

Creating Publications for Academic Promotion with Dr. Pitt

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Logan 00:00

Welcome to the program director podcast with Logan. I'm your host Logan, a medical student, where I feature different graduate medical education leadership personnel to discuss all things program director related. This podcast is affiliated with the University of Minnesota graduate medical education office. The content and opinions discussed on this podcast are meant for

informational purposes only. Thank you for listening today. Here with us today we have Dr. Pitt, a pediatrician, board certified in pediatrics, the Associate Program Director for the pediatric residency and the fellowship program director for the pediatric hospital medicine fellowship program at the University of Minnesota. Thank you, Dr. Pitt, for being here today. And welcome.

Dr. Pitt 00:48

Thanks for having me. Please call me, Mike.

Logan 00:50

All right, we'll do Mike. Mike, I've heard that you've created this process on where you turn a presentation into a publication and was wondering if you could describe that process and how you came about it.

Dr. Pitt 01:03

Yeah, I use the phrase academic size a lot, which is where you've done something in your program that you needed to do, and how do you actually wave a magic wand and turn it into an academic product? And so that's kind of what I mean, when I say academic size and I think I came to that intentionality of recognizing that as much as programs in the country are saying different things, quote, unquote, count for academic promotion, the currency is still traditional publications and dissemination metrics. And so how do I take what I've already done and get credit for in those traditional pathways?

Logan 01:37

Okay. All right. So, could you kind of describe, you know, some examples that you've done in this? Or maybe your process in doing this?

Dr. Pitt 01:47

Yeah, let's start with the process. And then I can share a few different examples and frameworks to think of I think the process is to always have the eye of there's a paper in there, you know, so there's a phrase, we often hear a lot, you should write that up, you should write that up, it can be a trite thing to say, and it often can be paralyzing. For those of us that have never done that process. Before. When I came here, as faculty, I had never written a paper before. So just that phrase didn't even make sense to me. What did writing it up mean? But the lens is, how can I tell my story? How can I find the way to make this useful for others in a way that they could do it? And so, I think often in medical education, people feel trapped of saying, I need to do a study, I need to write this up. And in order to write it up, I need to have pre and post-tests. And I need to say the gains that it made and in knowledge, etc. And they get so we get so paralyzed in that process that it often dies and doesn't become a paper, or we fall into the trap of doing really low educational outcomes. So, we say, oh, I should write it up. So, I

should do a pre survey of what people know. And then a post survey of what they knew after I taught it. And that's not really high enough on what's called the Kirkpatrick pyramid of educational outcomes to be meaningful. And so, we put all this energy to a study, we might get an IRB, and we don't have a way to share it. So, the first lens is reframing. What is the story we have to tell how can this actually be useful? And escaping some of the self-imposed constraints we put on that by saying it has to be a study? And I can talk more about that?

Logan 03:23

Yeah, yeah. So where do you start in this process?

Dr. Pitt 03:27

Yeah. So, if we start with this frame of, I'm going to find a way to share my story, what are the different ways we can academics eyes, our story, and you get credit for one is peer reviewed workshops at academic meetings. And so most major conferences, have a workshop format, where you can submit a proposal to teach others how to do something. And what's beautiful about those is, it's not like a traditional research model, where you get scooped. If somebody else has done a similar one, its many people lead workshops on how to manage your CV, or how to give a presentation or how to give a workshop if you want to blow your mind at the meta workshop. So, the first step is saying, what do you do? Well, what's something somebody could learn well from you, and then you propose it as a workshop at an academic meeting. And those proposals work really well. If you have a catchy title that makes somebody when they're looking at a long list of where to spend their time at a meeting go, that sounds like a good use of my time. There are buzzwords you could put it in those proposals that participants will leave with a toolkit of readily implementable dot dot dot, but you really package it in a way that that makes people feel they'll be empowered to do something. And then you find ways to make it interactive. So, it's not just let me tell you what we did. But you're building into your proposal. Here are ways you can work on how this could be implemented. So, we were doing a workshop on how to incorporate vulnerability as a value in a residency program. And so, what does it look like to intentionally model vulnerability and our rhythm of that workshop? which will be presented at the Association of pediatric program directors in May, is we introduced the concept of vulnerability, we ask for some self-reflection and model vulnerability by the room. So, you've got a way to get them engaged. We share examples of how we do vulnerability rounds where we ask people just talk about something they don't understand, you know, they've pretended understanding and medicine. So, I don't really know what the ACTH stim test does, and I order it. So how do we kind of model this? And then we invite reflection and peer sharing along the way. So, the key is one easy avenue is to convert your work into a workshop and say, what do I do? Well, how can I teach others to do it? Those peer reviewed workshops are actually more competitive than abstract academic meetings, they are the most competitive slot to get so as currency for your own promotion. beefing that up when you're sharing your work. I've recently was updating my CV, I think I've done maybe 30/35 of these

