**Yearly Research and Career Development Initiative Goals and TODO List**

updated 5/17/20 BL

**Fall:**

* Update clinical research and mentorship page from the residency website (<https://medicine.utah.edu/internalmedicine/residency/categorical-training/scholarly.php>),

<https://medicine.utah.edu/internalmedicine/residency/categorical-training/mentorship.php>,

 how-to sheets (on Pulse), resources list, and the resident research seminar PowerPoint (on Pulse)

* Select 5 week block for the categorical intern seminar on “Intro to Scholarly Work as a Resident” – 2019-2020 this was Nov-Dec which coincided with PD/APD preceptor meetings. Consider doing it one block earlier for next year (also directly before recruiting might be helpful for talking points.)
* Once materials (e.g. the powerpoint, helpful links) have been updated, post them to MedHub (Under Resident Research Resources) and the Website

**Late Fall/Winter:**

* The research as a resident seminar has several components:
	1. Research CMR gives 1-1.5 hour presentation using Powerpoint on Pulse.
	2. Residents have the remaining hours to complete their online CITI training modules at home. There are instructions on how to complete the training on Pulse and the residency website. This unfortunately takes more than 2h.
	3. Complete career interest/mentorship survey on Qualtrics. (ask for prior year chief to share)
	4. Consider having interns fill out the feedback form at the end of the seminar (on pulse) – was helpful to make adjustments week-to-week.
	5. You need to follow-up with all of the interns to ensure completion of their CITI training. They should send you screen shots of the completion certificates. There is an Excel file on Pulse that you can use to track completion.
* Career Coach Initiative: Assign PGY-3/fellow peer mentors for categorical interns. As of now, hospitalist mentors are arranged via the track (less of an issue, as interns get plenty of exposure to variety of hospitalists). Outpatient GIM is an open question (we’ve assigned for the prior years, but it’s usually not many).
	+ Use the career interest survey to determine what specialty each categorical intern is interested in. There is a spreadsheet on pulse that I used as a master schedule.
		- I did not systematically update all upper-level’s interest or re-pair folks who have changed interest. However, it is useful to bring the spreadsheet to the CCC semi-annual review in December as APDs will have discussed interests with residents.
	+ Second, select and confirm PGY-3s, CMRs, or fellows who were residents here and would make good mentors for each specialty (use your judgement, would probably err on the site of more enthusiastic/interested over perceptions of success academically). In the past, we’ve preferred program graduates (familiar with our educational strengths/weaknesses) and folks who were CMRs at other institutions (familiar with general issues of career development). Use the “peer mentor list” excel file to compile the information on mentors and mentees. A template for the email is in the pulse.
		- Note: confirm with mentors if they are willing to take 1, or more mentees. Some specialties will often have more interested interns than fellows.
	+ Last, email each mentor/mentee combo to introduce them. The goal is that they meet 1-2 times in the second half of their intern year to discuss research mentors, next steps towards accomplishing their career goals, and general tips for residency.
	+ There are templates for each e-mail that you can consider in an email word doc.

**Late Spring:**

* Update the resident research database
	+ Send out the survey to all PGY-2s and PGY-3s. (and possibly 1st year alumnis)
	+ Gather information from Amy/Emilee/Karen about travel funding for presentations and add those to the database.
	+ Peruse the senior scholarship list to see if project/mentor pairs are unaccounted for
	+ Consider individual email to folks that you know (either from travel or personal conversation) aren’t represented to see if they had any posters/presentations as a result of their work.
	+ Update the database on Pulse with the data they submit.
	+ Then, load the updated version to MedHub (send to Amy Kern and Emilee Kluff). Double check to be sure the updated version is on MedHub.

**Yearlong:**

* One of the “Vision Statement” Goals for the residency program is to provide an “environment of inquiry and active academic support” – as research (‘Scholarly Work’) initiative lead, we’re the point person for this. Thus, generally advocating and publicizing resident success falls to us. How best to do this is an open question, but we’ve been:
	+ Highlighting resident scholarly work on social media (often by retweeting etc.)
	+ Soliciting and spreading publications etc on the weekly email
* Senior scholarship day has been a separate initiative in some years – but helpful to work closely (or combining) to coordinate
* Update this document.

**Curriculum Objectives**:

Seminar

Interns should….

