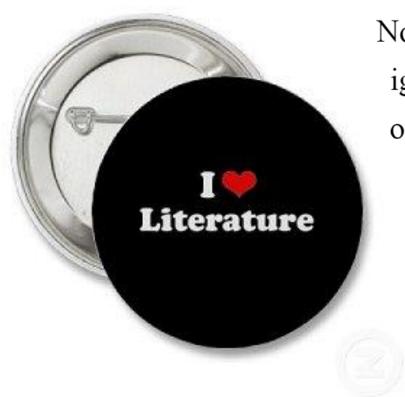
## Creating a Culture of Scholarship in Applied Clinical Informatics

**Christopher Longhurst, MD, MS, FACMI** 

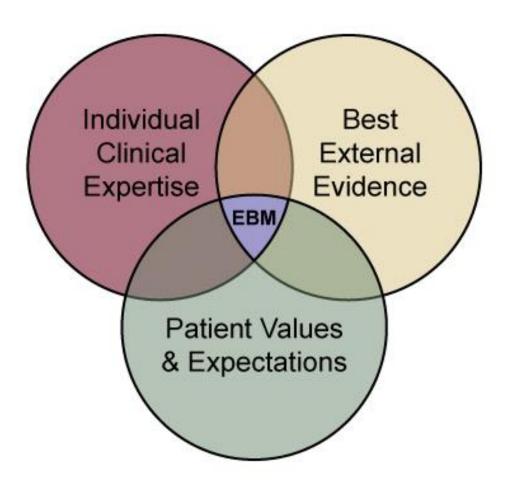
Clinical Professor of Biomedical Informatics and Pediatrics
Chief Information Officer, UC San Diego Heatlh
@calonghurst

#### Disclaimer



No one who loves life can ignore literature, and no one who loves literature can ignore life

#### Why is Scholarship Important in Clinical Informatics?



#### **Evidence-based Clinical Informatics**



Jennifer Frankovich, M.D., Christopher A. Longhurst, M.D., and Scott M. Sutherland, M.D.

#### An Evidence-Based Approach to Activating Your EMR

PROS AND CONS OF VARIOUS EMR ACTIVATION OPTIONS, AND LESSONS LEARNED BY ONE HOSPITAL BY LISA M. GRISIM, R.N., AND CHRISTOPHER A. LONGHURST, M.D.



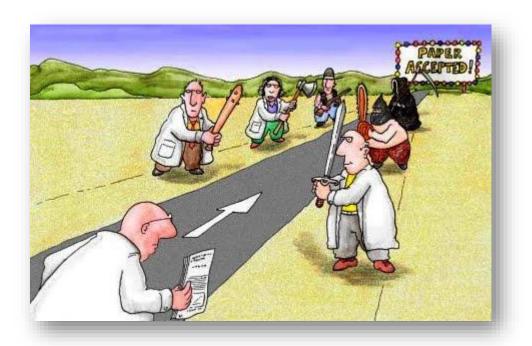
After peer-review!!!

## Using an Evidence-Based Approach to EMR Implementation to Optimize Outcomes and Avoid Unintended Consequences

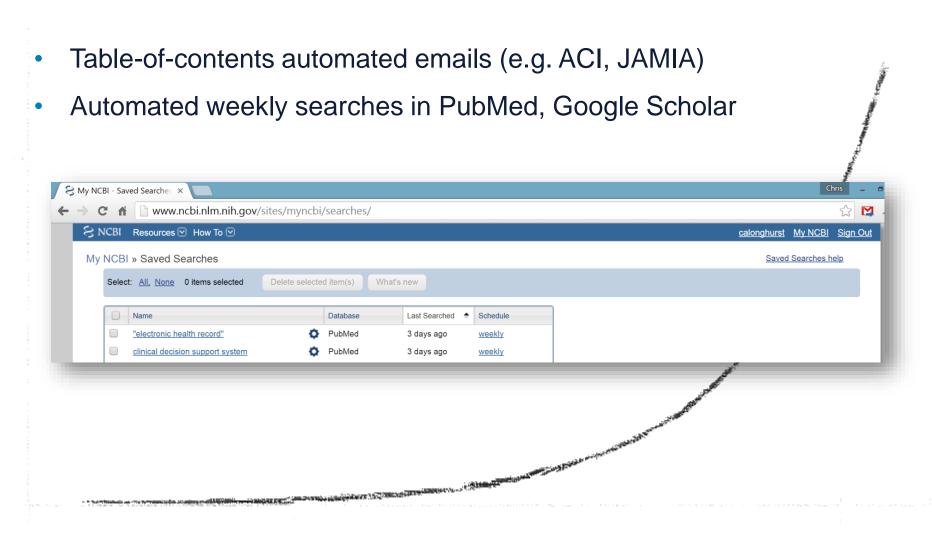
By Christopher A. Longhurst, MD, MS; Jonathan P. Palma, MD, MS; Lisa M. Grisim, RN, MSN; Eric Widen, MHA; Melanie Chan, Pharm D; and Paul J. Sharek, MD, MPH

#### So you're ready to write...now what?

- 1. Understand the published evidence and gaps
- 2. Choose authors and involve them up front
- 3. Target journal(s) for submission and choose manuscript type
- 4. Write!