workshops at national meetings, and then looking at as a flag post that the workshop is not the end of the dissemination. Now, how do I tell the story about that? How do I turn that into a paper? And we can talk about some ways we could do that next?

Logan 06:14

Yeah, yeah, sure. Let's just jump right into that.

Dr. Pitt 06:17

So how do you turn these into a paper? Well, one, the workshop can be viewed two ways you are workshoping a theory often and refining those best practices. So, when we think about how actors use the word workshop, they're working on the script, and they're playing with it and refining it to the final product. So, in some ways, your workshop of teaching people something is also you refining how to teach it, and then turning that into a paper. So, for example, we've done a workshop on how to think about your academic product as a true product and branded as such, you can have the greatest idea if it dies in a poster that nobody reads, it's useless. And so how do you actually recognize that just like spaghetti sauces need to differentiate themselves from competitors, or academic products need a brand? And how do we actually apply principles of branding, like giving it a catchy name, designing a logo, I often use a website called Fiverr, [fiverr.com](https://www.fiverr.com), where you can hire a freelancer to make a logo on a poster that gets put an email that kind of perpetuates the product of this in dissemination. So ways that that can be the workshop we did on branding, that paper describing how to apply branding, all of a sudden, our credentials are having led workshops at this at multiple national meetings, we now share a framework for dot dot dot, and we put the talk into a paper using the perspectives category of a journal, where the workshop is our methods, so to speak, to be able to disseminate this without necessarily meaningful data beyond the validation that this has been well received.

Logan 07:59

Yeah. Okay. So how do you go about writing a results or discussion section? And how do you find sources to you know, back your claim, or to maybe help argue one point?

Dr. Pitt 08:12

So, a key frame here, and I think a key to success in disseminating this type of work is to think beyond the background methods results framework, and that is, most journals have a section of their journal, that's often called a perspectives category. So, it might be called perspectives or viewpoints. And what we've found and in fact, the next paper that we're writing is that perspectives paper on how to write perspectives. So again, another meta moment here. But the key is you're not constrained by those background methods results. And we found that there are really five types of papers that can land as perspectives pieces, and there's a little over overlap here, but I can talk through those five categories now.

Logan 08:54

Yeah.

Dr. Pitt 08:54

So, category one, we call this the academic editorial. So, this is something annoys me. I wish it was done differently. And I want to write a paper. That's the same way I might write an op ed in the Star Tribune, but I'm writing it to JAMA, or I'm writing it to a journal using this perspectives category. It is a scientifically informed opinion piece, where you're basically arguing something so one example I published with a colleague, Marissa Hendrickson, in JAMA, and Genevieve Melton was we wrote a paper basically confessing that we lie when we say we've done the full review of systems, we acknowledge that the system have demanding that I document 10 points of a review of systems in a note in order to bill appropriately incentivize lying, because that is not our best use of time and there's not data so we did a review of the review of systems, arguing that it's a flawed requirement. We aren't doing it anyway which is academic or ethically dubious, and we would rather use our time for better patient care. We wrote this piece it was published and the response to the letter, the letter to the editor came from the Inspector General of the United States who was part of that changing that insurance requirement because of that piece. So, this is not only editorializing, it's the strongest form of advocacy. And multiple times we did an perspectives paper on 13 reasons why and the suicide scene where we use data of looking at the chart review in our system at Epic, and found that over 60 times in the six months surrounding the shows released children had presented and documented in the chart 13 reasons why with the majority of those being a suicide attempt, and we were part of the data that was cited in Netflix, removing the scene from the streaming platform. So, it's an opportunity to kind of leverage advocacy through a paper that counts on your CV counts for promotion gets, the only time I'm ever going to be published in JAMA, you know, gets an opportunity to be in big journals, and is not background methods and souls. So, category one editorializing in an academic sense.

