Making It Count Twice: Publishing in MedEdPORTAL and Other Medical Education Journals

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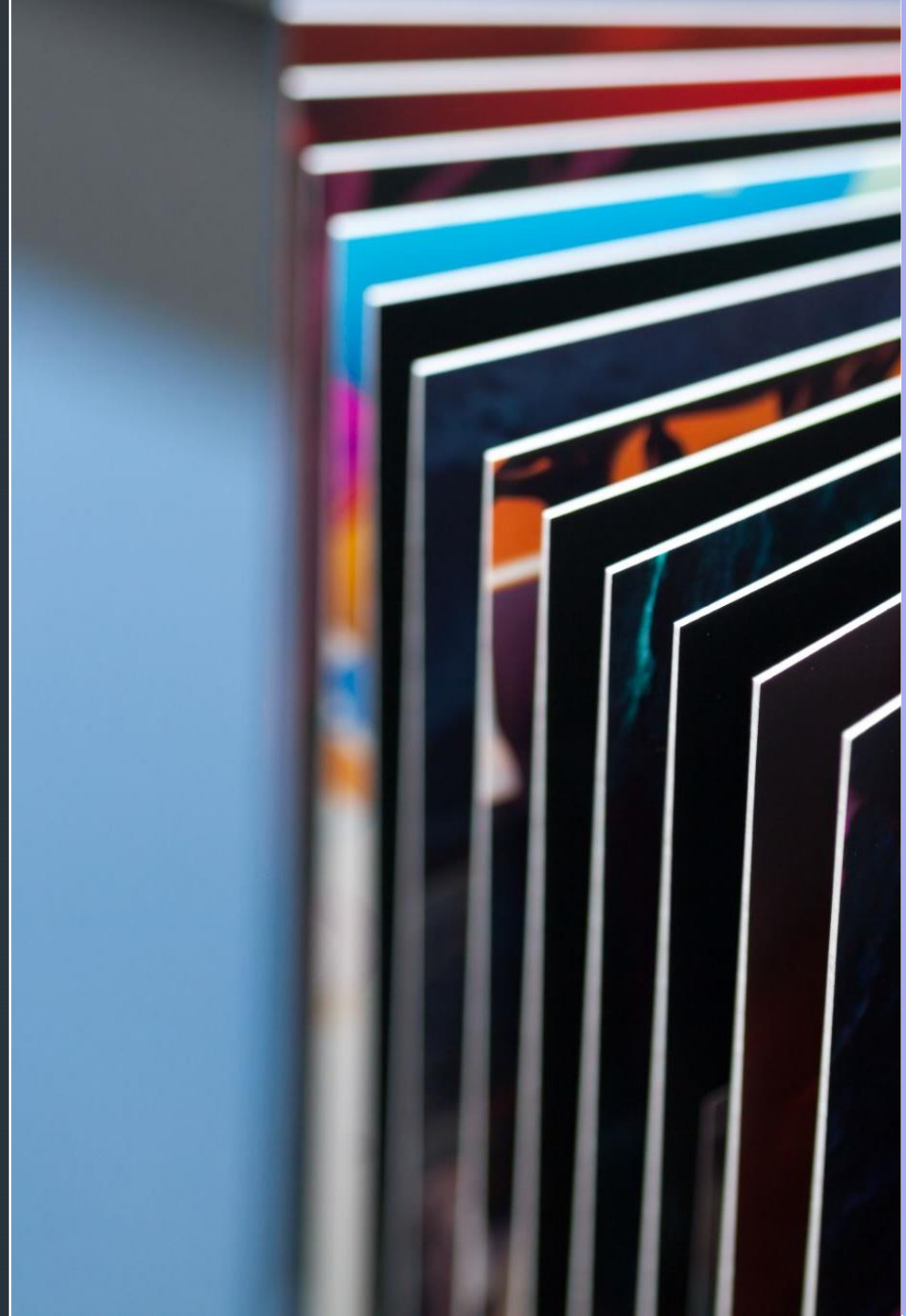


Disclosures

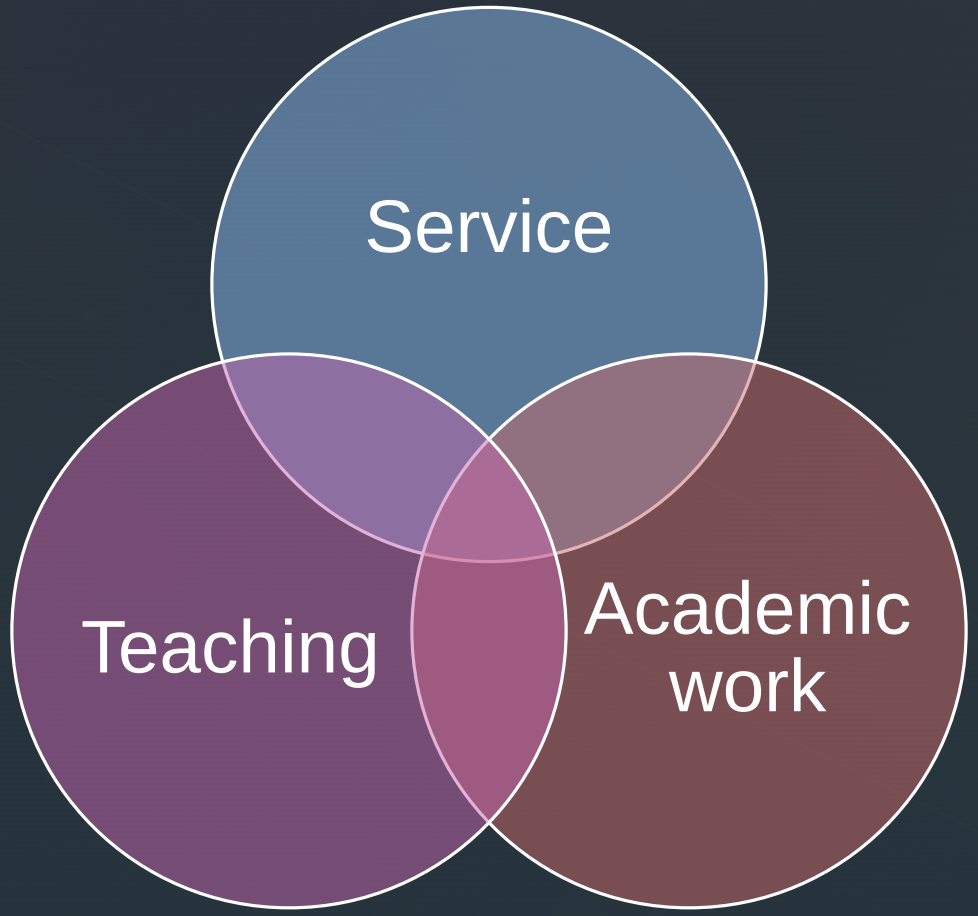
- Association of American Medical Colleges
  - Editor-in-Chief, MedEdPORTAL
  - Editorial Board, Academic Medicine
- Society for Simulation in Healthcare
  - Editorial Board, Simulation in Healthcare

Objectives

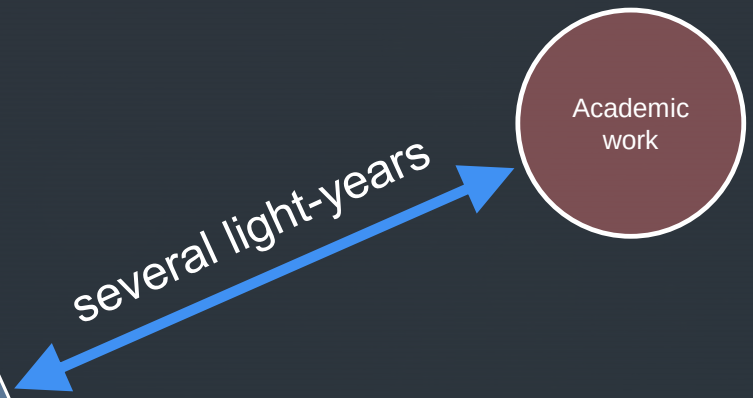
By the end of the session, you will be able to:

