

# Life in the Fast Lane: Career Advancement for the Busy Professional

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University of New Mexico Health Sciences Center

# Disclosures

- No relevant commercial relationships to disclose.

# Objectives

At the conclusion of this session participants should be able to:

- Identify 1 method of professional goal setting for career advancement.
- Discuss 2 characteristics of an effective mentoring relationship.
- Identify 2 modes for producing scholarly publications.

# A tale of 2 professionals

E.V.

34 yo PA, new grad, highly motivated, just moved to a new location to take a position as a community hospitalist, has a heavy clinical load, is raising a family. Wants to grow professionally but unsure how or where to start.



A.B.

44yo NP, mid career, feeling a little stuck, would like to try new things professionally but so busy with clinical work is having difficulty finding time for anything else.



# In order, what should E.V. and A.B.'s next steps be?

Set SMART, achievable short term and long term goals

Update and polish CV

Identify professional passions

Engage in producing scholarly work

Seek out and obtain effective mentorship



- Initial activities will require a moderate time/effort input upfront but once you get the initial stuff figured out, you'll zip right along

Do this first to save time in the long run.

- Create, update, polish, and maintain your CV
- Figure out your passion/niche



# Create, Update, Polish, and Maintain Your CV

- If you haven't yet taken the time to create and polish your CV, this is a must
- It's likely your organization has a template for the format of your CV, if not there are plenty online.
- Update your CV weekly or as you have new things to add
  - Keep your CV in a cloud or online drive so you can access and update it anywhere, anytime

## CURRICULUM VITAE KRYSTLE DENISE APODACA, DNP, FNP-BC, FHM

### NAME AND TERMINAL DEGREE

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### MEDICAL LICENSURE

09/2010	New Mexico Board of Nursing License Number: CNP-01676 National Provider Identifier: 1508172933
02/2007	New Mexico Board of Nursing License Number: R59978

### CERTIFICATIONS

08/2015	Family Nurse Practitioner American Nurses Credentialing Center Certification Number: 2010008167
06/2015	New Mexico State Board of Pharmacy Practitioner Number: CS00215992
06/2015	Drug Enforcement Agency DEA Number: MA2262359

### EDUCATION

08/2012-05/2016	University of Nevada, Las Vegas <a href="#">Doctorate of Nursing Practice, Clinical Track</a>
08/2007-05/2010	University of New Mexico College of Nursing M.S. in Nursing, Family Nurse Practitioner
08/2003 – 12/2006	University of New Mexico College of Nursing B.S. in Nursing

### ACADEMIC APPOINTMENTS

06/2018 – Present	Assistant Professor of Medicine – Clinician Educator Track University of New Mexico School of Medicine
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# Who has access to their CV?

- Take 10 minutes to jot down 3 things you want to include or add to your CV.

# Identify Your Passion/Niche

## **How To Find Your Passion for a More Fulfilling Career**

August 10, 2021

By: Indeed Editorial Team



# Think, Pair, Share: Identify Your Passion/Niche

- What are the high points in your workday?
- What do you love teaching/talking about?
- What are you good at doing that you also enjoy?

# Professional Goals



# Professional Goals: Identify

- Do only what you love
- It's ok to say yes a lot initially, but then be very selective

## Stop Setting Goals You Don't Actually Care About

by Elizabeth Grace Saunders

December 30, 2016



# Professional Goals: Set

- Setting goals
  - Less is more
  - SMART goals
  - Short term and long term

Decision Making

## What Separates Goals We Achieve from Goals We Don't

by Kaitlin Woolley and Ayelet Fishbach

April 26, 2017



# Professional Goals: Achieve

- Accountability (tell people, mentor, etc)
- Reflect, re-evaluate goals prn
- Seek feedback on goals
- Teamwork makes the dream work



Scholarly Innovation

## The Hospitalist Peer Coach – Improving Feedback Skills, Professional Goal Achievement, and Camaraderie With the MN-PEACH Project

Erin E King MD <sup>1,2</sup>, A, B, Nicole Beckmann PhD, APRN-CNP <sup>3</sup>

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<https://doi.org/10.1016/j.acap.2020.09.007>

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### Keywords

coaching peer coaching hospitalist feedback pediatric hospitalist practice improvement



# Activity Time!

- Identify and set one professional goal
  - What you love, SMART, is more
- Achieve that goal
  - Who are you going to be accountable to?





# Mentorship



# Faculty Mentoring Toolkit

## UCSF Faculty Mentoring Program

Sponsored by the Campus Council on Faculty Life

Revised: November 2017



## NIH Public Access Author Manuscript

*Acad Med.* Author manuscript; available in PMC 2014 January 01.

