MedEdPORTAL: Path to Publication

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• Open access journal (2016) hosted by AAMC
• Member of COPE

• Journal for health professionals
  – Educational scholarship
  – Teaching and assessment resources

• Full peer-review process for acceptance
  – Editorial Board & Associate Editors

• Collections
  – Publications focused on specific theme
  – Specific submission requirements
MedEdPORTAL Distinguishing Features

• **Attributions**
  – Filters to refine search for users
  – Similar to English, age, clinical trial, in PubMed

• **Content Licensing**
  – Set by authors not publishers
  – Open access agreement to share materials

• **Publication Metrics**
  – Article Views
  – Content Downloads

• Faculty Affairs Collection
  – Develop best practices
  – Share institutional initiatives

• AAMC Group on Faculty Affairs
  – Expand/revise existing toolkit

• Accepting submissions
  – Change/conflict management
  – Faculty diversity
  – New faculty orientation
  – Career advancement
  – Leadership
Collections

Opioids Education

Interprofessional Education

in the AAMC's
ORAL HEALTH IN MEDICINE COLLECTION

LGBT and DSD Patient Care

Lifestyle Medicine
Stand alone teaching/learning module

Original publication including:

- Educational Summary Report (ESR)
  - Article (summary of intervention)
  - Abstract and standard article sections

- Appendices
  - Actual module materials
    - Handouts
    - Videos
    - Facilitator guide
    - Evaluation form

Appendices

A. Ambulatory Teaching Slides.pptx
B. Unstructured Approach Video.mp4
C. Unstructured Approach Script.docx
D. Five Microskills Video.mp4
E. Five Microskills Script.docx
F. SNAPPS Video.mp4
G. SNAPPS Script.docx
H. Role-Play Handout Case 1.docx
I. Role-Play Handout Case 2.docx
J. Optional Role-Play Cases.docx
K. Facilitator Guide.docx
L. Model Evaluation Form.docx
Educational Summary Report

• Follows traditional journal submission format
  – Abstract (250 word limit)
  – Introduction, method, results, discussion
  – References (AMA Style)
  – *Three educational objectives*
  – Figures and tables allowed

• Each submission component is peer reviewed

• Specific ESR templates for
  – Assessment
  – Simulation
  – Standardized patients
  – Team based learning
Educational Summary Report

• Must report
  – Funding support
  – Ethical approval
  – Informed Consent

*NOTE: It is the author's responsibility to provide details of ethical approval for the research in the manuscript (in the Methods section of the ESR), including but not limited to the name of the approving committee (e.g., Institutional Review Board, Research Ethics Board) and the name of the institution at which approval was granted.

5. Does this submission involve the results of research activities requiring ethical approval (i.e., studies involving human subjects)? Please note that at many U.S. institutions, a decision of “exempt” must be made by an institutional review board or a designated independent reviewer, but may not be made by the investigator. For more information, review the Ethical Approval Policy.

– Conflict of interest (ICMJE)
Standard ESR Template Tips

- **Introduction**
  - Use SMART objectives
  - Reference similar MedEdPORTAL publications

- **Methods**
  - Identify gap that submission addresses
  - Knowledge, Skills, Attitude
- **Describe how each appendix is used in module**

- **Results**
  - Describe how evaluation measures objectives
  - Quantitative or qualitative measures for assessment

- **Discussion**
  - Reflective summary of implementation and evaluation
  - Value to curriculum development or educational policies
Fitting It All In: An Interactive Workshop for Clinician-Educators to Improve Medical Education in the Ambulatory Setting

David A. Cohen, MD, Joseph Truglio, MD*
*Corresponding author: joseph.truglio@msm.edu