- articulate how to transform your routine teaching activities into scholarly works
- describe the breadth of possible venues to publish educational works
- apply strategies for optimizing the chances of getting published in MedEdPORTAL and other medical education journals

The triple threat of bygone days…



Service

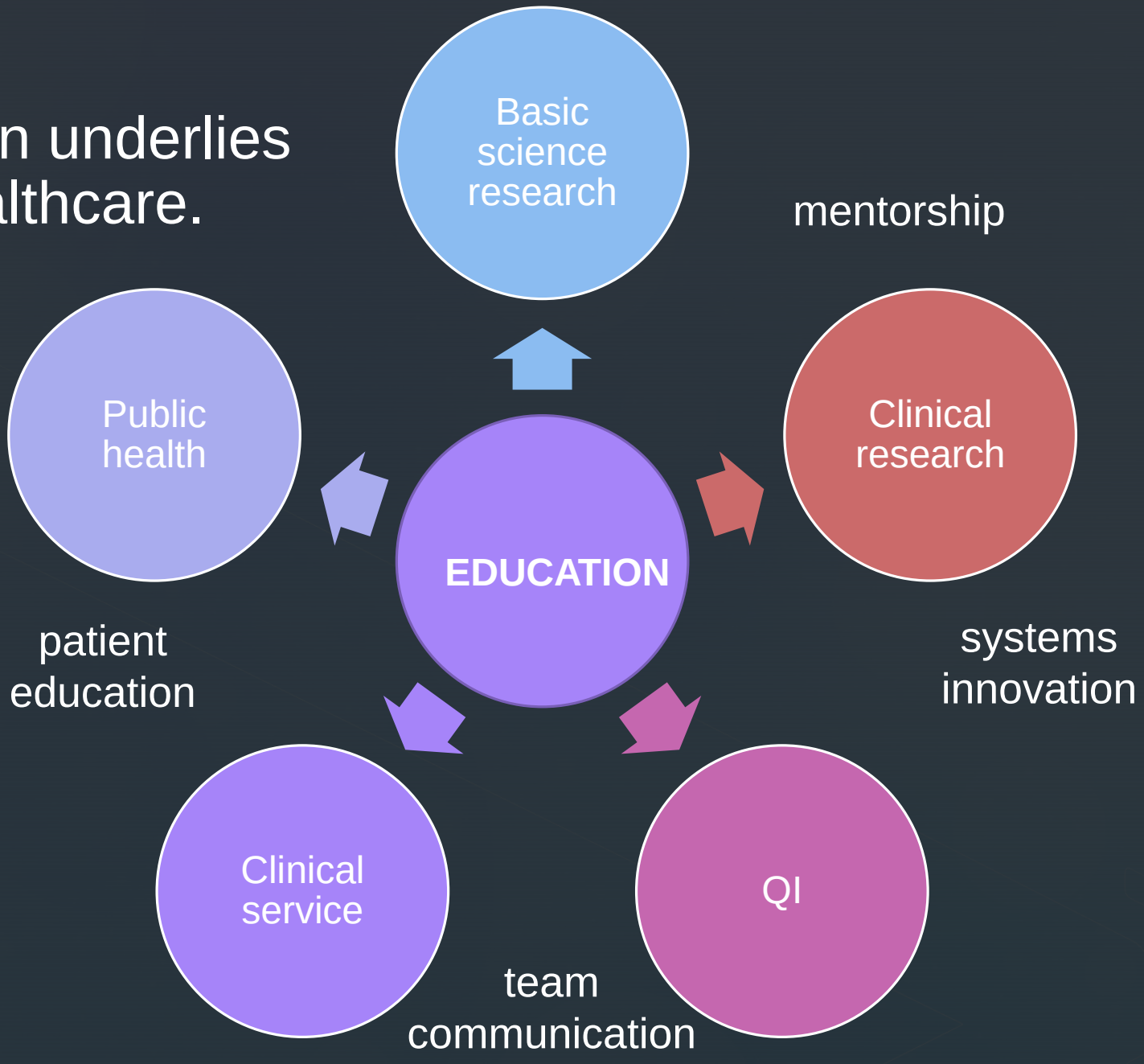


The New Normal

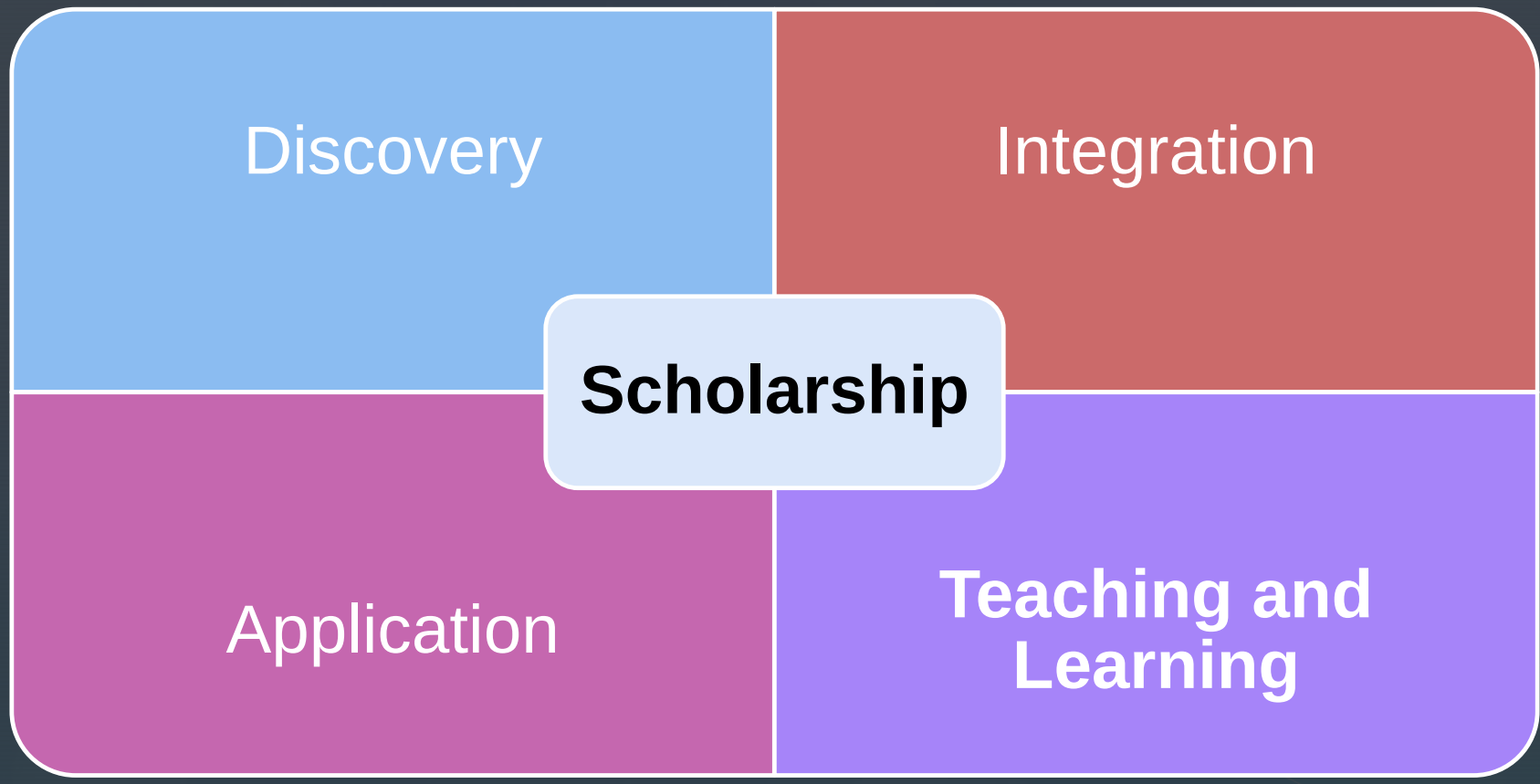
Teaching

Why publish about education?