Published in final edited form as:

*Acad Med.* 2013 January ; 88(1): 82–89. doi:10.1097/ACM.0b013e31827647a0.

### Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two Academic Health Centers

**Sharon E. Straus, MD [professor].**

Department of Medicine, and director, Division of Geriatric Medicine, University of Toronto Faculty of Medicine; and director, Knowledge Translation Program, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, Canada.

**Mallory O. Johnson, PhD [associate professor].**

Department of Medicine, University of California, San Francisco, School of Medicine, San Francisco, California.

**Christine Marquez [research associate], and**

Knowledge Translation Program, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, Canada.

**Mitchell D. Feldman, MD [professor]**

Department of Medicine, and associate vice provost, Faculty Mentoring, University of California, San Francisco, School of Medicine, San Francisco, California.



# Why having a mentor is essential

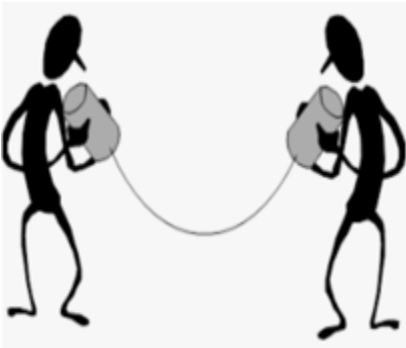
- Improved job satisfaction
- Improved career outcomes
- Increased confidence, skill, and participation in scholarly work
- Increased career commitment



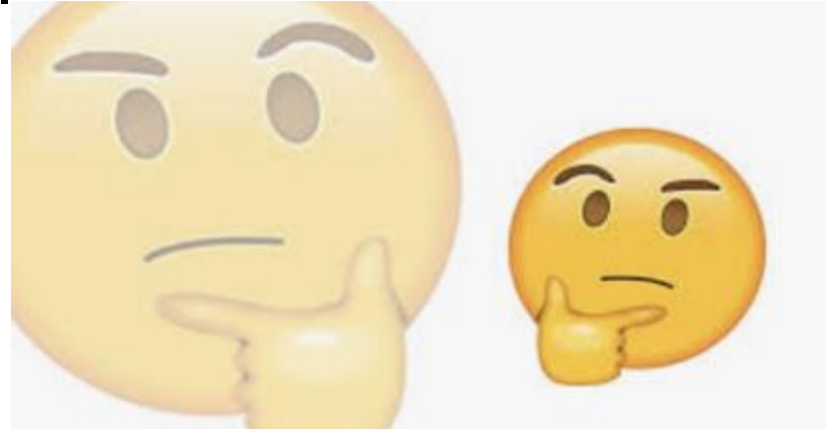
Strategy #1: Understand characteristics of an effective mentor.



# Strategy #2: Understand characteristics of effective mentee.



# Strategy #3: Effective relationship.



# Scholarly Publications

**IMPORTANCE**





# Turn what you are already doing into scholarship

- **Clinical Work**
  - Case reports
  - Letters to the editor
  - Practical Guides
  - Narratives
- **Medical Education**
  - Case reports
  - Letters to the editor
  - Practical Guides
  - Innovations
- **Quality Improvement/Patient Safety**
  - Innovations
  - Letters to the Editor

# Example of Case Report

CASE REPORT



## Management of Hypertriglyceridemia-Induced Acute Pancreatitis in a Nondiabetic Patient

Jamie M. Reed, PharmD, BCPS; Breann M. Hogan, PharmD, BCPS;  
Navine Nasser-Ghods, MD; and Conor G. Loftus, MD

### Abstract

Hypertriglyceridemia-induced acute pancreatitis treatment strategies are not well defined in current literature or guidelines. One therapy option is an insulin infusion accompanied by a dextrose infusion to avoid hypoglycemia. The purpose of this case report is to highlight dosing considerations for dextrose infusions in nondiabetic patients. We describe a case of hypertriglyceridemia-induced acute pancreatitis in a 34-year-old nondiabetic female patient treated with a reduced-dose insulin infusion, complicated by hypoglycemic episodes requiring dextrose infusion titrations. Empirical initiation of a higher dextrose concentration infusion with glucose level titrations should be considered to avoid hypoglycemia for nondiabetic patients treated with an insulin infusion to lower triglyceride levels. In this case, clinical pharmacy assistance was imperative for successful treatment with a reduced-dose insulin infusion and titrated dextrose infusion in the management of hypertriglyceridemia-induced acute pancreatitis.

