How I Make My Work, Work For Me (How to Make Lemonade When You Get Lemons At Work)

Archana Chatterjee, M.D., Ph.D., Associate Professor, Dept. of Pediatrics, Creighton University Medical Center
Disclosures

- **Grant/Research Funding**
  - Abbott Labs, Bayer, Bristol-Myer Squibb, GSK, MedImmune, Merck, Pharmacia, Sanofi-Pasteur, Viropharma

- **Speakers’ Bureau**
  - Abbott Labs, Astra Zeneca, GSK, MedImmune, Merck, Pfizer, Sanofi-Pasteur, Wyeth

- **Advisory Board**
  - Abbott Labs, Sanofi-Pasteur, MedImmune
Outline

• Discuss using leadership positions to develop scholarly products
  – Medical Director of Infection Control
  – Continuing Medical Education Director

• Review service opportunities that may be turned into scholarly activity
  – Pediatric Infectious Disease Academic Practice
  – Volunteer Consultant on Immunization Task Force
Leadership Position - Hospital Epidemiologist

- Children’s Hospital – 140 beds – PICU, NICU, Med/Surg, Outpatient Clinics
- 1.5 Infection Control Practitioners
- Lots of data collected – none presented outside institution
- Weekly infection control rounds – data collected on adherance to infection control policies and procedures – presented at international conference and published in premier journal!
Leadership Position – Hospital Epidemiologist – New Challenge

• Situation – Pertussis Outbreak in Community, many children brought to Children’s Hospital for care, exposures to HealthCare Workers (HCW) – need to test, Rx, furlough

• Intervention – “Cover Your Cough” Posters and Personal Protective Equipment placed at hospital entry points

• Result - ↓ in exposures to HCW

• Data collected before and after intervention - presented at international conference and accepted for publication in premier journal!
Cover Your Cough

Clean Hands

Cubra sus tos

Lávese las manos


• **Chatterjee A, et al.,** A modified “Cover Your Cough” Campaign Prevents Exposures of Employees to Pertussis at a Children’s Hospital”, American Journal of Infection Control, 2007, In Press
Leadership Position – Continuing Medical Education Director for Department

- Asked to serve as Course Director for Annual CME program sponsored by dept.
- Learned CME program process
- Developed two new annual CME programs – one in collaboration with two other universities
- Requested appointment as Director of CME for dept. – granted, with small stipend ($)
- Developed third new CME program in 2006
- Recognition by dept. and university – credit towards promotion and tenure
Continuing Medical Education
How to Turn Lectures into Publications


Continuing Medical Education
How to Turn Lectures into Publications

Chatterjee A, Varman M, “Escherichia coli Infections”, eMedicine, 2006

Varman M, Chatterjee A. “Enterococcal Infection”, eMedicine, 2006

Chatterjee A, Varman M, “Salmonella Infection”, eMedicine, 2006

Varman M, Chatterjee A, “Pneumococcal Infections”, eMedicine, 2006


Chatterjee A, Harrison CJ. Cytomegaloviruses, Encyclopedia of Life
Patient Care – Publishing Your Experience - The Case Report


Voluntary Service – Can you really turn THAT into a Scholarly Product?

Immunization Task Force Metro Omaha

- Combined Organization Representing 25 institutions as Consultant
- Goal – Promote and Educate Providers, Public, Government officials about immunization issues
- Surveyed birthing hospitals to evaluate policies for Hepatitis immunization at birth
- Presented findings at international conference and published data in state pediatric journal


Voluntary Service – Immunization Task Force Metro Omaha

Mailing to Area Child Care Providers with Educational Materials Regarding Influenza and Influenza Vaccination for Children and Staff

Abstract presented at 7th National Conference on Immunization Coalitions August 9-11, 2006 in Denver Colorado

Publication in progress

Poster presented at 2007 National Immunization Conference on “How an Immunization Coalition Develops a Successful Continuing Education Program” – You can bet this will get published too!
Keep in mind potential scholarly opportunities that may arise from your leadership and service activities. MAKE LOTS OF LEMONADE (and share it with your friends and colleagues too)!
Making your work, work for you

A.K.A. How to generate scholarly work from your daily activities… and even your hobbies!