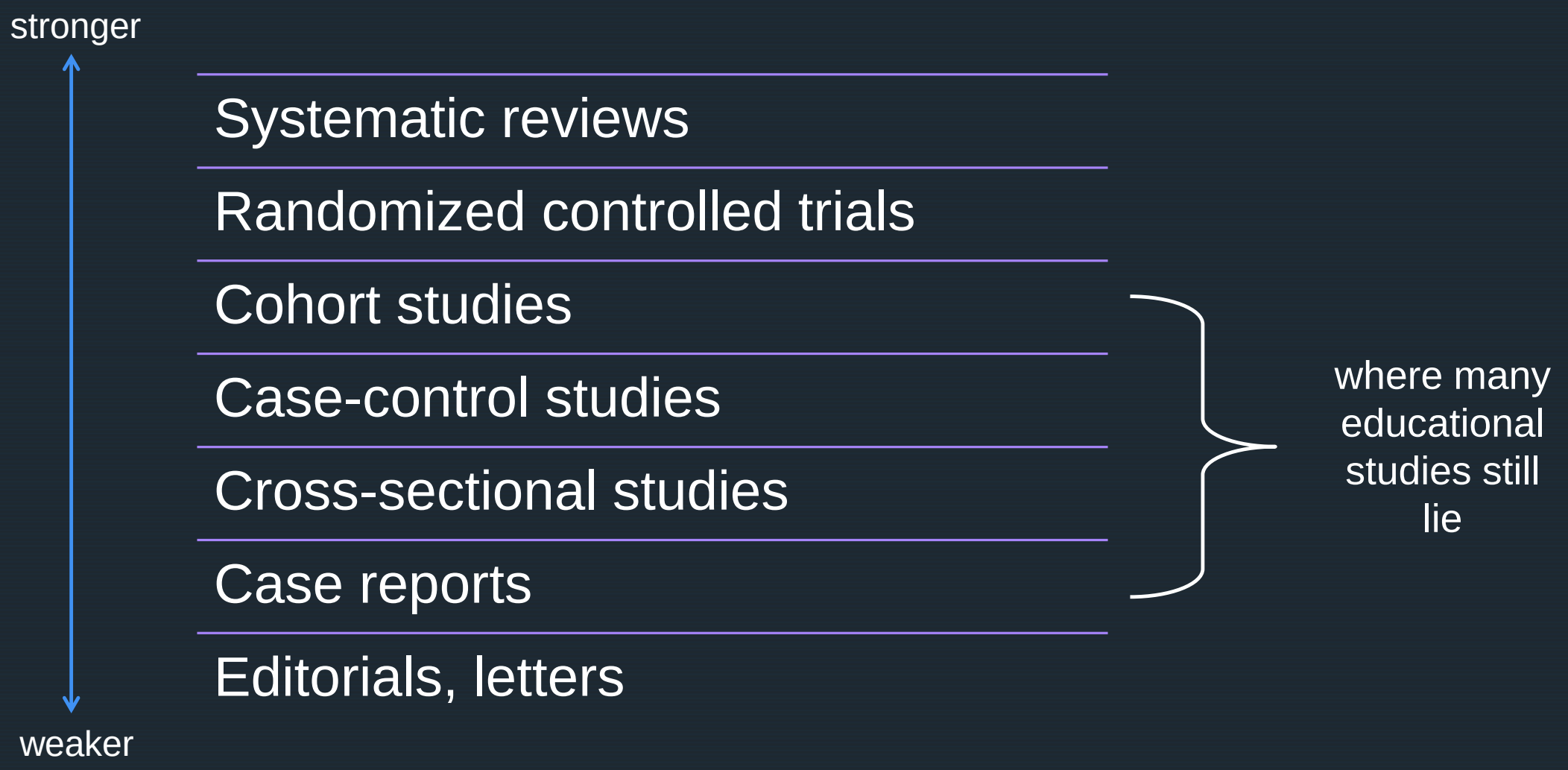
Education underlies all of healthcare.



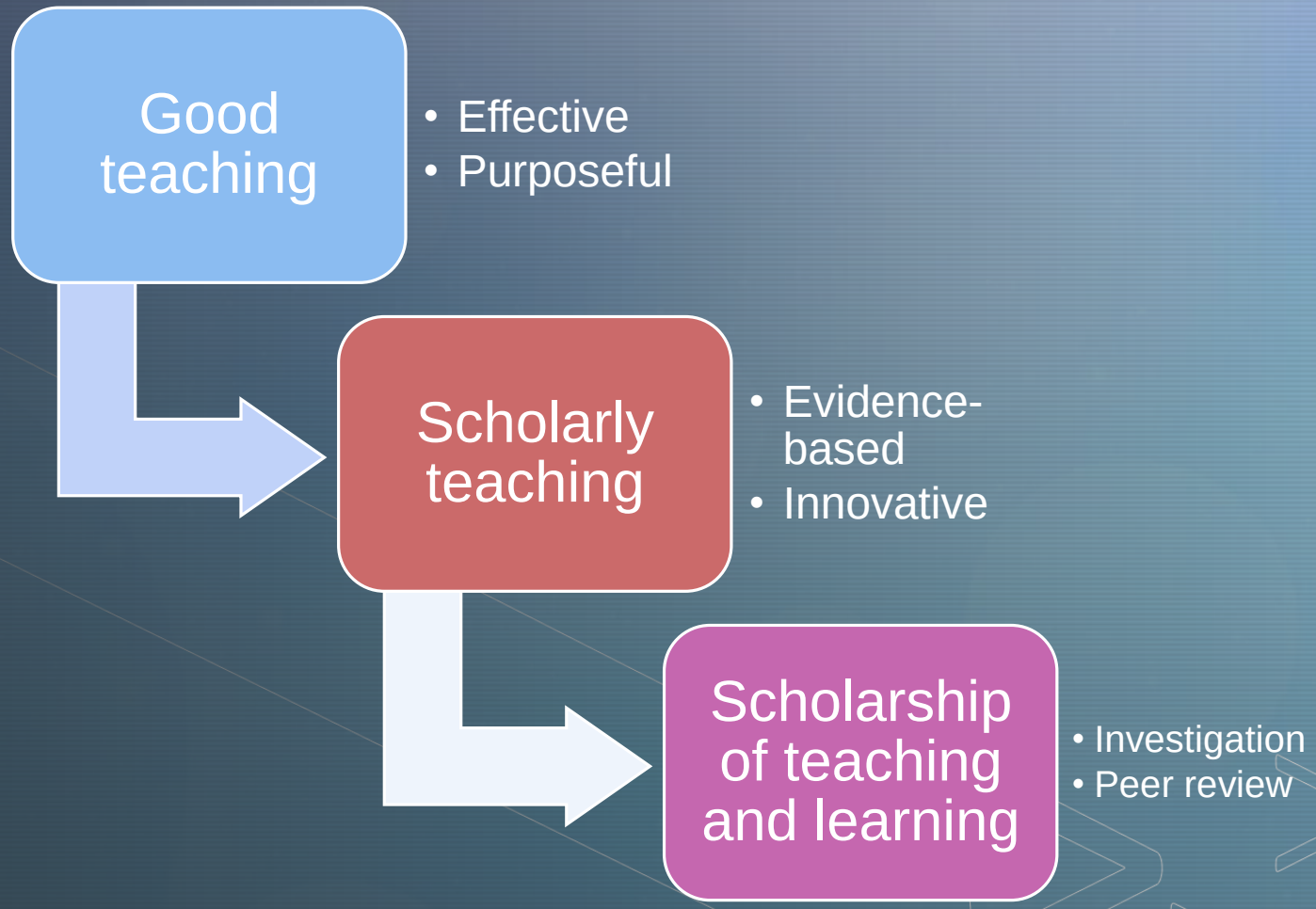
Teaching is a legitimate domain for publishing.