Abstract

Introduction: Despite the demonstrated benefits that ambulatory teaching has for patients, learners, and preceptors, there have recently been significant reductions in time allocated to bedside teaching. In response to this decline, multiple techniques have been developed to improve the ability of clinician-educators to teach effectively within busy learner-focused continuity clinics. Methods: This 90-minute interactive workshop helps participants improve their ability to effectively teach in the ambulatory care setting. The session opens with learners exploring the benefits of and barriers to ambulatory teaching within their unique environment. Two evidence-based techniques are then presented: the Five Microskills model and Summarize, Narrow, Analyze, Probe, Plan, Select (SNAPPS) model. Participants analyze videos depicting these techniques, then practice in structured role-plays. Participants then revisit their initial reflections and discuss ways to both overcome common challenges and integrate the newly learned skills into their roles as clinician-educators. Results: This workshop has been presented five times at academic medical centers, at a medical school in the U.S. during departmental and divisional grand rounds, and at an internationally attended medical education conference. Institutional survey data are available from 98 learners. Over 90% of respondents rated the session very good or excellent. Comments suggested the need for more detailed techniques to overcome barriers and additional time for practice. These suggestions have been included in the current session. Discussion: This interactive workshop is designed for clinician-educators in ambulatory medical education. It has been well received in a variety of national settings and modified to be applicable in a variety of educational environments.

Keywords
Ambulatory Education, Outpatient Education, Five Microskills, SNAPPS

Educational Objectives
By the end of this session, learners will be able to:
1. Identify common barriers to effective teaching in the ambulatory setting and develop practical solutions to these barriers.
2. Demonstrate specific teaching models that enhance efficiency in the ambulatory setting, ensuring essentials such as critical thinking and feedback.
3. Discuss the differences and similarities between common precepting techniques.

Introduction
Decades ago, when patients were cared for primarily in the inpatient setting, bedside medical education existed almost entirely in the hospital. Although such bedside teaching improved learning for students and trainees, with recent health care changes and the shortening of hospital stays, the focus of patient care has shifted to the ambulatory setting.1-4
Results

Our ambulatory teaching workshop has consistently been well received at several institutions and by learners of varying levels of educational experience and clinical backgrounds. Table 1 shows the institutions and venues where this workshop has been delivered and includes information on the type of learner and total number of evaluations completed at each site. Institutional postsession survey data are available from 98 learners from three different institutions in four different venues.

Table 1. Setting for Ambulatory Education Presentation

<table>
<thead>
<tr>
<th>Institution</th>
<th>Venue</th>
<th>Type of Learner</th>
<th>Evaluations Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBCM, Boston, MA</td>
<td>EBCM Academy of Medical Educators Grand Rounds</td>
<td>MD (attending physicians)</td>
<td>5</td>
</tr>
<tr>
<td>EBCM, Boston, MA</td>
<td>Department of Endocrinology Grand Rounds</td>
<td>MD (medical students, residents, fellows, and attending physicians)</td>
<td>7</td>
</tr>
<tr>
<td>HMS, Boston, MA</td>
<td>Principles of Medical Education: Maximizing Your Teaching Skills (CME Course 1)</td>
<td>MD, DO, MPH, PA, PhD, DVM, CDPFP, MHA, EID, RN, LPC, and MBA</td>
<td>45</td>
</tr>
<tr>
<td>HMS, Boston, MA</td>
<td>Principles of Medical Education: Maximizing Your Teaching Skills (CME Course 2)</td>
<td>MD, DO, MPH, PA, PRO, DVM, CDPFP, MHA, EID, RN, LPC, and MBA</td>
<td>32</td>
</tr>
<tr>
<td>Icahn School of Medicine at Mount Sinai, New York, NY</td>
<td>Division of General Internal Medicine Divisional Grand Rounds</td>
<td>Medical students, residents, fellows, and attending physicians</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

Abbreviations: EBCM, Beth Israel Deaconess Medical Center; CME, continuing medical education; HMS, Harvard Medical School.

Tables 2, Table 3, and Table 4 show quantitative data from institutional postsession surveys. These data demonstrate learner satisfaction with the quality and relevance of this session. Overall, more than 90% of respondents rated the session as very good or excellent. Additionally, more than 95% of participants stated that the session had very good or excellent relevance to their practice.

Table 2. Numbers of Evaluations Describing Overall Rating and Quality of Presentation

<table>
<thead>
<tr>
<th>Venue</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good/ Excellent</th>
<th>Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBCM Academy of Medical Educators Grand Rounds (n = 6)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>3.66</td>
</tr>
<tr>
<td>EBCM Endocrinology Grand Rounds (n = 7)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>4.0</td>
</tr>
<tr>
<td>HMS Principles of Medical Education CME Courses (n = 77)</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>60</td>
<td>3.88</td>
</tr>
<tr>
<td>Overall (n = 85)</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>83</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Abbreviations: EBCM, Beth Israel Deaconess Medical Center; CME, continuing medical education; HMS, Harvard Medical School.
*Weighted average scale anchors: 1 = poor, 4 = very good/excellent.

