reilly, Pharm.D., BCGP; Frances Loftus, DO.
12	Atypical neuroleptic malignant syndrome in a 71 year old male on Trifluoperazine.	Shittu, W	Roshi DeSilva MD; Melanie Beck
13	A Rare Case Of Recurrent Respiratory Human papilloma.	Anil, R	Hamaty G. E.,
14	A case of large intracranial vessel thrombosis in MTHFR gene mutation despite being on anticoagulation.	Anil, R	Hamaty G. E.,
15	A unique case of chronic suicidal ideation in a patient with Bipolar disorder.	Ngu, D	Anup Mani, DO

2019 RESIDENT RESEARCH DAY / March 28, 2019

16	The utility of aerosolized prostacyclin in severe acute respiratory distress syndrome with refractory hypoxemia.	Patel, U	Saif Faiek, MD; Hafsa Tariq, MD; Aditya Bansal, MD
17	Treatment of acute bacterial skin and skin structure infections with delafloxacin: a case series.	Obciana, J	Rebecca Erb, Pharm.D.; Gemma Downham, MPH, CIC, FAPIC; Joseph Reilly, Pharm.D., BCGP; Manish Trivedi, MD
18	A rare sighting of FSGS induced by chronic anabolic steroid use.	Richstein, R	Swetaben Patidar, MD; Gregory Holland, OMS-IV; Heidi Griffith, MD; Priyesh Thakkar, DO
19	Accidental poisonings on Ethylene Glycol.	Vasilets, L	Natalie Millet, DO; Blessing Osondu, MD; Saif Faiek, MD; Jay Shastri, DO; Riccobona Elizabeth, DO
20	A Unique Case of Tactile Hallucinations.	DeSilva, R	Waliku Shittu MD MBA; Dilys Ngu MD; David Friel MD,
21	Cronkite-Canada Syndrome.	Patel, V	Margaret Mallari, DO; John Santoro, MD
22	Pernicious Anemia and Gastric Carcinoid.	Mallari, M	Gary Rosman, MD; John Santoro, MD
23	Diagnosis and Management of Arteritis Secondary to Takayasu's Arteritis.	Millet, N	Magdalena Szulc, MD; Mitul Kanaria, MD
24	Fatal fish: A Rare Case of Botulism after Ingestion of Fermented Fish.	Gurrieri, D	Pavan Ganapathiraju, DO; Natalie Millet, DO; Frances Loftus, DO; Danish Abbasi, MD; Manish Trivedi, MD

Primary Authors: Residents

Highlighted: Faculty

AtlantiCare Research Day 2019



QUESTIONS?