Standards of rigor are lower.



Take your teaching to the next level



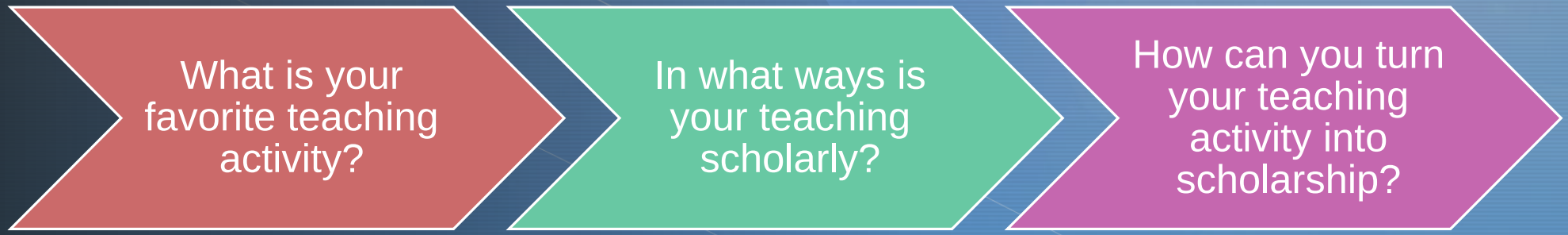
How to turn teaching into scholarship

annual lectures to residents

local workshop

a novel small group teaching method

Make it count twice



Where can you publish educational work?

QI/Patient Safety

BMJ Qual Saf
Am J Qual

Core medical education

Acad Med
Med Educ
JGME
Medical Teacher
Teach Learn Med
Persp Med Educ
BMC Med Educ
Clinical Teacher
MedEdPORTAL

Clinical

JAMA
JAMA IM
JGIM
Annals
AJM

Educational research

Adv Health Sci Edu
Med Sci Educ
JCHPE

Simulation

Sim Healthc
BMJ Sim

Innovation reports across med ed journals

Novelty>>evaluation

EDUCATIONAL INNOVATION

Parents as Teachers: Teaching Pediatrics Residents the Art of Engaging in Difficult Conversations

Alexandra Wilson, MD
Craig A. Hurwitz, MD
Monica Smith, BSN, RN
Tracy Patino, DNP, RN, CPNP-AC
Arya S. Kudalmana, MD
Michelle Gallas, DO, FAAP

Connecting Education to Quality: Engaging Medical Students in the Development of Evidence-Based Clinical Decision Support Tools

Elizabeth A. Crabtree, MPH, Emily Brennan, MLIS, Amanda Davis, MPH, RD, and Jerry E. Squires, MD, PhD

Abstract

Problem

lum. Without adding to the number of

Next Steps

TEACHING AND LEARNING IN MEDICINE
2018, VOL. 30, NO. 1, 95–102
https://doi.org/10.1080/10401334.2017.1387552

Routledge
Taylor & Francis Group

EDUCATIONAL CASE REPORTS

Check for updates

First-Year Internal Medicine Residents' Reflections on Nonmedical Home Visits to High-Risk Patients

Stephanie K. Nothelle, Colleen Christmas, and Laura A. Hanyok

Department of Medicine, Johns Hopkins Bayview Medical Center, Baltimore, Maryland, USA

Twelve Tips

Twelve tips for teaching the informed consent conversation

Asha Anandaiah & Laura Rock

Published online: 23 Jan 2018

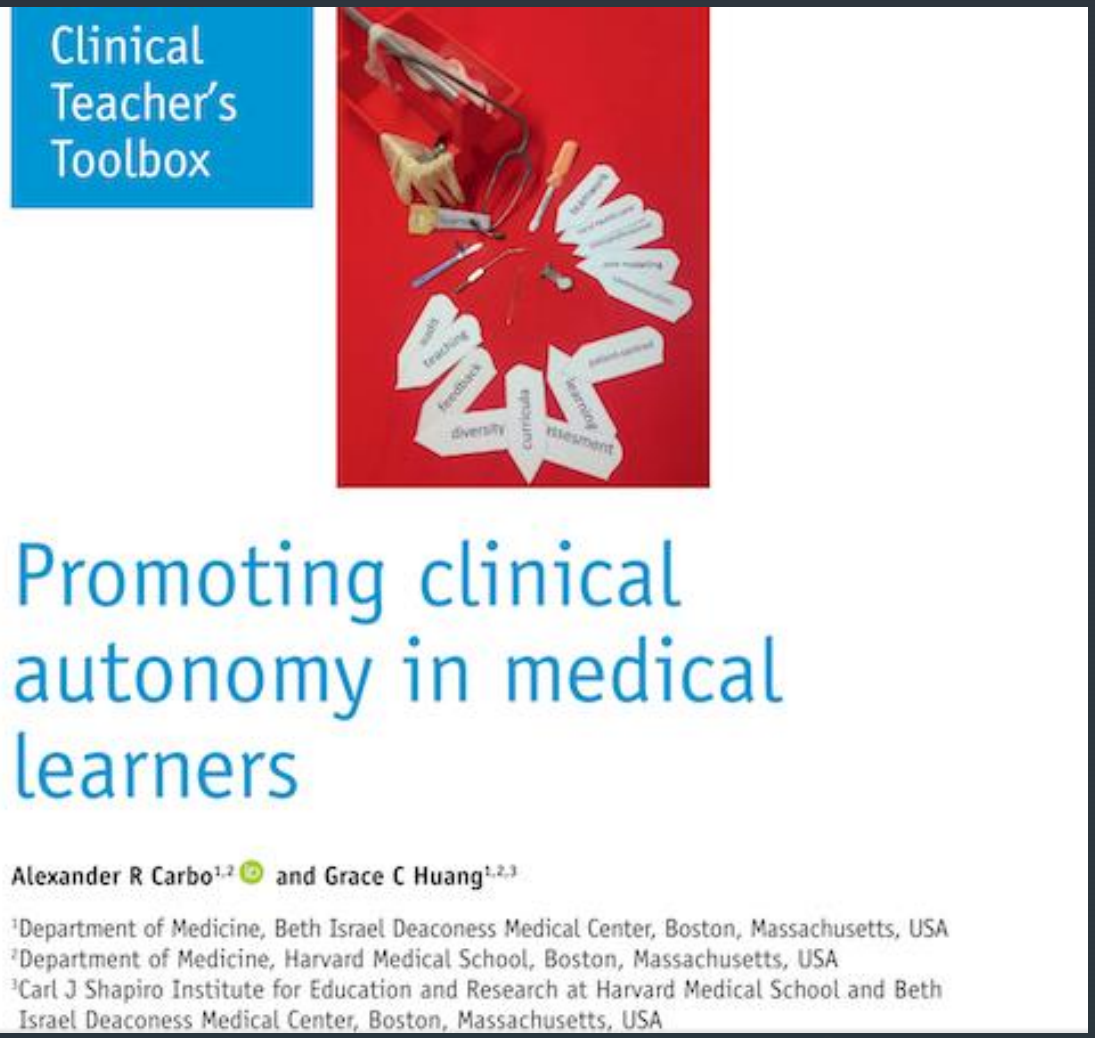
Download citation https://doi-org.ezp-prod1.hul.harvard.edu/10.1080/0142159X.2018.1426844