Table 3. Numbers of Evaluations Describing Relevance to Practice

<table>
<thead>
<tr>
<th>Venue</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good/ Excellent</th>
<th>Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMS Principles of Medical Education CME Courses (n = 77)</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>65</td>
<td>3.64</td>
</tr>
</tbody>
</table>

Abbreviations: CME, continuing medical education; HMS, Harvard Medical School.
*Weighted average scale anchors: 1 = poor, 4 = very good/excellent.

Table 4. Numbers of Evaluations From Icahn School of Medicine at Mount Sinai, Division of General Internal Medicine Grand Rounds

<table>
<thead>
<tr>
<th>Item</th>
<th>Poor</th>
<th>Fair</th>
<th>Satisfactory</th>
<th>Very Good/ Excellent</th>
<th>Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of presenter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3.83</td>
</tr>
<tr>
<td>Amount of new information</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>3.83</td>
</tr>
<tr>
<td>Depth of coverage</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>3.83</td>
</tr>
<tr>
<td>Relevance to my practice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>Use of audiovisuals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4.0</td>
</tr>
</tbody>
</table>

*Weighted average scale anchors: 1 = poor, 4 = very good/excellent.

Qualitative comments included the following:

- "Excellent session with great methods I plan to try. Lots of participation."
- "Practical and great teaching suggestions that I plan to use."
ESR Assessment Template Tips

• Define construct to be measured
  – Theoretical basis
  – Conceptual framework
  – Individual item creation/inclusion

• Link to relevant assessments
  – Competencies or milestones
  – Entrustable Professional Activities (EPAs)

• Evidence of validity
  – Use at other institutions
  – Published data using instrument
<table>
<thead>
<tr>
<th>Area of Validity</th>
<th>Questions to Ask</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Content                          | Does the content (e.g., items) of your assessment match the construct that the assessment is intended to measure? | • Do items on an end-of-clerkship examination reflect the learning objectives of that clerkship?  
• How did you familiarize yourself with the construct? Did you conduct a thorough literature review on the construct? Did you consult with experts? |
| Response Process                 | How have sources of error in administering the instrument been minimized?        | • Are students/faculty familiar with the assessment method used? If not, have they been trained in the use of the assessment?  
• Is there a consistency in how scores are interpreted/fed back to examinees?  
• Do individuals interpret assessment items the same way (can be evaluated by cognitive interviews, “think aloud”)?  
• Are raters consistent in how they assess examinees (inter-rater reliability)? |
| Internal Structure               | What are the statistical characteristics of the assessment items?               | • Is the assessment uni- or multi-dimensional (factor analysis)?  
• How well do items hang together (inter-item reliability)? How well do items discriminate between high and low performers?  
• Are scores reproducible if the test if repeated over time (test-retest reliability)?  
• How consistent are evaluators in assessing learners (inter-rater reliability)?  
• How much error in the assessment scores is attributable to the examinees themselves versus the raters or the cases (generalizability theory)? |
| Relationship to other variables | Has the assessment been studied in terms of its relationship to other similar or dissimilar variables or behaviors? | • How well do scores on your assessment correlate with scores on a criterion, or “gold standard”, assessment?  
• Do scores on your assessment correlate with those of other assessments that measure the same trait or construct?  
• Do scores on your assessment predict future outcomes or learner behaviors? |
| Consequence                      | What is the assessment's impact on examinees, teachers, patients, and society? | • Is the assessment formative or summative?  
• If summative, what are the consequences of “failing”? What are the pass/fail rates for your assessment and how do they compare to pass/fail rates on similar assessments? How was the decision made to set the cut scores/grades and what was the rationale behind that decision? What are the consequences of false-positive (passing someone who should have failed) and false-negative (failing someone who should have passed) results?  
• If someone performs poorly, is the construct (e.g. skill, knowledge) remediable can it be learned?  
• If formative, what learning resources accompany the assessment?  
• Regardless of the type of assessment, are the resources required to implement it “fair” for the system/faculty?  
• Does use of the assessment result in improved learning, patient benefit, or other meaningful outcomes? |
ESR Simulation Template Tips

• Describe simulation case in structured abstract
  – Patient, Complaint, Diagnosis