#### **Know the Literature**



#### **Authorship Matters**

- Authorship implies responsibility and accountability for published work
- Senior author needs to be an experienced mentor
- Review ICMJE definitions of authorship



#### **Authorship Examples**

Decrease in Hospital-wide Mortality Rate After Implementation of a Commercially Sold Computerized Physician Order Entry System

AUTHORS: Chris Parast, MS,c Chr Jill Sullivan, RN, Dawes, MBA,d an

Departments of <sup>a</sup>F Stanford Universit Departments of <sup>b</sup>C <sup>a</sup>Lucile Packard Cl <sup>c</sup>Department of Bi Massachusetts

#### KEY WORDS

safety, electronic

Core Drug-Drug Interaction Alerts for Inclusion in Pediatric Electronic Health Records With Computerized Prescriber Order Entry

Marvi

Health information exchange policies of 11 diverse health systems and the associated impact on volume of exchange

RECEIVED 21 September 2015 REVISED 13 February 2016 ACCEPTED 30 March 2016





N Lance Downing, <sup>1</sup> Julia Adler-Milstein, <sup>2</sup> Jonathan P Palma, <sup>1,3</sup> Steven Lane, <sup>4</sup> Matthew Eisenberg, <sup>1</sup> Christopher Sharp, <sup>1</sup> Northern California HIE Collaborative, Christopher A Longhurst <sup>5</sup>

**ABSTRACT** 

## Choose journal(s) to target





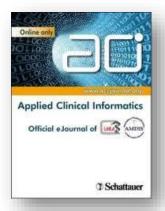






















# Consider different manuscript types and review guidelines for authors

#### **Quality Reports**

Abstract: 250 words or fewer (structured)

Article: 3,000 words or fewer

Supplemental content: appropriate for figures, tables, multimedia, measurement tools

Quality Reports are intended to add to our understanding of how to improve quality in clinical settings in which pediatrics is practiced. Reports should provide descriptions of the change process, whether successful or unsuccessful, and include insights regarding why planned interventions did or did not lead to improvement. Descriptions of clinical trials to assess whether an intervention is

effective or the development and test would be better suited as a Regular A quality of care may be acceptable if t studies. If you are uncertain whether

Associate Editor Dr. Alex Kemper.

uthor Center Writing Perspective Articles

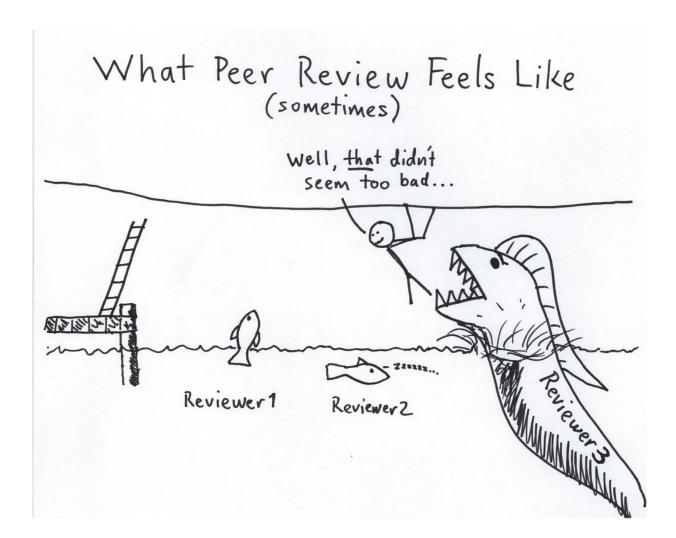
The NEJM Perspective section covers the **contexts** in which medical research and clinical practice live and function in the world — from health policy to bioethics, from global health to the history of medicine, from health law to physicians' personal experiences in training and practice. Perspective articles should be **timely**, **engaging**, **accessible**, **and informative** to a general physician readership.

Because these articles are more compelling if they have a distinctive authorial voice, we strongly prefer **single-authored** pieces. Because NEJM articles should carry a certain authority, we seek out authors who are **experts** in their fields and can draw on their fund of knowledge and experience to enlighten a general medical audience about important issues.

#### Viewpoint

These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. The text should include the full name, academic degrees, and no more than 2 institutional affiliations for each author. Maximum length: up to 1200 words of text—or 1000 words of text with 1 small table or figure—and no more than 7 references. Viewpoints not meeting these guidelines will not be considered.

#### **Peer Review**



#### Summary

- Innovative operational work will always create scholarly opportunities
- Create a culture of scholarly interest by looking for peer-reviewed evidence to drive decision-making
- Think about your outcomes data! What fills gaps in the literature / has not been published before?
- Realize that not all peer-reviewed manuscripts need to be RCTs consider case reports, quality improvement articles, perspectives, viewpoints, et cetera
- Collaborate with quality improvement and academic informatics groups locally, and applied informatics groups nationally
- Plan your manuscript type BEFORE writing!

### Questions?



"Yeah, but good luck getting it peer-reviewed."