

ADVOCACY SCHOLARSHIP

Definition

For purposes of the Duke University School of Medicine (SoM) Appointments, Promotion and Tenure (APT) process, advocacy scholarship is defined as scholarly activity that promotes the social, economic, educational, and political changes that ameliorate threats to human health and advance the well-being of people.¹

Rationale

The importance and impact of the role of the physician advocate is recognized across the field of medicine. ^{1,2,3,4} Advocacy can have a profound impact in populations they serve. However, quantifying advocacy scholarship to recognize the academic value within the confines of traditional scholarly metrics has been challenging as there has been a lack of systematic methods to document and measure advocacy contributions. The Advocacy Portfolio is a novel method that has emerged to categorize advocacy activities into a comprehensive set of domains, including “advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and advocacy leadership/administration”.⁵

Scholarship, and the impact of that scholarship, serves as the foundation for the Duke University School of Medicine (SoM) Appointment, Promotion and Tenure (APT) Guidelines. The definition of scholarship has been expanded to endorse both traditional and alternative, non-traditional forms of scholarship for APT. This document articulates a structure for defining advocacy scholarship within the academic framework of the SoM APT process, utilizing the Advocacy Portfolio as a tool for documentation of impact and academic value of clinician advocacy.

Principles

The foundational principles of advocacy scholarship align with the SoM values across the spectrum of scholarship. Scholarship may be demonstrated in any of the following categories.⁶

- *Discovery* – original research that advances knowledge
- *Integration* – synthesis that brings new insight about information and knowledge across disciplines, across topics within a discipline, or across time
- *Engagement* – application and evaluation of knowledge and expertise applied to consequential problems and societal needs of individuals and institutions
- *Teaching* – systematic study of teaching and learning processes

As with traditional scholarship, the work cited within the area of advocacy scholarship is defined by quality, quantity, and impact.

- *Quantity* – describes “‘countable factors’ of advocacy effort (e.g., number of persons touched by advocacy efforts, numbers educated or empowered, audience of media outlets engaged)”⁷
- *Quality* – describes “the effectiveness of advocacy activities in terms of impact, including measures [such] as success of legislation, evidence of application by learners (patients or trainees), and process or outcome measures”⁸
- *Impact* – defined as “work that is of exceptional quality and affects and influences clinical care, healthcare and / or the education of learners. Work will have health and societal impact in one or more of the domains of clinical and medical benefits, community and public health benefits, economic benefits, or policy and legislative benefits.”⁹

Domains

There are several domains within advocacy scholarship as defined by Nerlinger AL et al. ¹⁰ that may meet the scholarship principles outlined in ‘Principles’ above. These include, but are not limited to:

- *Advocacy engagement*: practice – or system-level activities – “aimed to create lasting change” for a community or population of patients
- *Knowledge dissemination*: activities aimed at disseminating knowledge to the public and policy makers
- *Community outreach*: building relationships to empower communities or populations
- *Advocacy teaching and mentoring*: activities that lead to an enhanced advocacy skill set for trainees or facilitation of trainee advocacy goals
- *Advocacy leadership and administration*: leadership positions that positively affect population health outcomes or advance the field of advocacy

Criteria

The authors of the Advocacy Portfolio are creating a template where accomplishments in the advocacy domain can be organized. Once complete, this template will be made available on the Duke APT website for interested faculty members.

The general framework for evaluating scholarship by department APT committees in the advocacy domain includes the following:

- Intellectual Development Statement (IDS): the advocacy philosophy and its alignment with career goals should be clearly articulated in the faculty member’s IDS
- Domains of advocacy activities: advocacy activities spanning various domains, including proof of excellence through documentation of quantity, quality and impact
- Evidence of a scholarly approach and scholarship: level of engagement with the advocacy community within each domain, including evidence of a scholarly approach through the application of the Glassick framework¹¹ and evidence of scholarship in advocacy

Specific criteria by rank include the following.