• Methods Section
  – Development
  – Equipment/environment
  – Personnel
  – Implementation
  – Debriefing

• Results Section
  – Implementation of activity
  – Impact on learners
  – Learners & facilitators characteristics
ESR Simulation Template Appendices

- Simulation Case Template
  - Learning objectives
  - Case presentation
  - Instructor notes
  - Scenario flow

- Other Appendices
  - Simulation images
  - Critical Actions
  - Debriefing materials

<table>
<thead>
<tr>
<th>Brief narrative description of case</th>
<th>Include the presenting patient chief complaint and overall learner goals for this case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Learning Objectives</td>
<td>What should the learners gain in terms of knowledge and skill from this case? Use action verbs and utilize Bloom’s Taxonomy as a conceptual guide</td>
</tr>
<tr>
<td>Critical Actions</td>
<td>List which steps the participants should take to successfully manage the simulated patient. These should be listed as concrete actions that are distinct from the overall learning objectives of the case.</td>
</tr>
<tr>
<td>Learner Preparation</td>
<td>What information should the learners be given prior to initiation of the case?</td>
</tr>
</tbody>
</table>

INSTRUCTOR NOTES - CHANGES AND CASE BRANCH POINTS
This section should be a list with detailed description of each step that may happen during the case. If medications are given, what is the response? Do changes occur at certain time points? Should the nurse or other participant prompt the learners at given points? Should new actors or participants enter, and when? Are there specific things the patient will say or do at given times? There are a few examples given, but it is expected that most cases will have many more changes and potential branch points.

<table>
<thead>
<tr>
<th>Intervention / Time point</th>
<th>Change in Case</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes into the case</td>
<td>BP begins decreasing if no IV fluids have been given for hypotension</td>
<td>RN alerts the provider: “Doctor, the blood pressure is 90/45”</td>
</tr>
<tr>
<td>Epinephrine is given by intramuscular injection for suspected anaphylaxis</td>
<td>Patient heart rate increases by 20 beats per minute over next 1 minute. Respiratory rate decrease to 16, wheezing improves.</td>
<td></td>
</tr>
<tr>
<td>Participant requests finger stick blood glucose.</td>
<td>Glucose level is 45.</td>
<td>Glucose level will improve if patient is given IV D50 or is permitted to eat and/or drink.</td>
</tr>
</tbody>
</table>
Framework for debriefing:
Each debrief should consist of four components:
- Introduction
- Discussion of emotions
- Discussion of medical management and technical skills
- Discussion of teamwork and communication skills

There is often overlap between medical management and teamwork issues. Debriefing may not follow a linear progression of all four of these components.

General Debriefing Goals:
- Try to facilitate the team’s discussion (avoid dominating the conversation)
- Ask open-ended questions (avoid yes/no questions)
- Discuss the team performance (not the individual)

1) Introduction
This “sets the stage” for debriefing and creates expectations.
What you might say:
- This is an opportunity to reflect and learn, improve our medical care, teamwork, and communication.
- Everyone should be able to ask questions and share their thoughts.
- Once you leave this session, we encourage open discussion of the concepts, but ask you to not to discuss individual performance.
- Remind the group of the ground rules (treat everyone with respect, maintain confidentiality).


Appendix C- Critical Actions Checklist _ Cardiopulmonary Bypass

- On bypass
  - Watch MAP, urine output, ACT
  - Optional – observe bispectral index and cerebral oximetry
  - Treat hyperglycemia
  - Do I need further coagulation testing or thromboelastogram prior to separation from bypass
  - Reassess availability/necessity for blood product
  - Patient’s heart rhythm? Pacing required? Do you have a pacing box? Did you check the batteries?

ESR Standardized Patients Template Tips

• Define if teaching or assessment

• **Standardized patient resources**
  – Training
  – Recruitment
  – Feedback

<table>
<thead>
<tr>
<th><strong>CASE INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Concern: What the patient will say when greeted by the student. The patient’s primary reason for seeking medical care often stated in his/her own words.</td>
</tr>
</tbody>
</table>

| Additional Concerns: Other, if any, concerns the patient has today (i.e., symptoms, requests, expectations, etc.) that will become part of set agenda. |

<table>
<thead>
<tr>
<th><strong>THE PATIENT STORY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The SP will be asked to tell their symptom story and the personal and emotional impact for each of their concerns. You will want to write this is the patient voice. The symptom story should be able to answer this question: “Tell me more about [chief concern/additional concern], starting at the beginning and bringing me up to now.”</td>
</tr>
</tbody>
</table>

The personal context should be able to answer questions concerning the broader personal/psychosocial context of symptoms, especially the patient beliefs/attributions.