Check for updates

Full Article | Figures & data | References | Citations | Metrics | Reprints & Permissions | PDF

Abstract

Obtaining informed consent has been traditionally viewed as a mundane task, learned on the job and often relegated to an inexperienced member of the healthcare team. In reality, the process of obtaining informed consent is complex, challenging, and warrants focused teaching, observation and feedback. There are



Perspect Med Educ (2018) 7:408–411
https://doi.org/10.1007/s40037-018-0488-8

FAILURES / SURPRISES

Epic failure: Lessons learned from interprofessional faculty development

Joy Doll[1] · Anna Maio[1] · Meghan Potthoff[1]

Published online: 13 November 2018
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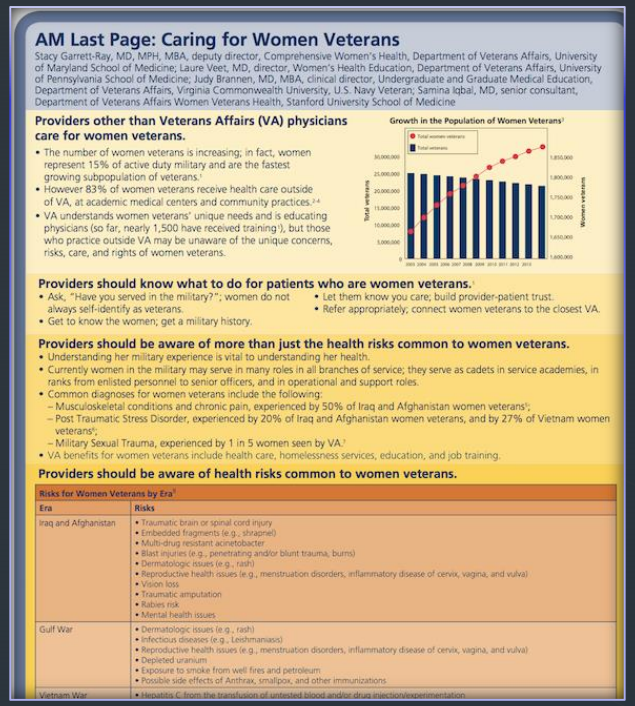
Abstract
Interprofessional education (IPE) is now recognized as an important initiative to prepare the next generation of health providers. Although IPE has been embraced by many institutions, faculty development still remains an issue. In this manuscript, the authors share their story of one attempt to educate a variety of health science faculty on IPE in what was perceived as an approachable venue. The story of its epic failure and lessons learned will be shared to help others avoid similar pitfalls.

Keywords Interprofessional · Faculty development · Failure

The story

learners across our health sciences programs, the team, a group of faculty members leading IPE at the institution,

”How-to” articles



AM Last Page: Caring for Women Veterans

Stacy Garrett-Ray, MD, MPH, MBA, deputy director, Comprehensive Women's Health, Department of Veterans Affairs, University of Maryland School of Medicine; Laure Veet, MD, director, Women's Health Education, Department of Veterans Affairs, University of Pennsylvania School of Medicine; Judy Brannen, MD, MBA, clinical director, Undergraduate and Graduate Medical Education, Department of Veterans Affairs, Virginia Commonwealth University, U.S. Navy Veteran; Samina Iqbal, MD, senior consultant, Department of Veterans Affairs Women Veterans Health, Stanford University School of Medicine

Providers other than Veterans Affairs (VA) physicians care for women veterans.

- The number of women veterans is increasing; in fact, women represent 15% of active duty military and are the fastest growing subpopulation of veterans.[1]
- However 83% of women veterans receive health care outside of VA, at academic medical centers and community practices.[2-4]
- VA understands women veterans' unique needs and is educating physicians (so far, nearly 1,500 have received training[5]), but those who practice outside VA may be unaware of the unique concerns, risks, care, and rights of women veterans.

Growth in the Population of Women Veterans[1]

Providers should know what to do for patients who are women veterans.[6]

- Ask, "Have you served in the military?"; women do not always self-identify as veterans.
- Get to know the women; get a military history.
- Let them know you care; build provider-patient trust.
- Refer appropriately; connect women veterans to the closest VA.

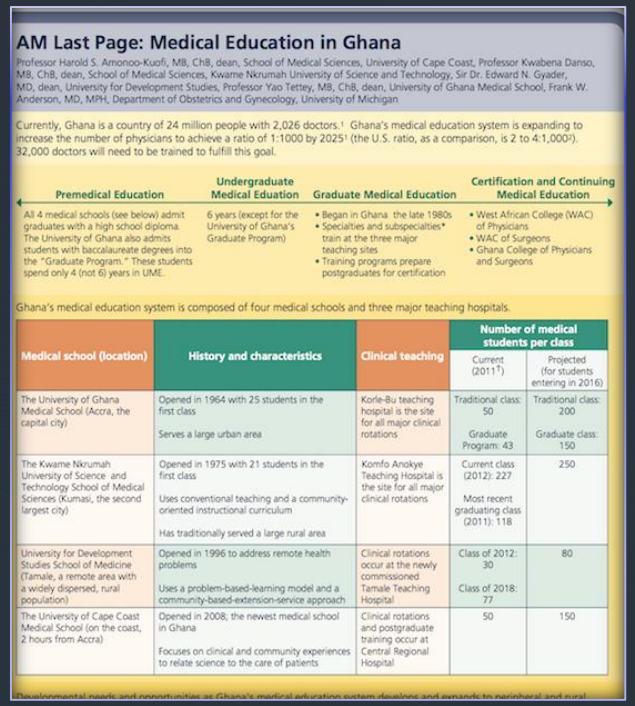
Providers should be aware of more than just the health risks common to women veterans.

- Understanding her military experience is vital to understanding her health.
- Currently women in the military may serve in many roles in all branches of service; they serve as cadets in service academies, in ranks from enlisted personnel to senior officers, and in operational and support roles.
- Common diagnoses for women veterans include the following:
  - Musculoskeletal conditions and chronic pain, experienced by 50% of Iraq and Afghanistan women veterans[7];
  - Post Traumatic Stress Disorder, experienced by 20% of Iraq and Afghanistan women veterans, and by 27% of Vietnam women veterans[8];
  - Military Sexual Trauma, experienced by 1 in 5 women seen by VA.[7]
- VA benefits for women veterans include health care, homelessness services, education, and job training.

Providers should be aware of health risks common to women veterans.