Dr. Pitt 11:02

So, category two, we talk about how to papers, this is where the workshop lends up, converting it to a paper often lands and I'll share another one next. But this is I have something that I am suggesting that we are we have something that we're suggesting you could do better and let me tell you how to write a paper. So, there are papers that are prospective papers called how to write a scientific paper, how to use a reference manager, we have papers, we've written 12 tips has a section and medical teacher, and it's 12 tips on blank. So, I have 12 tips on how to use games in medical education. One that strategies for bringing mini chalk talks to the bedside, how to run a global health track, you know, we have one from the University of Minnesota, so you look at something you're doing. And you say, okay, let me share the lessons learned not using background methods results, writing the paper without you might apply

headings. So, the beauty of the 12 tips is you kind of write an intro, and then the 12 tips are your headings for that. But it's really how-to listicles work really well here, five ways to blank, you know, seven ways to blank. So, this is a how-to paper can often convert a workshop or if you implemented a curriculum and DEI with your trainees and you want to tell people seven strategies for implementing it. You can leverage that perspective.

Logan 12:21

Yeah. So, does there need to be any metrics about how it worked before versus how it worked after? Or is it just literally your own opinion on how you did this thing?

Dr. Pitt 12:33

It's a great question you want you certainly want to back up what you're saying with evidence from the so that these all allow citation. So, you can say, here's why we chose to do this. This was the gap in the literature that was here and move it along. Sometimes when you're sharing what you did using a framework, especially if it's curriculum, you can actually use the framework of curriculum development to share the story. So, for example, there's a well-established curriculum design framework called Kerns six steps of curriculum development. Number one, we did a needs assessment. Number two, we identified the problem you already know identify the problem, we didn't need assessment, etc. all the way through what we did to evaluate it. I've written several papers, where that is the framework of how I tell the story. We wrote a paper; we I keep giving these examples just to get people thinking about how they could get credit for what they did. So, we were doing epic onboarding at all of our sites in the medical school where if they went to Duluth, the med students had to do epic onboarding, even if they had done epic onboarding at their site at Hennepin, for example. And so, we got all of these on borders together and said, could we come up with a single onboarding that if we said they did this, they would know enough about epic, even though there's nuance that you would grant them a portable certificate of onboarding across these programs in the state of Minnesota. We did it what we came up with a brief kind of competency-based assessment in the epic playground. And we got people to bless this. Well, the real outcome was that we got people to not have to repeat these multiple sessions. We didn't put a ton of effort into quantifying that beyond saying, how many hours would that have been at your institution, but the way we wrote that paper in an informatics journal, using the perspectives category was walking through the six steps. Here's our problem. Here's what we did as a needs assessment here in our education strategy. So, we actually had to use the current six steps to tell the story, knowing that this journal might go an added value for the readers of this piece, where oh, that's good to see a framework to do this. So, there's kind of a secondary teaching moment. But again, this was never designed as a study. It didn't need IRB; it was telling a story that others could model.

Logan 14:47

Okay. Yeah. So, then what's category three?