Associate Professor:

- The Associate Professor is expected to have an established record in advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/administration
- Scholarship in advocacy is required
- Scholarly output can include, but is not limited to, the following:
 - Non-peer reviewed content
 - Institutional reports and presentations
 - Social media (blogs, websites, and other digital platforms)
 - Visiting professorships
 - Participation in local and regional taskforces
 - Participation in local and regional legislative efforts
 - Invited presentations at local, regional, or national meetings
 - Public health intervention that becomes a standard of care
 - Establishment of community partnerships
 - National recognition from press (print, media, online)
 - Co-authorship of clinical policy statements, legislative briefs, consensus statements, or practice guidelines
 - Columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Peer reviewed manuscripts are encouraged but not required for promotion in the Career Track unless specified by Department-level criteria
- Ability to obtain funding for advocacy efforts (e.g., grant funding for community partnered programs, funding for educational efforts, funding for health equity programs) or to have a

- key role in securing funding for multidisciplinary and / or inter-professional teams is considered scholarship
- Faculty at the rank of Associate Professor are expected to have leadership responsibilities in institutional and regional organizations that promote advocacy and community engagement (e.g., departmental advocacy committees, national physician specialty organizations, faculty development programs, inter-institutional advocacy collaboratives, community advisory boards, community-based participatory research group)
- Faculty at the rank of Associate Professor should be recognized for excellence in advocacy
- Other supportive criteria include:
 - Special consideration will be given for teaching that motivates and inspires students
 - Honors and awards related to advocacy work, or health equity work
 - Mid-level editorial leadership positions in major journals, or executive leadership of lower-level journals
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of practice of the faculty member
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required

Professor:

- The Professor will hold a significant advocacy leadership position, one which extends beyond the scope of the individual's program or division
- Faculty at the rank of Professor will have an established record for advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/administration
- Scholarship in advocacy is required (e.g., publication reflecting the application of advocacy methodologies, articulating advocacy philosophy, or developing a pathway for future advocacy innovation)
- Scholarly output can include, but is not limited to, the following:
 - Non-peer reviewed content
 - Institutional reports and presentations
 - Social media (blogs, websites, and other digital platforms)
 - Visiting professorships
 - Participation in local, regional, national taskforces
 - Participation in local, regional, national legislative efforts
 - Invited presentations at national meetings
 - Public health intervention that becomes a standard of care
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 - Columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Peer reviewed manuscripts are encouraged but not required for promotion in the Career Track unless specified by Department-level criteria
- Ability to obtain funding for advocacy efforts (e.g., grant funding for community partnered programs, funding for educational efforts, funding for health equity programs) or to have a key role in securing funding for multidisciplinary and / or inter-professional teams is considered scholarship
- Scholarly contributions in advocacy should result in impact, as defined above, locally and / or nationally

- Faculty at this rank are expected to have leadership positions in local or regional medical or community partnered organizations, accreditation organizations, scholarly societies, departmental advocacy committees, relevant SoM or department committees, and / or national advocacy or health equity organizations
- Faculty at the rank of Professor are recognized for excellence in advocacy (e.g., institutional, local, regional or national awards)
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required

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Example

Grid of domains of advocacy activities, including definitions, examples of quantity, quality, scholarly approach, and scholarship. Source: Nerlinger AL et al. The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy. *Academic Medicine* 93(6):860-868, June 2018.