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# Example of Letter to the Editor

## Response to "Alcohol and COVID-19: How Do We Respond to This Growing Public Health Crisis?"



J Gen Intern Med 2021;36(8):2476  
DOI: 10.1007/s11606-021-06824-3  
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To the Editor;

We read with interest "Alcohol and COVID-19: How Do We Respond to This Growing Public Health Crisis?" noting particularly how COVID-19 is distinct from other global tragedies.<sup>1</sup> We appreciate the authors' recognition of the persistent barriers in primary care to treating patients with alcohol use disorders, and careful description of how to improve treatment. Additionally, it is not uncommon for a hospitalist to be the first clinician the patient has contact with, especially if the patient is not established with primary care. This puts hospitalists in a unique position to have an impact on treating patients with alcohol use disorders. As hospitalists engaged in improving the care and clinical experience of people with alcohol use disorders, we are writing to implore inpatient clinicians to also develop processes and systems to connect patients with treatment.

A review published in 2018 examined data on medications for alcohol use disorder and concluded that naltrexone, acamprosate, and topiramate are the most effective in reducing alcohol use, but are notably underutilized.<sup>2</sup> Additional support

We believe hospital medicine teams should take advantage of opportunities to improve care of patients with alcohol use disorders. Hospitalization is an opportune time for a patient to receive screening, counseling, and treatment of alcohol use disorders. Hospitalists are well-positioned to promote solutions to public health crises, and have a history of doing so—particularly among patients who are not regularly seen in primary care. Initiating treatment for alcohol use disorders while inpatient or at the time of discharge, and providing warm hand-offs to colleagues in primary care, is the next step in improving care among this vulnerable population of patients.

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**Declarations:**

**Conflict of Interest:** Neither Dr Apodaca nor Dr Barrett have conflicts of interest.



# Example of Narrative

the**bmj**opinion

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## Patients' experiences of "longcovid" are missing from the NHS narrative

July 10, 2020

*Patients and carers must be involved in any initiatives to explore the long term impacts of covid-19*



As a group of doctors who have chronic covid-19 symptoms, we have been digesting information on social media platforms from [thousands of individuals in the UK and worldwide](#) affected by covid symptoms for 16 weeks or more. Support groups have rapidly sprung up on social media in which concerns have been raised about the lack of awareness among NHS doctors, nurses, paramedics and other healthcare professionals with regard to the prolonged, varied, and weird symptoms.

Some of these symptoms and patients' experiences have been summarised in a video "[Message in a bottle—long covid SOS.](#)" Many individuals have been reporting symptoms that range from low oxygen saturations, breathlessness, chest pain, pericarditis/myocarditis, pericardial / pleural effusions, fast heart rate with minimal exertion, hoarseness, skin manifestations, new onset dysphasia, acquired dyslexia, headaches, severe fatigue, relapsing fevers, lymphadenopathy, joint pains, sore throat and diarrhoea. Symptoms may arise through several mechanisms including direct organ damage and changes in immune function.

These wide ranging, unusual, and potentially very serious symptoms can be anxiety provoking, particularly secondary to a virus that has only been known to the world for eight months and which we have barely begun to understand. However, it is dismissive to solely attribute such symptoms to anxiety in the thousands of patients like ourselves who have

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### CATEGORIES



# Example of Innovation and Practical Guide

Innovation Report

2008; 30: 496-500



## Medical Student Mobilization During a Crisis: Lessons From a COVID-19 Medical Student Response Team

Derek Soled, MSc, Shiwangi Goel, Danika Barry, MPH, Parsa Erfani, Nicholas Joseph, Michael Kochis, EdM, Nishant Uppal, David Velasquez, Kruti Vora, and Kirstin Woody Scott, MPhil, PhD

### Abstract

#### Problem

On March 17, 2020, the Association of American Medical Colleges recommended the suspension of all direct patient contact responsibilities for medical students because of the COVID-19 pandemic. Given this change, medical students nationwide had to grapple with how and where they could fill the evolving needs of their schools' affiliated clinical sites, physicians, patients, and the community.

#### Approach

At Harvard Medical School (HMS), student leaders created a COVID-19 Medical Student Response Team to (1) develop a student-led organizational structure that would optimize students' ability to efficiently mobilize interested

peers in the COVID-19 response, both clinically and in the community, in a strategic, safe, smart, and resource-conscious way; and (2) serve as a liaison with the administration and hospital leaders to identify evolving needs and rapidly engage students in those efforts.

#### Outcomes

Within a week of its inception, the COVID-19 Medical Student Response Team had more than 500 medical student volunteers from HMS and had shared the organizational framework of the response team with multiple medical schools across the country. The HMS student volunteers joined any of the 4 virtual committees to complete this work: Education for the Medical Community, Education for the Broader

Community, Activism for Clinical Support, and Community Activism.