Dr. Pitt 14:50

So yeah, so we've talked about opinion editorial, how to paper. The third category we call a new approach or a framework. So, this is where you have it's a More of a thought piece, the first category of an editorial is I want you to make a change. Here's why. The second one is we're doing something, well, here's how to do it. And this is a category where it's, hey, we've got a new way of thinking of something. And you're really kind of putting almost a TED talk on paper, the example being in this brand framework. And this is why I said there's no overlap, it was converting a workshop into a meeting. But what really resonated with people in this workshop was when we started talking about how to think of your own brand in academics. And it being the intersection of what you're good at, and a Venn diagram, what you're good at what your institution needs, and what you're passionate about. And the problem is, if you have any two of those things, it's a setup for failure. So, if you are good at something, your institution needs it, but you're not passionate about it. That's a setup for burnout, right? I'm doing the work, a lot of our work lands in that space. I'm good at it, my institution needs it, but I can't stand it. We can be good at something that we're passionate about, but our institution doesn't need it. And then it's a hobby, and it can look like a distraction. Now the strategy of academic sizing is how do I take my hobby? Maybe I do improv, you might know I do magic professionally, magic was a hobby. I'm good at it, passionate about it, my institution doesn't need it. How do I pull it to that sweet spot, I start doing workshops how physicians can learn to think like magicians, and I write a perspective paper in pediatrics on how magicians can learn to think like pediatrician using the workshops I've done as the credentials to be able to write that paper? And now I landed that sweet spot because it's actually showing, and it's been an invited Grand Rounds and an opportunity to get academic credit for my hobby. And this works with improv dance music, you can really think certainly, the whole field of storytelling and Narrative Medicine often lived as a hobby for people of creative writing. And we're really proving the value in medicine, which is pulling it towards that sweet spot. The third part of that intersection is I might be passionate about something, my institution might need it, but I'm not good at it. That's a setup for failure or growth, I'm going to tarnish my brand, because I'm not doing it well. Or I'm going to identify what coaching is, I want to get better at this because it's an area of passion. All of this framework ultimately became the paper and academic medicine, of what you can learn from branding principles, what academics can learn from branding principles. But the real meat of the paper was this framework as a reflection for the individual reader. So, a scholarly way to kind of think through this, and ultimately put this framework up there. So that's what I mean, when I say, maybe you have a way of thinking. Kaz Nelson and Laura Wichser, I will get you the name to make sure I'm getting that right. So, but let me just say to colleagues in psychiatry, at a framework about how to actually use the arc of it, how you interact with a patient to meet them where they are, and they publish that as a perspective using kind of this framework approach. So that's our third category.

Logan 17:58

Okay. And then category four.

Dr. Pitt 18:02

Yeah, so fourth category I look at is when you are sharing, it's almost a press release, you've done something it exists out in the world. And now you just want to get credit for doing something by waking people to that resource. So, this is going to have an opportunity to talk briefly about another way to disseminate, which is going direct to consumer. So, if we think about if I have a curriculum I've made, I can go through the rigor of trying to get it published in MedEd portal as a searchable way to be found. What I have done is more often than if it works, let me get it in people's hands. So, we do a workshop, we make a website where they can download the curriculum. And now that is its own additional thing is we've disseminated a curriculum, we created a curriculum called simulation use for global away rotations, where we wanted to look at how we could pre create the emotional hurdles for people working in global health and resource limited settings. So, they often know how to manage DKA. But they get there, and patient presents in DKA. And there's handed a vial of insulin, three accucheck strips for the whole hospital and machine was instructions that were to glucometer with instructions in Arabic, and they're handed to them by the nurse. They're now paralyzed. They don't know how to do what they know how to do. So that really all fits in the emotion of frustration. I know what to do back home, but I can't do it here. We put together a framework frustration, floundering failure futility, that common themes of emotion that people encounter in global health work, created simulations designed to pre create that scenario. And that trial that led this working by multiple institutions, wrote a paper about those outcomes. But ultimately, the next step was we gave the curriculum away as a website. Too many times we read papers that say I had a problem. It worked. We had a solution; it worked the end. The real sick goal is we have a problem. You may have this problem too. Here's what we did here, you can do it too. And we don't do that enough. So, I've a lot of our work is that get stuff directly in the consumers hands. Now I can say 200 people have downloaded this curriculum and multiple, you know, 200 institutions are using the curriculum that's available at sugarprep.org for free. And it's its own academic product that's led to dozens of papers and you know, many of which are perspectives, that papers kind of leveraging this thinking. So that is a way where you're saying I've done this. So, when we did sugar, we one of the curriculums we have led by Tina Slusher is called pearls, procedural education for adaptations to resource limited settings. Notice the theme here, you have an idea, it becomes a real idea when you give it a name, we've logos for this that are on posters, and it becomes kind of snowball. So, pearls are a sub curriculum of sugar, where we taught people how to make modifications to procedural tools, when they don't have access to them in resource limited settings. We created videos, we put this on the website. And then we wrote a paper that said, we created videos and put this on the website, the paper is a press release to an existing curriculum. The reviewers are like, wow,