Roberta E. Sonnino, M.D., FACS, FAAP
Archana Chatterjee, M.D., Ph.D., FAAP
Goals

- Discuss using non-traditional activities and expertise to develop scholarly products
  - Hospital Epidemiology
  - Leadership roles
  - Medical Photography

- How do Creighton University School of Medicine criteria for Promotion and Tenure allow unusual and leadership opportunities to be turned into scholarly activity

- Value of a Professional Portfolio
Photography as scholarly activity for Medical School Faculty?
RES - Professional Experience

- Pediatric Surgery
- Medical Education
- PI, Grant funding
- Assistant/Associate Dean
- Committees
- Professional Organizations
- Leadership training, leadership roles
  Etc., etc., etc
Medical Photography

Documents:

- Interactions between patients and families
- Interactions between health care providers, patients, families etc
- Shows that medicine is not all science – much of it is “art”
- Gives parents encouragement or reminder
- Shows a bad time with a good outcome
Medical Photography

Why
- Teach students and residents
  - Mostly in OR or lab
- Illustrate publications
- Document course of disease
  - Objective, impersonal

Yet it also shows the humanistic side of medicine
ACGME Core Competencies

Areas of study widely accepted as scholarly activity

- Patient care (compassionate, appropriate, effective)
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
ACGME Core Competencies

Areas of study widely accepted as scholarly activity

- Patient care (*compassionate, appropriate, effective*)
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
Medical Photography

Core Competency #1: Patient care (compassionate, appropriate, effective)

- With arrival of digital photography, started giving families enlargements of images
  - Many never had a portrait of their child
- Changed relationship with patients and families
- Impacted patient care in strange ways
Medical Photography

- Impact on patient care:
  - Better compliance with care
  - Fewer no-shows in clinic

- Retrospective study on how using photography in the clinical setting impacted patient care

- Planning prospective study to confirm value in other settings
Samples of Resulting Scholarly Activity

- Invitations to serve on professional committees
- Teaching
  - Core lectures for Surgical Residents:
    - Photography for Surgeons
    - Preparation of audiovisual material and how to give a scientific talk
- Presentations/Exhibits
  - “Teamwork”, in “From ‘Phisition’ to Medical Doctor – A Catalogue on the Evolution of Medical Education”, Permanent Exhibit, AAMC National Offices, Washington, DC
  - Photography, Medicine and Life – The Perfect Mix, DAG, AAMC Annual Meeting, Washington, DC, 2005
  - Art & Science working together: photography in the practice of medicine - not just for show. Center for Health Policy and Ethics, November 30, 2005
Samples of Resulting Scholarly Activity II

- Assorted Published Abstracts

- Publications
  - “From ‘Phisition’ to Medical Doctor – A Catalogue on the Evolution of Medical Education”, Brochure, AAMC, Washington, DC “Teamwork” by Roberta E. Sonnino, M.D.
  - Photos published in 83 publications/journals – with credit
  - Monograph "Journey to Authenticity: Voices of Chief Residents" - ACGME, May 2007

- Planned Publications
  - Images in Medical Education
  - Med Ed Portal
  - NEJM
Ongoing projects

- Volunteer photographer for *Infant bereavement photography*

- Teaching
  - Preparing medical student elective on applications of the arts in medicine as a tool to enhance humanism in medicine
Journey to Authenticity

VOICES OF CHIEF RESIDENTS

Every year, thousands of newly minted physicians fresh out of medical school begin the next stage of their education: their residency programs. Over the next three to seven years — through study, hard work and practice under the close supervision of experienced physicians — these young doctors evolve from green interns into confident, capable physicians. In the last year of their education, some of these residents become chief residents. They may be appointed by the faculty or elected by their peers; each may be the only chief resident or one of many. All, however, are chosen for their excellent clinical skills and leadership abilities. As chief residents, they lead the team of residents and serve as liaisons between the residents and faculty, while also preparing for their board examinations and the launch of their own careers as board-certified physicians.

In this book, 20 chief residents, who were recommended by their program directors to be featured in this volume, reflect on their journeys from interns to chief residents. They talk about why they became doctors, what they have learned about themselves and their profession, and how they have changed and grown along the way. One physician talks about how his grandfather inspired him to become a doctor. Another chief resident describes the deep bond that developed among the residents in her class. A surgeon reflects on what she learned from caring for patients in a hospital. An opthalmologist describes why he walked away from his career as a Wall Street trader to attend medical school. A military surgeon tells why treating veterans of the Iraq War changed her life. They talk about difficult cases, moments of doubt, leaps of confidence, the encouragement of mentors and the support of their families.