Risks for Women Veterans by Era[9]

Era	Risks
Iraq and Afghanistan	• Traumatic brain or spinal cord injury • Embedded fragments (e.g., shrapnel) • Multi-drug resistant acinetobacter • Blast injuries (e.g., penetrating and/or blunt trauma; burns) • Dermatologic issues (e.g., rash) • Reproductive health issues (e.g., menstruation disorders, inflammatory disease of cervix, vagina, and vulva) • Vision loss • Traumatic amputation • Rabies risk • Mental health issues
Gulf War	• Dermatologic issues (e.g., rash) • Infectious diseases (e.g., Leishmaniasis) • Reproductive health issues (e.g., menstruation disorders, inflammatory disease of cervix, vagina, and vulva) • Depleted uranium • Exposure to smoke from well fires and petroleum • Possible side effects of Anthrax, smallpox, and other immunizations
Vietnam War	• Hepatitis C from the transfusion of untested blood and/or drug injection/experimentation



AM Last Page: Medical Education in Ghana

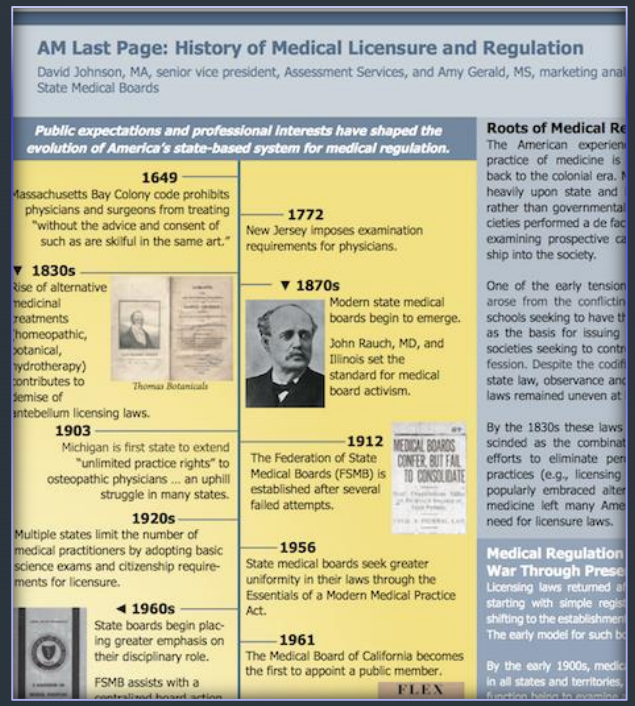
Professor Harold S. Amonoo-Kuofi, MB, ChB, dean, School of Medical Sciences, University of Cape Coast, Professor Kwabena Danso, MB, ChB, dean, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Sir Dr. Edward N. Gyader, MD, dean, University for Development Studies, Professor Yao Tettey, MB, ChB, dean, University of Ghana Medical School, Frank W. Anderson, MD, MPH, Department of Obstetrics and Gynecology, University of Michigan

Currently, Ghana is a country of 24 million people with 2,026 doctors.[1] Ghana's medical education system is expanding to increase the number of physicians to achieve a ratio of 1:1000 by 2025[1] (the U.S. ratio, as a comparison, is 2 to 4:1,000[2]). 32,000 doctors will need to be trained to fulfill this goal.

Premedical Education	Undergraduate Medical Eduation	Graduate Medical Education	Certification and Continuing Medical Education
All 4 medical schools (see below) admit graduates with a high school diploma. The University of Ghana also admits students with baccalaureate degrees into the "Graduate Program." These students spend only 4 (not 6) years in UME.	6 years (except for the University of Ghana's Graduate Program)	• Began in Ghana the late 1980s • Specialties and subspecialties• train at the three major teaching sites • Training programs prepare postgraduates for certification	• West African College (WAC) of Physicians • WAC of Surgeons • Ghana College of Physicians and Surgeons

Ghana's medical education system is composed of four medical schools and three major teaching hospitals.

Medical school (location)	History and characteristics	Clinical teaching	Number of medical students per class	
			Current (2011†)	Projected (for students entering in 2016)
The University of Ghana Medical School (Accra, the capital city)	Opened in 1964 with 25 students in the first class Serves a large urban area	Korle-Bu teaching hospital is the site for all major clinical rotations	Traditional class: 50 Graduate Program: 43	Traditional class: 200 Graduate class: 150
The Kwame Nkrumah University of Science and Technology School of Medical Sciences (Kumasi, the second largest city)	Opened in 1975 with 21 students in the first class Uses conventional teaching and a community-oriented instructional curriculum Has traditionally served a large rural area	Komfo Anokye Teaching Hospital is the site for all major clinical rotations	Current class (2012): 227 Most recent graduating class (2011): 118	250
University for Development Studies School of Medicine (Tamale, a remote area with a widely dispersed, rural population)	Opened in 1996 to address remote health problems Uses a problem-based-learning model and a community-based-extension-service approach	Clinical rotations occur at the newly commissioned Tamale Teaching Hospital	Class of 2012: 30 Class of 2018: 77	80
The University of Cape Coast Medical School (on the coast, 2 hours from Accra)	Opened in 2008; the newest medical school in Ghana Focuses on clinical and community experiences to relate science to the care of patients	Clinical rotations and postgraduate training occur at Central Regional Hospital	50	150



AM Last Page: History of Medical Licensure and Regulation

David Johnson, MA, senior vice president, Assessment Services, and Amy Gerald, MS, marketing anal
State Medical Boards

Public expectations and professional interests have shaped the evolution of America's state-based system for medical regulation.

1649
Massachusetts Bay Colony code prohibits physicians and surgeons from treating "without the advice and consent of such as are skilful in the same art."

▼ 1830s
Rise of alternative medicinal treatments (homeopathic, botanical, hydrotherapy) contributes to demise of antebellum licensing laws.

Thomas Botanicals

1903
Michigan is first state to extend "unlimited practice rights" to osteopathic physicians ... an uphill struggle in many states.

1920s
Multiple states limit the number of medical practitioners by adopting basic science exams and citizenship requirements for licensure.

◄ 1960s
State boards begin placing greater emphasis on their disciplinary role.

FSMB assists with a

1772
New Jersey imposes examination requirements for physicians.

▼ 1870s
Modern state medical boards begin to emerge.

John Rauch, MD, and Illinois set the standard for medical board activism.

1912
The Federation of State Medical Boards (FSMB) is established after several failed attempts.

1956
State medical boards seek greater uniformity in their laws through the Essentials of a Modern Medical Practice Act.

1961
The Medical Board of California becomes the first to appoint a public member.

FLEX

Roots of Medical Re
The American experien
practice of medicine is
back to the colonial era. M
heavily upon state and
rather than governmental
cieties performed a de fac
examining prospective ca
ship into the society.

One of the early tension
arose from the conflictin
schools seeking to have th
as the basis for issuing
societies seeking to contr
fession. Despite the codifi
state law, observance and
laws remained uneven at

By the 1830s these laws
scinded as the combinat
efforts to eliminate pen
practices (e.g., licensing
popularly embraced alter
medicine left many Ame
need for licensure laws.

Medical Regulation
War Through Prese
Licensing laws returned a
starting with simple regis
shifting to the establishmen
The early model for such b

By the early 1900s, medic
in all states and territories,

Academic Medicine's Last Page

Patient narratives

- Academic Emergency Medicine
- Academic Medicine
- Academic Psychiatry
- American Journal of Nursing
- American Journal of Psychiatry
- Annals of Family Medicine
- Annals of Internal Medicine
- BMJ
- Canadian Medical Journal
- JAMA
- JAMA Pediatrics
- Journal of Clinical Oncology
- Journal of General Internal Medicine
- Journal of Palliative Medicine
- Journal of the American Geriatrics Society
- Lancet
- New England Journal of Medicine
- Patient Education and Counseling