this curriculum is great what I'm so grateful to know about this tool. And they're accepting the paper based on the fact that it pointed them to something that they didn't know about yet, the paper itself was just telling a story of that. So that's what I mean, when I say you've done something, you want to get credit for it in an academic stamp on a paper, do you write an academic perspective piece that points people to that free resource.

Logan 21:40

okay, and that resource can be basically just about anything.

Dr. Pitt 21:46

You've, if you don't let an if I make a website, you've done this, that press release can point them to a drop box folder, and that they have access to that. So, I have papers published, where what the tool is that they get to is a link to a folder where all these tools exist and have kind of been done. And I'm certainly happy to meet with anybody that has ideas about how to do this.

Dr. Pitt 22:05

The fifth category, so we've talked about number one, I have an academic opinion or editorial to share complaint, and I want you to think about it differently. Number two, I do something well, and I'm going to teach you how to do it. So how to paper kind of converting a workshop into a paper. Number three, I have a new way of thinking a new approach, kind of maybe a TED talk to a paper where I'm giving you a paradigm to think about number four, I'm doing a press release, I've done something that you might benefit from, and I'm going to point you to that resource.

Dr. Pitt 22:35

And then number five is where you do have a traditional study. But it might not be strong enough to stand as a paper on its own, that when you really dig and you try to make it the star of a paper, it raises too many questions. And what you're really trying to do is use the study as a launching point for an important discussion. This perspective is allows you to flip that on its head have the discussion and use your anecdotal kind of piece of your work to make one of the points I'll give an example that's 13 reasons why study we did we looked for the phrase 13 reasons why the show that's on Netflix that depicts a teen suicide in the aftermath and kind of glorifies the hero of the story is that the one who died by suicide, we looked for the phrase and epic in the six months after the show. We coded via kind of a qualitative analysis the themes to why people had presented when that was document. Many of the reviewers when we wrote that, as a scientific paper said, well, clearly, you're under capturing how often this was the trigger, which is of course true, because somebody had to choose to write it down. You know, this wasn't a prospective study. Yet. The point was 63 people did choose to write it down. That's data that is important, the fact that we're under reporting it. But we kept running into that

problem when we wrote it as a paper. So, we pivoted, and we wrote a paper that said 13 things pediatricians should know and do about 13 reasons why. And we said number one, what the show is number two, why depicting suicide graphically as a problem and what the CDC had who save on that? Number seven was at our institution, when we looked at that record in one paragraph, when we looked at the records, we found over 60 accounts of dot dot dot. So, we got we snuck our data in we put the vegetables under the cheese on the pizza, you know, to trick our kids into eating their vegetables. So, we snuck the data into a perspectives piece as a supporting actor rather than the star. But it got that out there as meaningful citable work. So, it's a way where you have a story to tell. And I have several examples where we've done that, we had one paper that was rejected six times and we pivoted how he told the story, and it was on some of the initial follow up to our simulation curricula, where we had really a poor design to a study, we did not match the evil when they returned from their global health rotations. We had no identifier to link them to their survey they did before. So, we are able to talk about themes, but not John changed his opinion about this. And so made it hard to write as a true research paper. But when we instead wrote a paper on the value of using simulation and global health prep, and shared our story, and then could say, we saw a 20-fold increase of those that identified culture shock as the main thing that was beneficial when they returned, we didn't have to go deep into a methods die for that we were just able to share the key take home points. So that's another approach. One of my interests is in destigmatizing rejection. And we've done some work on how often people encounter rejection in academics. And one of the things we sometimes forget to do is to swerve if we keep getting rejection, how do we avoid giving up but find another way to tell the story?