Each resident’s story is unique, but a common thread runs through all of them: residency is not simply about learning the skills of medicine. It is also a “journey to authenticity.”
Shahbod Abdulaslan, MD, knew he wanted to be a doctor from the time he was a child. After receiving degrees in English and biology from Ohio State University, Dr. Abdulaslan entered medical school at Ohio State and earned his medical degree in 2001. He then interned and was a resident in surgery, surgical oncology, and a fellow in critical care medicine, all in preparation for his residency in pediatric surgery at Ohio State University, where he was chief resident in 2006. In 2009, Dr. Abdulaslan was honored as the outstanding surgical resident at the University of Nebraska Medical Center, and in 2014 he was named medical house officer of the year at Columbus Children’s Hospital.

Dr. Abdulaslan is married and has three children. An avid athlete, in his off-time he enjoys spending time with his family, hiking, golfing, biking, and skiing.

Why did you decide to become a physician?

I was always interested in science. I was recently looking at a book report that I did in seventh grade. In the biography portion of the book report, I said I wanted to go into medicine and be a surgeon. That was always my career. I saw medicine as a constant learning environment where you are always something new, and that really attracted me.

“Role models are so important.”

Being able to learn is one of the most unique things about being human and what makes us special. Medicine is, therefore, a profession that makes most people think. The key is being able to help people by bringing them back to life, altering a disease to prolong someone's life, or simply making their quality of life better gives a lot of purpose to my life. So these were my biggest attractions to medicine.

As far as my choice of field within medicine, I liked the immediacy that surgery had, the impact that I could have right away. Also as a surgeon, I view myself as a physician who can operate. I did not want any limitations on what I could potentially do to help a patient. It was my original intention to do general surgery, but then I saw that limitations that general surgeons have put on themselves due to specialties. I think that general surgery is a great surgery -- you can operate anywhere on the body and take care of the entire patient. When I was in medical school I was not very contact with oncology and really didn’t see areas of medicine. I thought if I really wanted to make an impact, oncology seemed like a place to do it.
Clinician-Educator Faculty Category
Associate Professor

Teaching Performance
1. Demonstrates competency in knowledge and skill in teaching evidenced by student or peer evaluations.
2. Demonstrates clinical excellence through continued learning from continuing education presentations, clinical practice, and/or periodic clinical skills reassessment.
3. Supports innovative and effective teaching methods, approaches and evaluations, and participates in the implementation of course and curriculum development.
4. Serves as a mentor for student academic activity.
5. Serves as a mentor to junior staff (including faculty members, post-doctoral research fellows, clinical fellows).

Scholarly Performance
Tenure-track
1. Holds a terminal degree and maintains appropriate specialty certification.
2. Participates in scholarly investigation (basic or clinical, including outcome study, medical education study, or case study).
3. Makes presentations at regional meetings on the average of at least once every year.
4. Develops and maintains a scholarly focus and maintains regionally-recognized scientific and/or technical competence.
5. Develops and/or teaches in a continuing education program on the average of at least once every year.
6. Is a primary, senior, or corresponding author of scholarly publications an average of at least once every other year in a major nationally-recognized refereed (peer-reviewed) journal or online publication (indexed by NLM [PubMed] or similarly recognized organization); editorship of book or authorship of book chapter or book is also acceptable.
7. Is a reviewer for scholarly material (refereed journal, grants, studies, scientific meeting abstracts).

Non-tenure-track
1. Holds a terminal degree and maintains appropriate specialty certification.
2. Makes presentations at regional meetings on the average of at least once per year.
3. Develops and maintains a scholarly focus and maintains regionally-recognized scientific and/or technical competence.
4. Is an author of some scholarly publications including articles, books, and book chapters.
5. Develops and/or teaches in continuing education program on the average of at least once every year.

Service Performance
1. Clinical service: excels in clinical care and service to patients; devotes major portion of time to clinical service activities; collaborates with other health care providers to facilitate optimal patient care; serves important roles in development and implementation of clinical programs; regional recognition for clinical expertise; mentors junior faculty, residents/fellows, and students in clinical service activities.
2. Demonstrates involvement in the implementation and support of department/school goals, mission, policies and procedures, and serves on University and/or School of Medicine committees.
3. Participates in School of Medicine ceremonies and events.
4. Maintains membership in appropriate professional organizations, attends appropriate local, state, national and/or international meetings, and contributes to the leadership or organizational activities of appropriate organizations.
"Doing a good job around here is like wetting your pants in a dark suit — it gives you a warm feeling but nobody notices."
Professional Portfolio
An accordion binder, containing manila folders (mostly empty) labeled:

- Curriculum Vitae
- Goals
- Mentoring/Advisor
- Teaching
- Scholarly Activity
- Service/Clinical Service
- Administration
- Continuing Education
- Honors/Kudos
- Long-Term Goals
- Annual Review & Assessment
- Miscellaneous
Supporting Documentation For P&T

Time to become a pack rat!