The emotional context should be able to ask how are you doing with this, how does this make you feel, how has this affected you emotionally? IMPACT: How has this affected your life? How has this been for your family? |

<table>
<thead>
<tr>
<th><strong>HISTORY OF PRESENT ILLNESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Although some of the HPI will be given in the patient’s symptom story, the learners expand the story during the direct question section. Below describe the detailed history, usually about the chief concern, which the student must develop in order to make a useful assessment of the problem.</td>
</tr>
</tbody>
</table>

• Methods section
  – Describe encounter
    • Location and setting
    • Student prep materials

  – Standardized Patient Development Tool (Appendix A)
Patient Information/Learner Instructions

You are seeing patients at your institution’s HIV clinic. Your next patient is E. Hale. The patient was diagnosed with HIV during pre-operative evaluation for a surgical procedure. The patient has been referred to your clinic for their initial HIV visit. Initial laboratory studies have revealed a CD4 count of 450 cells/mm³ (23%) and a HIV viral load of 78,000 copies/ml. The patient’s genotype is pending. There are no financial issues with access to medical care or medications.

Vital signs:
- Blood pressure: 120/72 mm Hg
- Pulse: 80 beats/minute
- Respiratory rate: 14 breaths/minute
- Temperature: 98.6 deg F

Tasks:
- Take a focused history
- No physical examination is required.
- Discuss your assessment and management plan with the patient.
- Counsel and/or educate the patient as needed about prognosis, transmission risks, and treatment.
- You will have 45 minutes.

Faculty Evaluation: E. Hale (HIV Evaluation)

<table>
<thead>
<tr>
<th></th>
<th>The fellow screens for depression and suicidal ideation and inquires about coping and the patient’s support system.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow interprets lab results and explains the meaning of these to patient.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow exhibits empathy.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow discusses transmission issues.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow obtains pertinent social history including sexual history, substance use, etc.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow discuss the benefits of taking antiretroviral therapy.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow discusses the “all or nothing” approach to meds and risk of resistance.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fellow discusses the potential side effects of antiretroviral therapy.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (Below Expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellent (More Expectations)</td>
</tr>
</tbody>
</table>

Team Based Learning Template Tips

• **Methods**
  – Prerequisite knowledge

• **Specific Subheadings**
  – Team formation
  – Description of Advance Preparation Resources
    • Pre-session materials, reviews, objectives
  – Description of Readiness Assurance Process
Team Based Learning Template Tips

- Immediate Feedback
  - Any IF form used
- Facilitation Schema
  - Time required for components
- Team Application Activities
  - Higher-level complex activities
  - Teamwork required
  - Meet 4S Criteria

Team Based Learning Collaborative

- Significant Problem
- Same Problem
- Specific Choice
- Simultaneous Reveal
Submission Standards

• Original work not previously published with exceptions
  – Author’s personal website or blog
  – Employer’s or institution’s website or intranet
  – Presentation at a conference

• Implemented to targeted learners
  – Students, residents, health professionals

• Meets scholarship criteria
  – Evidence of evaluation

• Team Based Learning author statement

As first/last author, I agree that if published, all materials included in this submission will be made available on MedEdPORTAL and to the general public under the associated Creative Commons license.
## Educational Scholarship Criteria

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear goals</td>
<td>The author clearly states the educational objectives of the work.</td>
</tr>
<tr>
<td>Adequate preparation</td>
<td>The author uses prior work (e.g., existing scholarship and personal experience) to inform and develop the work.</td>
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<tr>
<td>Appropriate methods</td>
<td>The author uses a suitable approach to meet the stated objectives of the work.</td>
</tr>
<tr>
<td>Significant results</td>
<td>The author achieves the goals and contributes to the field in a manner that invites others to use the work.</td>
</tr>
<tr>
<td>Effective presentation</td>
<td>The author effectively organizes and presents the content of the work.</td>
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<tr>
<td>Reflective critique</td>
<td>The author thoughtfully assesses the submission to refine, enhance, or expand the original concept.</td>
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Kirkpatrick’s 4 Levels of Evaluation

- **Reaction**: Measure your participants’ initial reaction to gain an understanding of the training program and valuable insights into material quality, educator, and more.
- **Learning**: Measure how much information was effectively absorbed during the training and map it to the program or individual learning objectives.
- **Behavior**: Measure how much your training has influenced the behavior of the participants and evaluate how they apply this information on the job.
- **Results**: Measure and analyze the impact your training has had at the business level, and be sure to tie it to the individual or program.