Logan 25:44

Okay, so then basically, if you're a traditional person that just submits original research, and is never really done any of these other five categories, but ends up coming to rejection on original research multiple times, to get it to that fifth category you talked about, you present kind of like a case or your opinion, and then at the end growing like, well, here's just some data that we found out and.

Dr. Pitt 26:14

A few different ways to do it. I think the easiest way to think of it is what you would say in the discussion of your paper becomes the paper and you're talking about the problem. There's an example Kristina Krohn, med peds doctor I work with, had a really important question, looking at how there's disproportionate recognition of gender and academic so it's been well established that shout outs in email congratulating doctors on a success have a disproportionately do this for men versus women, men are more likely to be introduced as doctor when they give Grand Rounds compared to their female counterparts. And so, question was, what are some ways we could look for bias, eliminate that discrepancy? And be intentional of what she and her colleagues on the paper wrote about micro recognition?

academic recognition is essentially the currency of promotion. How do we make sure we're intentional about leveling the playing field? And so, she looked at two places, we've been doing this in the Department of Pediatrics through a platform that kind of promotes transparency and logging your real time submission, and a newsletter, where we solicit at the division level shoutouts, and did find that those were actually leveling the playing field in projection. It was such a complicated study to describe there were so many methods as far as what we looked at. We looked at pre and post things in Scopus, and we talked it, we found out that it was just getting too hard to tell us a research paper when the whole point of this was getting people to think about recognition differently. And being intentional and providing equity and recognition. It pivoted to a perspective space, even before we submitted the first paper, you know, we just recognize this works better to raise that concern for people and then say, when we looked at our institution, we found two approaches here and kind of briefly share that, but you're not less about p values at that point, and more about getting people thinking.

Logan 28:06

Yeah. So, with those five categories, and also publishing, giving academic workshops, are there other ways to get publications other than the usual intro, methods, results discussion?

Dr. Pitt 28:22

So, we talked about workshops as a measurable outcome of dissemination. So that's one. Number two is the perspectives category. Number three, there are a couple journals that actually have infographics that get indexed in PubMed for sharing tools. There's academic medicine has AEM last pages academic Pediatrics has a new section on faculty development kind of infographics called nuts and bolts, but these are again, ways that you can get an indexed article by not taking the traditional approach of dissemination of writing a paper but converting it into visuals, there's JGME, let's rip out and read series, which does this with kind of very tangible how-tos. So that's a third approach. The fourth is to view yourself as your own agent. I think what we don't often recognize when we use the word promotion and tenure, the first word should be self. It's self-promotion and tenure. It's unlike my wife who gets to come home and say my gosh, honey, I got a promotion at work today. That doesn't happen I have to put myself up for promotion. I have to be my own agent and tell my story and break Minnesota Nice humility and find a way to actually say I deserve this on paper that can start with self-promotion at getting things on your CV for this which means reaching out to friends for med school and saying hey, I'm I put together one of these workshops. I'd love to do a version of it as grand rounds at your institution or do a faculty development session for your division counterpart. So, starting to put yourself out there. It is a myth that the phone rings asking you to come give a talk, especially early in your career that snowball will grow. You need to be writing the paper and hitting the call and stepping outside of your comfort zone and self-promotion.

Logan 30:07

Okay, yeah, so that's all really great stuff. And actually, like stuff that I had no idea even existed as far as in the publication world, I always thought it was an intro method, results discussion type framework, I had no clue about all these other categories.