Keep in Portfolio:

- All official evaluations (students, peers etc)
- Letters of acceptance
  - Memberships
  - Papers, presentations
  - Committees
- Letters, cards, emails, notes on cocktail napkins or toilet paper, that reflect positively on any aspect of your performance
- Patient thanks you for great care provided
- Student thanks you for teaching
- Colleague congratulates you on great talk
Make P&T Committee understand value of your work, particularly if non-conventional

Bibliography

Articles in Peer Reviewed Journals


   This was my first pathology publication as the senior author. *Archives of Otolaryngology* is a surgery journal publishing peer reviewed work of surgical lesions of the head and neck region of the body. It has an ISI impact factor of 1.527 and ranks 5 out of 29 head and neck journals. This article has had 27 citations.


   I did most of the work on this paper with other authors being responsible for clinical contributions. The *American Journal of Surgical Pathology* is the main surgical pathology journal in North America with an ISI impact factor of 4.269 and ranking of 4 out of 67 journals. This article has had 7 citations.


   This article deals mainly with my original laboratory research of pulmonary infarctions in dogs, and the studies were extended to humans in the following article. The *Journal of Surgical Research* publishes original articles regarding clinical and laboratory investigation relevant to surgical practice. It ranks 33 out of 141 surgical journals and an ISI impact factor of 1.674. This
Other Articles


   A whimsical paper describing errors in medical writing. *Modern Pathology* is the official journal of the International Academy of Pathology. It has an impact factor of 3.241 and ranks 7 out of 67 Pathology journals.


   This is a whimsical paper about how pathologic lesions are often compared with food. The *American Journal of Dermatopathology* is a peer-reviewed medical journal with an impact factor of 1.062 and ranks 16 out of 36 dermatopathology journals.


   This is a brief report of an unusual case of the Schistosomiasis organism present in hemorrhoidal tissue. This is one of the many unusual infectious disease cases that I saw while in Madagascar. *Journal of Child Neurology* is a peer-reviewed journal with an ISI impact factor of 1.134 and ranks 27 out of 71 pediatric journals.


   This is a brief article describing my medical error and how I learned to practice better medicine from that error. This letter to the editor of the journal, *Lancet*. *Lancet* is one of the most well known, respected, and oldest international journals of medicine, has an impact factor of 10.232, and ranks 3 out of 104 journals of general medicine.


   This is a whimsical article comparing diagnostic pathology with bird watching which happens to be a hobby of mine. The *American Journal of Dermatopathology* is a peer-reviewed medical journal with an impact factor of 1.062 and ranks 16 out of 36 dermatopathology journals.
Non-Medical Publications

Sandesh (Official Newsletter/Magazine of India Association of Nebraska)

10. Article: “India Survey and Quiz” 1992; 8(2):10-12
Hobbies

Promoted to Professor


Birding in India” December 1998.

Birding in Bharatpur” April 1999.

Birding in Madagascar” December 1999.


Birding in Britain” September 2001.

Birding in Galapagos” August 2002.


Birding For a Few Good Anis” January 2005.


Gray in USA” August 23, 2002, p M5


Should Have All Died” September 3, 2004, p M16

Many Choices” July 9, 2004, p M3

Publications
Conclusions

Non-traditional activities including hobbies, may be used to develop scholarly products

leadership, mentoring, professionalism etc. are highly sought topics for publication in specialty journals

criteria for Promotion and Tenure in many Medical Schools do allow unusual and leadership opportunities to be turned into scholarly activity

Professional Portfolio greatly helps in keeping all these materials together, so they are ready when needed
Why God Never Received Tenure at Any University:

God had only one major publication.
as in Hebrew.
and no references.
wasn't published in a refereed journal.
one even doubt God wrote it alone.
ay be true that God created the world, but what has God done since then?
's cooperative efforts have been quite limited.
scientific community has had a hard time replicating God's results.
never applied to the Ethics Board for permission to use human subjects.
en one experiment went awry God tried to cover it up by drowning the subjects.
en subjects didn't behave as predicted, God deleted them from the sample.
 rarely came to class, just told students to read the Book.
expelled the first two students for learning.
ough there were only ten requirements, most students failed God's tests.
's office hours were infrequent and usually held on a mountain top.