- Participant comments
- Questionnaires
- Pre/post testing
- Observations
- Self-assessments
- Competency Based Assessment
- Peer/supervisor evaluation
- Outcome measures
- Reduced errors
- Increase in clinical skills

a PERIODIC TABLE of
Bloom’s Digital Taxonomy Activities

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<td>Highlighting</td>
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<td>Wiki Building</td>
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https://globaldigitalcitizen.org/blooms-taxonomy-periodic-table
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• Click Author Tab
• See Author Instructions
• Separate Submission site
  – Create individual account
  – Access Author Dashboard
  – Author Menu Bar
AUTHORS

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- Educational Summary Report Template_Standardized Patients
- Educational Summary Report Template_TBL

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Submission Review Process

- Standard peer-review
  - Reject
  - Revise and resubmit
  - Accept (no revisions)

- Peer Review Template
- ESR Style Guide
- Narrative feedback
Publication Tips

• Review Educational Summary Report Template
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    • SP, TBL, Simulation, Assessment
    • Verify appendices against required list
    • Follow style guide and AMA for references

  – Review criteria for submission
    • Educational scholarship
    • Objectives and evaluation tools
    • Peer review standards
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  doi: 10.1002/chp.163. PMID: 18521876

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- **Supporting the Call to Action: A Review of Nutrition Educational Interventions in the Health Professions Literature and MedEdPORTAL.**
TITLE: Questionnaire Design and Responsiveness in a Data Capture Tool for Student Sharing of Experiences of Statewide Clerkship Sites

AUTHORS: Zheng, Stephanie, Behrman, David, Agrawal, Parth, Basco, Brian, Ball, Charlotte, Rose, Jennifer, Miller, Samuel, Wood, Elena

ABSTRACT: Positive clerkship experiences and student performance in the clinical years has been correlated to perceived quality of education and specialty choice amongst medical students [1-3]. The Medical College of Georgia uses a distributed campus model with more than 250 clerkship rotation sites across the state and beyond, making student clerkship choices imperative to their development as physicians. We developed a survey to collect both quantitative and qualitative data from students during their clerkship years and a system to distribute that information to students. The data allowed us to evaluate the effectiveness of various question formats through responsiveness, the length of responses, and time spent on the survey. In addition to this, we looked at the number of responses per clerkship in order to see whether or not our survey was getting information about all of the 3rd year rotations. We aspire to take these findings and utilize them to expand the program and improve the questionnaire in order to yield more responsiveness from students.
• Journal of Visualized Experiments
  – Publish research in visual format
  – Address two challenges
    • Reproducibility of results
    • Learn new experimental techniques
  – Biology
  – Neuroscience
  – Medicine
  – Linked from database page

http://www.augusta.edu/library/greenblatt/resources/databases.php
1. Study of Intestinal Transporters in a 3D Culture System of Caco-2: Growing 3D Caco-2 Cell Culture on a Gelatinous Protein Mixture

1. Thaw growth factor reduced gelatinous protein mixture on ice for 8 h (or O/N) at 4 °C. Once thawed, make 1 mL or 500 μL aliquots for use or store at -20 °C for later use.

2. On the day of culture, precool the culture plates (for RNA and protein extraction) or chambered slides (for immunostaining) on ice. Add 30 μL of gelatinous protein mixture to each well of an eight-well chambered-glass slide (or 120 μL per well of a 6-well plate) and spread evenly. Take care not to generate air bubbles during the process.

3. Place the slides/plates inside a cell culture incubator at 37 °C for 15 - 30 min and allow the gelatinous protein mixture to solidify.

4. While the gelatinous protein mixture is solidifying, trypsinize a confluent flask of Caco-2 cells.
Questions…

Kathy Davies, MLS
Associate Director of Research
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