Dr. Pitt 30:24

There's another category that we can add to that does fit in that traditional, I'm still trying to tell a research story. And these are some journals increasingly are having sections called like scholarly innovations or brief reports. For example, academic pediatrics, has scholarly innovations, which is 1000 words, there's kind of an educational innovation section in JGIM, that sometimes is 500 words for rapid fire calls, but they have another one that's around 1000 words. But these often don't require you to use those headings but might use headings of problem approach results. Next steps, you know, so you don't, you can actually propose some language that you still get to share results, but you're really boiling down to hey, here's an idea we had. And again, that that other piece is just mentioning that you can disseminate direct to consumer through website sharing. Every time I give a workshop at an academic meeting, the attendees walk out with something that takes them to the resources from that workshop. So, a QR code that takes them to a folder or to a website, or we're doing one on positive peer pressure and how to leverage positive peer pressure in academics at the pediatric academic society. And they will leave with a commitment to positive peer pressure from that group, where when they scan to fill out a form, they are sending an email to everyone that's at that workshop, committing to what they're going to work on, and get a check in three months later. So, you can kind of get creative. And then if you already have that lens of what's the paper, that might be a paper that's an outcome, you know, is kind of in that space.

Logan 32:00

Oh, yeah, that's a really great look at it. There's there a website that's available or ways that you know, people can find maybe templates on how to write all these different styles of papers for the journals, or guidance.

Dr. Pitt 32:15

We mentioned, we are writing a paper right now on how to write perspectives. But I would say go to the journals you read, go to the author guidelines, and look at the categories and look beyond the research categories. For words like viewpoint perspectives, are often what they're called, and read those requirements and see if it fits, I think certainly starting to pay attention to those sections. The other category that we haven't talked about is its entire own field, which is around the storytelling in medicine, and Narrative Medicine, reflective writing, where you're truly trying to share a very personal story. These are usually one author papers of a relatable experience in medicine. And there's value not only that every journal tends to have this type of section, but you also know, a piece of my mind is what it's called in JAMA, or in the moment is

what it's called an academic pediatrics. But the Center for storytelling and medicine, through the university has been publishing these stories and mentoring people to get those published. Those two are indexed sizable stories, but tend to be more that creative, reflective writing, I had one my first one published this year, that was essentially a poem writing about an experience in the NICU. And so that those are also opportunities for people to disseminate their work their thinking has impact on others, and also generate the muscle memory of submitting a paper because that that often is the hurdle for many of us.

Logan 33:40

Yeah. And so then in all of these different types of categories for publication, is there one that maybe carries more weight and self-promotion than another? Or are they just all equally the same?

Dr. Pitt 33:53

You know, I think if one's entire CV is filled with these, it might make somebody think something differently. But I think when you're peppering, you're, you know, a solid 30 of the papers on my CV would fall in this perspectives category, yet are cited and move the needle on all the papers I've written that have had letters to the editor weigh in, which is a way to kind of show kind of impact because people are debating something have been this category, despite doing plenty of traditional research. And I mentioned the inspector general one, we just had one, where we put a thought piece out about some misconceptions that we have when we communicate about the growth charts in pediatrics, and common rules of thumb that don't actually resonate and or hold true. And we wrote that again, Marissa Hendrickson and I and published that in JAMA Pediatrics and it ruffled feathers at the CDC who wrote responses and we got a chance to respond to those purely again if I want to talk about self-promotion and the ethos of this, that back and forth that generate citations that generates a new line item on a CV So again, there's value in both moving forward go forward but also moving your CV forward.

Logan 35:03

Well, thank you so much, Mike, for all this rich information. Very informative. Is there anything that maybe we didn't discuss that we would like to discuss more?

Dr. Pitt 35:12

I would just challenge you, Logan to start thinking about what's the perspective piece you get to write about how to do a podcast in GME?

Logan 35:20

Yeah, definitely I know, that's kind of one thing that popped through my mind when we were talking. I was thinking like, you know, could this podcast be published somehow?

Dr. Pitt 35:28

For sure.

Logan 35:29

Thank you so much, Mike, for volunteering today and talking with us about, you know, different ways to get a publication. And so, I really appreciate your time. Thank you.

Dr. Pitt 35:38

No problem. Thanks.

Logan 35:39

Thank you for listening today. This podcast was produced by Logan. For more episodes, and other program director related content, visit z.umn.edu/programdirector.