#### Next Steps

The COVID-19 Medical Student Response Team helped to quickly mobilize hundreds of students and has been integrated into HMS's daily workflow. It may serve as a useful model for other schools and hospitals seeking medical student assistance during the COVID-19 pandemic. Next steps include expanding the initiative further, working with the leaders of response teams at other medical schools to coordinate efforts, and identifying new areas of need at local hospitals and within nearby communities that might benefit from medical student involvement as the pandemic evolves.

#### Problem

The worst is, yes, ahead for us. It is how we respond to that challenge that's going to determine what the ultimate endpoint is going to be.<sup>1</sup>

School (HMS), among clerkship and postclerkship medical students, for whom clinical responsibilities fundamentally changed when we were pulled from all direct patient care-related duties on March 13. As student leaders at HMS, we

with the administration and hospital leaders to identify evolving needs and rapidly engage students in those efforts. Advanced medical students have valuable skills and clinical knowledge that can be appropriately used to help physicians.



Soled D, Goel S, Barry D, Erfani P, Joseph N, Kochis M, Uppal N, Velasquez D, Vora K, Scott KW. Medical Student Mobilization During a Crisis: Lessons From a COVID-19 Medical Student Response Team. *Acad Med*. 2020 Sep;95(9):1384-1387. doi: 10.1097/ACM.00000000000003401. PMID: 32282373; PMCID: PMC7188031.

### TWELVE TIPS

## Twelve tips for teaching avoidance of diagnostic errors

ROBERT L. TROWBRIDGE  
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### Abstract

**Background:** Despite an increasing emphasis on patient safety on the part of healthcare systems worldwide, diagnostic error remains common. Errors frequently result in significant clinical consequences and persist despite remarkable advances in diagnostic technology. Most medical students and physician trainees receive little instruction regarding both the root causes of diagnostic errors and how to avoid such errors.

**Aims:** This installment of the '12 tips' series discusses how to familiarize the learner with the cognitive underpinnings of diagnostic error. It also describes how to teach several approaches to the diagnostic process that may lessen the likelihood of error.

**Methods:** Specific educational practices are discussed in detail. Emphasis is placed on describing meta-cognitive techniques, promoting the value of the clinical examination, and employing simple diagnostic strategies, including 'diagnostic time-outs' and the practice of 'worst-case scenario' medicine.

**Conclusions:** Clinical educators may help learners avoid diagnostic errors by employing several of the educational techniques described herein.

### Introduction

Spurred by the publication of the Institute of Medicine report 'To Err is Human' in 1999 (1999) the pursuit of improved patient safety has assumed a prominent role in the American healthcare system. Despite the investment of significant resources, however, progress toward a safer system has been slow (Wachter 2004; Pronovost et al. 2006). One particular area with little demonstrable improvement

### Tip 1

Explicitly describe heuristics and how they affect clinical reasoning

Most clinicians are only vaguely aware of the existence of heuristics and have little appreciation for the effects, both constructive and detrimental, they have on medical decision-making (Croskerry 2002). By increasing learner familiarity with



Trowbridge RL. Twelve tips for teaching avoidance of diagnostic errors. *Med Teach*. 2008 Jun;30(5):496-500. doi: 10.1080/01421590801965137. PMID: 18576188.

# Think, Pair, Share

- Think of 2 things you are already doing that can be turned into scholarship.

# Don't go it alone

- Writing buddy/mentor
- Accountability partner
- Learners

The screenshot shows the SGIM Publications website. At the top, there's a navigation bar with 'Home', 'About', 'Publications', 'Research', 'Education', 'Practice', 'Leadership', and 'Member Resources'. The main content area features several journal covers, including 'JGIM' (Journal of General Internal Medicine) and 'SGIM Forum'. A sidebar on the left contains 'PUBLICATIONS' and 'ABOUT PUBLICATIONS' sections.



JAAPA logo with 'AHA' and 'ACPA' affiliations. Below the logo is a navigation bar with links: 'Home & Search', 'Contents', 'CME', 'Blog', 'Podcasts', 'Authors & Editors', and 'About Us'.

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 The Journal of Hospital Medicine (JHM) is the first and only peer-reviewed journal dedicated to hospital medicine. Free online access to a member-only benefit and includes access to an archive of past issues and supplements dating back to the journal's inception in 2008. JHM advances excellence in hospital medicine through the dissemination of research, evidence-based clinical care and advocacy for safe, effective patient care.

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- [Annals of Internal Medicine: Clinical Cases Website](#)



**Avenues for Publication**



Back to E.V. and A.B.



# In order, what should E.V. and A.B.'s next steps be?

Set SMART, achievable short term and long term goals

Update and polish CV

Identify professional passions

Engage in producing scholarly work

Seek out and obtain effective mentorship

# Take home points

- Do what you love
- Work smarter, not harder
  - Turn what you're already doing into career advancement
- Set and achieve goals
- Find a mentor(s)
- Fear not scholarly publications



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