Mentoring trainees to publish

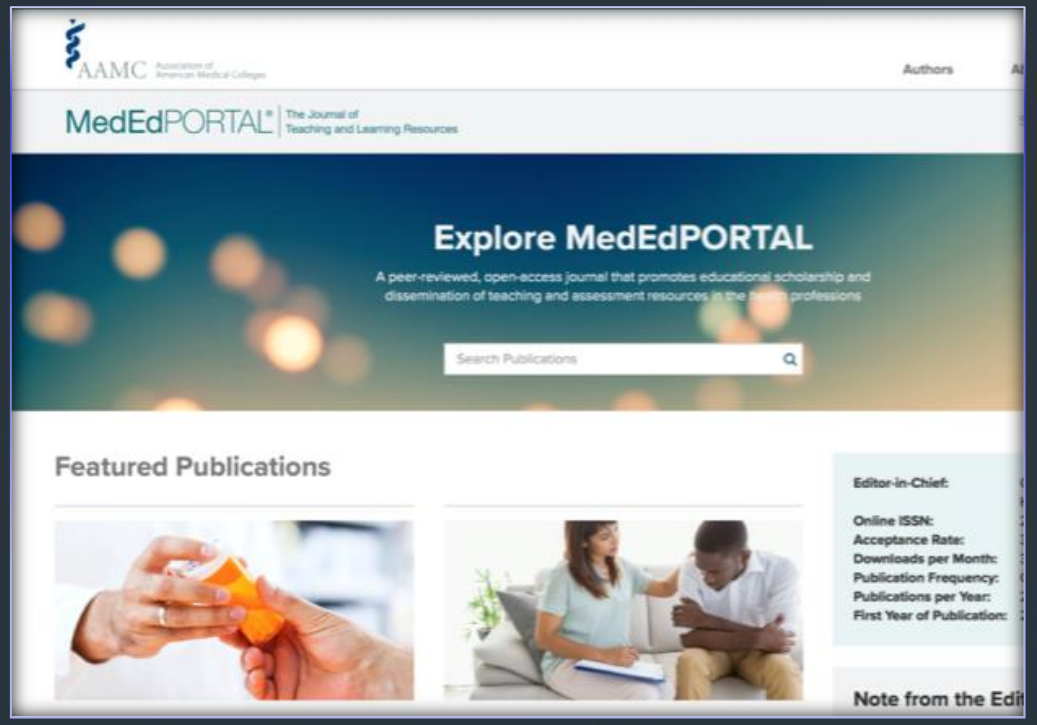
Teachable Moment full info	For trainees at all levels to submit articles that bring attention to the harms that can result from medical overuse and from underuse of needed medical interventions to promote appropriate medical care.	• 800 words • ≤5 references • ≤3 authors (first author must be a trainee) • Patient permission required

MedEdPORTAL®
The Journal of Teaching and Learning Resources

Publishing in MedEdPORTAL

Unique features of MedEdPORTAL…

- AAMC's open-access, MEDLINE indexed journal
- Peer-reviewed medical and dental educational resources
- Includes all materials needed to implement
- Authors keep copyright



…means some caveats about submitting to MedEdPORTAL

- AAMC's open-access, MEDLINE indexed journal → Must adhere to scholarly writing and ICMJE standards
- Peer-reviewed medical and dental educational resources → Must have been implemented and evaluated
- Includes all materials needed to implement → Materials must be packable and generalizable
- Authors keep copyright → Authors must own copyright

Activities that translate readily to MedEdPORTAL submissions

Discrete workshops	• Reasonable size • Active learning elements • Concrete learning objectives
Simulation cases (SP or manikin)	• Templates are available • Content is scriptable
Interactive modules	• Exportable for local use • Easy to distribute

Which of these materials should be included in a MEP submission?

Slides?

Sign-in sheet?

Handouts?

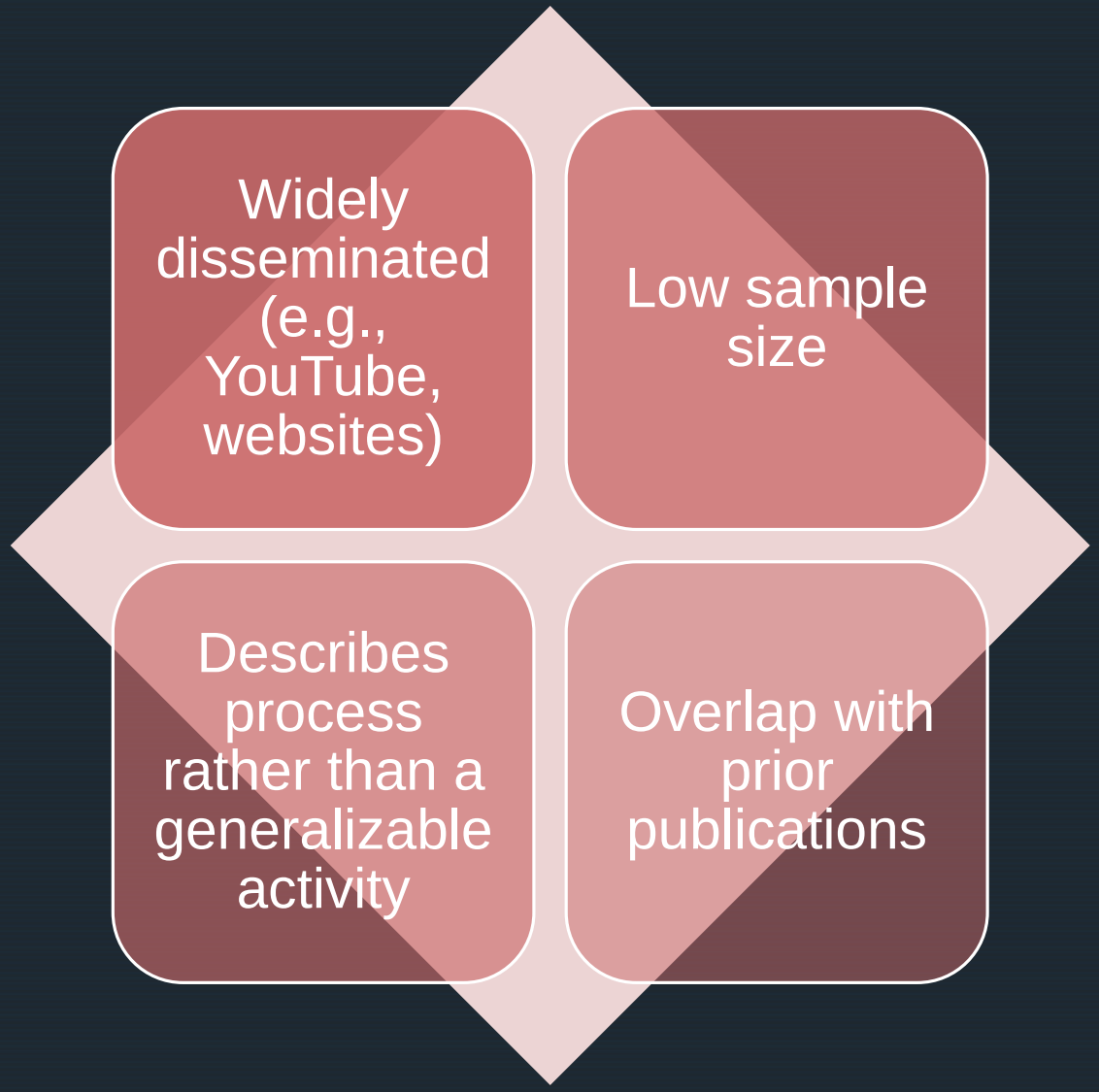
Clipart images from Google search?