* Understand the Scholarly Activity Requirement of the residency program
* Know the mentorship structure in the residency, and how to maximize the chance of a productive mentorship relationship
* Gain insight into the type of projects residents should seek to perform
* Perform a self-assessment on your career goals for peer career-coach matching
* Minimize barriers to contributing to a scholarly project: Complete CITI and GCP trainings today.

Career Development Program

We envision the pairings filling several needs in the residency:

* Giving more in-depth knowledge of what faculty members in a given division may be good scholarly project mentors or letter writers (as the predominantly general IM Program Leadership aren’t always in the know), and being a conduit for making those connections
* Having more modern insight into match requirements and application procedures than senior faculty mentors may know
* Providing a point of contact and social structure that encourages residents to consider their career options to help make career decisions earlier, as well as support them once they do.

Additionally

* We want to provide an opportunity for advanced housestaff to practice being on the other side of the interaction (the mentor)

Database goals:

House-staff facing goals:

* Collate a list of mentors who have experience working with trainees for those seeking to find an experiences mentor
* Conversely, to provide some warning of mentors who have been chronically underproductive

Residency/Department facing goals:

* Get a benchmark productivity (abstracts, manuscripts, op-eds, etc.) to track the result of future changes
* Provide a source of information about projects that can be highlighted for recruiting / website
* Lay groundwork for mechanism to recognize excellent mentors (e.g. if a future chairman is more interested in putting some muscle behind the invocation to be active in this area)

Longitudinal Goals:

* Advocate for the program (and institutional) goal of providing an “environment of inquiry and active academic support”
* Help ensure that as many of our residents are ready to apply to fellowship as PGY-3’s as possible. There is a perception that some residents are interested in chief years or hospitalist years primarily because they would not fare well in the match without the extra time, which is a shame.

**CURRICULAR ASSESSMENT**

These are the questions we’ve used for assessing the curriculum in the past:

1. Agree/Disagree: The Intro to Scholarly Work seminar and Career Coaching initiative helped me progress toward deciding what I ultimately want to do after residency?
2. Agree/Disagree: The Intro to Scholarly Work seminar and Career Coaching initiative helped me clarify what should be done to be competitive in the match or employment job market?
3. Agree/Disagree: The Intro to Scholarly Work seminar and Career Coaching initiative helped me decide what type of project (and how to do it) I will do to meet the scholarly project requirement of the internal medicine residency?
4. Agree/Disagree: The Intro to Scholarly Work seminar and Career Coaching initiative gave me information that I’ve put to use in trying to cultivate productive mentorship?
5. Agree/Disagree: there is an environment of scholarly inquiry in the residency and active academic support for residents to contribute?
6. Have you established a scholarly project mentor? Yes/No

If No – why?

[ ] I’ll do it later in training

[ ] Not enough time

[ ] Not enough certainty in career plans

[ ] have been unable to identify the right person

[ ] I think I’ve identified the right person, but for whatever reason (time, conflicting priorities, etc.) we’ve been unable to establish a mentoring relationship

1. Did you communicate with your “Career Coach” beyond the first ‘match-making’ emails? (examples: exchanging emails or txt that involved advice or clarification on career paths, meeting in person, meeting on zoom, discussing by phone)
2. The resident research database (medhub -> research resources -> Research Database) has been useful for any reason? (Disagree (Haven’t used) -> Agree)

**FUTURE DIRECTIONS:**

This is a running list of possible improvements to the program that might be helpful in the future.

[ ] It would be helpful to automatically track some of the academic output from our residents automatically. 2 mechanisms that I’ve considered for this are signing folks up for ORCIDs at the time of the seminar (then you can set up alerts) or using PubMed/Medline’s alert tracking systems. Unfortunately, these would only capture indexed/published academic output, while we still want to encourage poster presentations, Op-Eds, ed / QI work, etc. Another option would be to try to insert a step in the submission for travel reimbursement that leads to notification of the research chief to add this “output” to the database.

[ ] related to the above, the question of how aggressively to pursue information on recent graduates (e.g. did they have a bunch of projects in the works that then finished after graduation that just, say, hadn’t been published). If we automate some of the tracking, this would be more moot. Currently, we are not surveying graduates.

[ ] Missy Whipple brought up the good idea of trying to pursue Umbrella IRBs for some of the common areas of resident scholarship. For example, we already have an Umbrella IRB to study educational interventions related to the residency.