Domain and definition	Examples of quantity	Examples of quality	Examples of a scholarly approach	Examples of advocacy scholarship
Advocacy engagement: practice- or system-level activities "aimed to create lasting change" for a community or population of patients ²¹	<ul style="list-style-type: none"> Level of change: practice, community, state, federal Target patient population Numbers of persons targeted or affected by change System and stakeholders that were engaged in change: legislative, executive, judicial; congresspersons, aides, agencies Methods of communication employed: verbal, written Format of communication: public testimony, written testimony SMART objectives established and achieved 	<ul style="list-style-type: none"> Systems were engaged beyond the level of the individual patient, including addressing social determinants of health and health disparities Change led to improved access to care, value of care, or health outcomes Physician displayed skills of persuasion, communication, and collaboration to achieve intended outcome Efforts build on relevant policy issues that are currently of public interest 	<ul style="list-style-type: none"> Practice or systems need was previously addressed in literature (including Community Health Needs Assessment) Solutions to address need were critically considered, using evidence base where available Even if change was not immediately achieved, results were disseminated, and groundwork provided has the potential to lead to future change Population health outcome measures were tracked, including quality-adjusted life years, infant mortality, and life expectancy Used frameworks that support planning, evaluation, and outcomes measurement including logic models and SWOT analyses 	<ul style="list-style-type: none"> Activity led to a peer-reviewed publication documenting health outcomes associated with a population-level intervention; peer review may extend beyond the medical community to include multiple disciplines Invitation to present results of project at a national meeting Public health intervention became standard of care
Knowledge dissemination: activities aimed at disseminating knowledge to the public and policy makers	<ul style="list-style-type: none"> Level of communication: practice, community, state, federal Approximate audience reached Topic of knowledge disseminated Media outlet employed: press, radio, Internet Level of stakeholder or policy maker educated and format: testimony, congressional briefing, city hearing Invited versus voluntary 	<ul style="list-style-type: none"> Information is communicated in a way that is concise, understandable, and persuasive Information spreads awareness of a relevant issue to garner support for a cause and generate momentum Patients and communities show evidence of improved knowledge, attitudes, and self-efficacy Physician uses patient-centered language to convey complex medical topics 	<ul style="list-style-type: none"> Information conveyed draws on prior peer-reviewed literature and medical expertise Knowledge disseminated is cited by policy makers and stakeholders to effect systemic change 	<ul style="list-style-type: none"> Establishment of health and community partnership due to persuasion and advocacy skills National recognition from press (print, media, online) Testifying to legislators directly resulting in a public health benefit
Community outreach: building relationships to empower communities or populations	<ul style="list-style-type: none"> Community or population targeted: specific disease, health inequity, or race/ethnicity Number of persons in community or population targeted Coalitions established, members, description of meetings Community leaders trained Community resources established or utilized 	<ul style="list-style-type: none"> Physician coordinated activities with a community-based organization to build trust, including academic-community partnerships Coalitions were built to increase motivation and chance of success Systems were engaged beyond the level of the individual patient, including addressing social determinants of health and health disparities Community members perceived a positive interaction, and relationship was developed 	<ul style="list-style-type: none"> Community needs were identified, and solutions were critically considered Coproduction of interventions with community residents Results were effectively disseminated throughout the community and led to further community engagement projects 	<ul style="list-style-type: none"> Grant or institutional funding was secured in support of community outreach project Successful establishment of a community-based participatory research group Community partnership model was disseminated and applied at other institutions
Advocacy teaching and mentoring: activities that lead to enhanced advocacy skill set for trainees or facilitation of trainee advocacy goals	<ul style="list-style-type: none"> Lectures or curricula designed Frequency of lectures Audience Topic and relevance to advocacy Advocacy projects facilitated or advised Frequency of meetings with mentee Duration of relationship with mentee Reviewing of colleague or trainee AP 	<ul style="list-style-type: none"> Trainees received skill set specific to advocacy, including making conceptual transition from individual to population health Trainee evaluations showed that teaching affected skill development Mentee evaluations showed that mentorship affected future career plans Trainee or mentee accomplishments in advocacy Trainees better able to meet AAMC or ACGME milestones for professional practice 	<ul style="list-style-type: none"> Learner needs were assessed prior to implementation of lecture or curriculum Learning objectives were stated and achieved Feedback was obtained from learners to facilitate more effective programs in the future 	<ul style="list-style-type: none"> Curriculum developed is published in peer-reviewed literature or used at other institutions Lecture series is published in an online peer-reviewed format Grant funding obtained for advocacy curriculum development Participation in a workgroup or committee that addresses a standardized advocacy skill set
Advocacy leadership and administration: leadership positions that positively affect population health outcomes or advance the field of advocacy ¹⁷	<ul style="list-style-type: none"> Organizational or committee affiliation Duration of position Role Organization goals and mission Population affected both directly and indirectly by leadership actions Measurable actions and outcomes enabled by leadership 	<ul style="list-style-type: none"> Position resulted in policy or systemic change that improved process or outcome measures for a population of patients Position enabled advocate to influence organizational mission to serve a designated population Position enabled advocate to advance the field of physician advocacy Volunteer versus elected positions 	<ul style="list-style-type: none"> Advocate starts a local leadership position that will set the foundation to work at a national level Advocate identifies clear goals of leadership position and organization, meets these goals, and/or identifies barriers to meeting goals that are addressed in future projects 	<ul style="list-style-type: none"> Participation in a national workgroup or committee that identifies policy/ advocacy needs for a community, directs advocacy interventions, and/or guides outcome measurement of intervention

Abbreviations: SMART indicates specific, measurable, achievable, realistic, timely; SWOT, strengths, weaknesses, opportunities, threats; AP, Advocacy Portfolio; AAMC, Association of American Medical Colleges; ACGME, Accreditation Council for Graduate Medical Education.