

William Martinez, M.D. Division of General Internal Medicine Vanderbilt University Medical Center

I'm a physician-scientist interested in understanding and promoting physician & patient behaviors that impact the quality & safety of patient care. In particular, I conduct NIH & foundation supported research in two areas: (1) Strategies for measuring & promoting safety culture & medical professionalism, (2) Strategies to increase patient activation among patients with chronic diseases. My colleagues & I developed of the Speaking Up Climate for Patient Safety (SUC-Safe) Scale & Speaking Up Climate for Professionalism (SUC-Prof) Scale ([details here»](#)) which measures the extent the clinical environment supports & promotes healthcare professionals speaking up about patient safety & professionalism concerns.

Expand



William Martinez, M.D., an Assistant Professor of Medicine at VUMC & a CDTR member, has interests in social comparison as a means to motivate behavior change among patients & a focus on improving the quality of care for the patients with diabetes.

In 2015 he received a career award to from the NIH to pursue his line of inquiry related to enhancing patient activation in diabetes care using social & goal-based comparisons.

With this award, he endeavors to gain expertise in behavioral science & quality improvement research among patients with diabetes, to develop a novel diabetes dashboard for patients that contains social & goal-based comparison information about their diabetes health status, & to learn valuable health information technology & research methodology for future implementation studies. The specific aims of the research are (1) assess patients' attitudes, perceptions, & reactions to receiving information about their diabetes health status (e.g., HgbA1C, diabetic retinopathy screening status) relative to both national quality of care standards (i.e., goal-based information) as well as the diabetes health status of patient peers within the same medical practice (i.e., social comparison information), (2) develop an effective diabetes dashboard for patients to illustrate measures of their diabetes health status relative to both national quality of care standards as well as the diabetes health status of patient peers within the same medical practice, & (3) conduct a pilot, cluster randomized controlled trial (RCT) of the diabetes dashboard developed in Aim 2.

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Please acknowledge this in your publications.