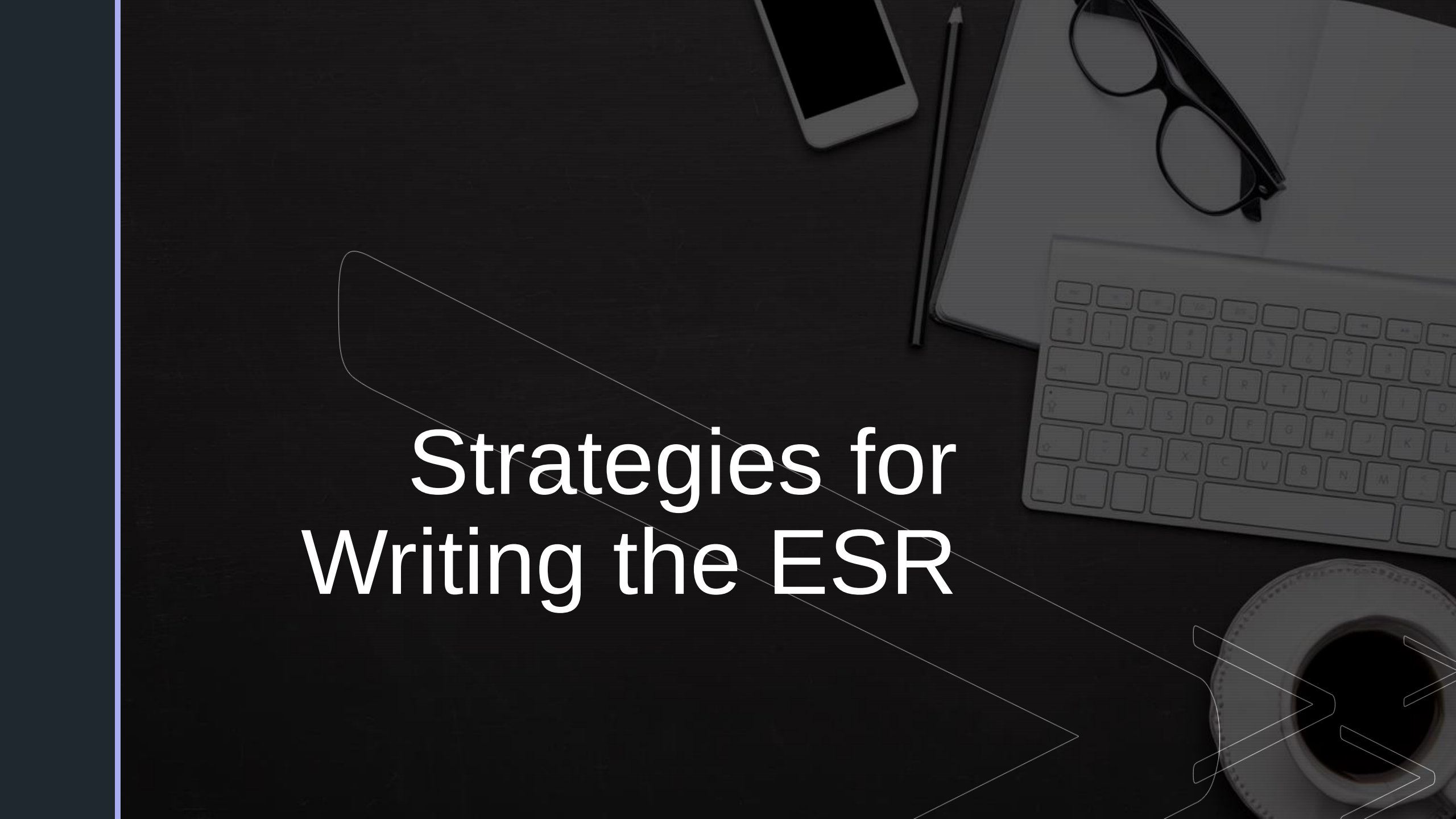
Evaluation form?

Activities that are harder to package as MedEdPORTAL submissions

Lectures	• Tend to be passive • Tend to be less unique
Assessment tools	• Requires several sources of validity evidence
Longitudinal courses	• Excessive number of appendices • Sheer size hinders peer review and usability

Reasons for rejection in MedEdPORTAL





Strategies for Writing the ESR

What is the ESR?

Educational Summary Report

The manuscript for a MedEdPORTAL submission

The scholarly description of an educational activity

Educational objectives

Principles

- Specific
- Measurable
- Attainable
- Realistic
- Time-bound

Pitfalls

- Not learner-centered
- Vague
- Double-barreled
- Process-focused

Which learning objectives are SMART?

Acknowledge	Calculate	Affirm
Compare	Reflect	Categorize
Describe	Critique	Defend
Realize	Identify	Consider
Understand	Recognize	Think

Which learning objectives are SMART?

Acknowledge	Calculate	Affirm
Compare	Reflect	Categorize
Describe	Critique	Defend
Realize	Identify	Consider
Understand	Recognize	Think

The introduction - setting the stage

Structure of the Introduction

Problem

- Disease state
- Healthcare delivery issues
- Learner challenges

Gap

- Literature (including MedEdPORTAL)
- Why these may fall short

Purpose

- Goal
- Learner audience
- Teaching approach

Lingard, Persp Med Educ

MedEdPORTAL® | The Journal of Teaching and Learning Resources

Search Publications

Original Publication

OPEN ACCESS

A Game-Based Approach to Teaching and Learning Anatomy of the Liver and Portal Venous System

Robert V. Hill, PhD, Zeinab Nassrallah, PhD

Published: March 22, 2018 | 10.15766/mep_2374-8265.10696

View PDF

	OPTION 1	OPTION 2
Problem	Understanding the blood supply to and from the liver is essential.	Games are an effective way to teach.
Gap	Current approaches to teaching this topic are passive and rote.	Games have not been used to teach anatomy, which requires a significant amount of memorization.
Purpose	Therefore, we created a module to teach liver anatomy and the portal venous system using games.	Therefore, we created a module to teach liver anatomy and the portal venous system using games.

The methods – the recipe for the work

What methods need to address

Who?	What?	Where?	How?
• learner type • instructor type	• content • source of content	• curricular setting • physical setting	• instructional method • instructor training • evaluation

Scholarly writing practices

”Surveys were collected…”	“We collected surveys…”
“The students listened to a lecture and used role play to…”	“The students listen to a lecture and use role play to…”

Use subheaders freely

Kern's-based

- Needs assessment
- Resources
- Design
- Implementation
- Evaluation

Participant-based

- Learners
- Facilitators
- Data collection instruments

Activity-based

- Curricular setting
- Prework
- Lecture
- Game
- Analysis

The results

Suggested order of data presentation

Quantitative

Skills-based

Perceptions-based

Qualitative

Use tables and figures

To organize results from survey questions

To display change from pre- to post-activity measurements

To present themes from narrative comments

The discussion – reflection on the activity

P1	Summary statement
P2	Reflections on and explanation of the findings
P3	Lessons learned from the implementation of the activity
P4	Limitations of the generalizability and evaluation of the activity
P5	Next steps for the activity

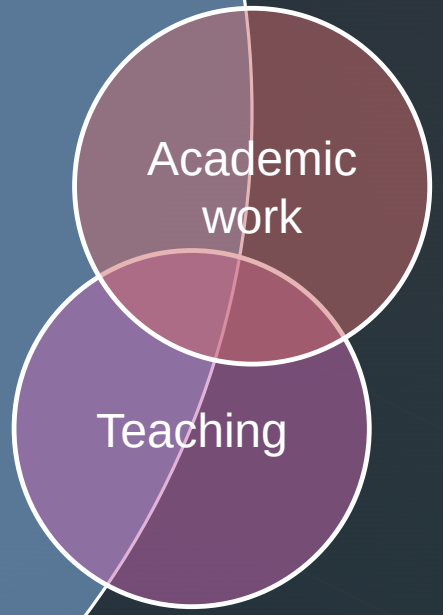
Publishing in medical education

General requirements

- Represents a unique contribution to the literature
- Well-organized
- Well-written

MedEdPORTAL requirements

- Materials come with instructions
- Materials are generalizable

Service

Your New Normal?