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 framework \(^1\) 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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  - 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.

References


Acknowledgement

Principal authors of this guidance: Debra Best, MD, Gabriela M. Maradiaga Panayotti, MD, and Viviana Martinez-Bianchi, MD.
**Example**


<table>
<thead>
<tr>
<th>Domain and Definition</th>
<th>Examples of quantity</th>
<th>Examples of quality</th>
<th>Examples of a scholarly approach</th>
<th>Examples of advocacy scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy engagement: practice-or-system-level activities “aimed to create lasting change” [1] for a community or population of patients</td>
<td>• Level of change: practice, community, state, federal</td>
<td>• Systems were engaged beyond the level of the individual patient, including addressing social determinants of health and health disparities</td>
<td>• Practice or systems need was previously addressed in literature (including Community Health Needs Assessment)</td>
<td>• 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</td>
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<tr>
<td></td>
<td>• Target patient population</td>
<td>• Change led to improved access to care, value of care, or health outcomes</td>
<td>• Solutions to address need were critically considered, using evidence base where available</td>
<td>• Invitation to present results of project at a national meeting</td>
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<td></td>
<td>• Numbers of persons targeted or affected by change</td>
<td>• Physician displayed skills of persuasion, communication, and collaboration to achieve intended outcome</td>
<td>• Even if change was not immediately achieved, results were disseminated, and groundwork provided had the potential to lead to future change</td>
<td>• Public health intervention became standard of care</td>
</tr>
<tr>
<td></td>
<td>• System and stakeholders that were engaged in change: legislative, executive, judicial, congresspersons, aides, agencies</td>
<td>• Efforts build on relevant policy issues that are currently of public interest</td>
<td>• Population health outcome measures were tracked, including quality-adjusted life years, infant mortality, and life expectancy</td>
<td>• Used frameworks that support planning, evaluation, and outcomes measurement including logic models and SWOT analyses</td>
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<tr>
<td></td>
<td>• Methods of communication employed: verbal, written</td>
<td>• Using frameworks that support planning, evaluation, and outcomes measurement including logic models and SWOT analyses</td>
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<tr>
<td></td>
<td>• Format of communication: public testimony, written testimony</td>
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<td></td>
<td>• SMART objectives established and achieved</td>
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<tr>
<td>Knowledge dissemination: activities aimed at disseminating knowledge [2] to the public and policy makers</td>
<td>• Level of communication: practice, community, state, federal</td>
<td>• Information is communicated in a way that is concise, understandable, and persuasive</td>
<td>• Information conveyed draws on prior peer-reviewed literature and medical expertise</td>
<td>• Establishment of health and community partnership due to persuasion and advocacy skills</td>
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<td></td>
<td>• Approximate audience reached</td>
<td>• Information spreads awareness of a relevant issue to gain support for a cause and generate momentum</td>
<td>• Knowledge disseminated is cited by policy makers and stakeholders to effect systemic change</td>
<td>• National recognition from press (print, media, online)</td>
</tr>
<tr>
<td></td>
<td>• Topic of knowledge disseminated</td>
<td>• Patients and communities show evidence of improved knowledge, attitudes, and self-efficacy</td>
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<td></td>
<td>• Media outlet employed: press, radio, Internet</td>
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<td></td>
<td>• Level of stakeholder or policy maker educated and formatted: testimony, congressional briefing, city hearing</td>
<td>• Physician uses patient-centered language to convey complex medical topics</td>
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<td></td>
<td>• Invited versus voluntary</td>
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<td>Community outreach: building relationships to empower communities or populations</td>
<td>• Community or population targeted: specific disease, health inequity, or race/ethnicity</td>
<td>• Community needs were identified, and solutions were critically considered</td>
<td>• Grant or institutional funding was secured in support of community outreach project</td>
<td>• Successful establishment of a community-based participatory research group</td>
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<td></td>
<td>• Number of persons in community or population targeted</td>
<td>• Coalitions were built to increase motivation and chance of success</td>
<td>• Community partnership model was disseminated and applied at other institutions</td>
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<tr>
<td></td>
<td>• Coalitions established, members, description of meetings</td>
<td>• Systems were engaged beyond the level of the individual patient, including addressing social determinants of health and health disparities</td>
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<td>• Community leaders trained</td>
<td>• Community members perceived a positive interaction, and relationship was developed</td>
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<td>• Community resources established or utilized</td>
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<tr>
<td>Advocacy teaching and mentoring: activities that lead to enhanced advocacy skill set for trainees or facilitation of trainee advocacy goals</td>
<td>• Lectures or curricula designed</td>
<td>• Trainees received skill set specific to advocacy, including making conceptual transition from individual to population health</td>
<td>• Learner needs were assessed prior to implementation of lecture or curriculum</td>
<td>• Curriculum developed is published in peer-reviewed literature or used at other institutions</td>
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<td>• Frequency of lectures</td>
<td>• Trainee evaluations showed that teaching affected skill development</td>
<td>• Learning objectives were stated and achieved</td>
<td>• Lecture series is published in an online peer-reviewed format</td>
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<td></td>
<td>• Audience</td>
<td>• Mentee evaluations showed that mentorship affected future career plans</td>
<td>• Feedback was obtained from learners to facilitate more effective programs in the future</td>
<td>• Grant funding obtained for advocacy curriculum development</td>
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<td></td>
<td>• Topic and relevance to advocacy</td>
<td>• Trainee or mentor accomplishments in advocacy</td>
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<td></td>
<td>• Advocacy projects facilitated or administered</td>
<td>• Trainees better able to meet AAMC or ACGME milestones for professional practice</td>
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<td>• Frequency of meetings with mentee</td>
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<td></td>
<td>• Duration of relationship with mentee</td>
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<td></td>
<td>• Reviewing of colleague or trainee AP</td>
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<tr>
<td>Advocacy leadership and administration: leadership positions that positively affect population health outcomes or advance the field of advocacy [17]</td>
<td>• Organizational or committee affiliation</td>
<td>• Position resulted in policy or systematic change that improved process or outcome measures for a community or population</td>
<td>• Advocate starts a local leadership position that will set the foundation to work at a national level</td>
<td>• 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</td>
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<td>• Duration of position</td>
<td>• Position enabled advocate to influence organizational mission to serve a designated population</td>
<td>• 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</td>
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<tr>
<td></td>
<td>• Role</td>
<td>• Position enabled advocate to advance the field of physician advocacy</td>
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<td></td>
<td>• Organization goals and mission</td>
<td>• Volunteer versus elected positions</td>
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</tbody>
</table>

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.