Converting Your Teaching and Assessment into Scholarship Through MedEdPORTAL

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The following statement best describes why I am here:

1. Never heard of MedEdPORTAL.

2. I have heard about MedEdPORTAL, but never submitted to the journal.

3. Currently working on a submission/resubmission.

4. Long-time fan, curious about revised submission standards.
Objectives

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

• Describe how teaching innovations are a legitimate form of scholarship

• Characterize features of successful submissions to MedEdPORTAL

• List the different opportunities for authors to engage with mentors
The triple threat of bygone days…
Service

The New Normal

Teaching

Scholarship

several light-years
Teaching is a legitimate domain for publishing.
You have done most of the work already
Taking your teaching to the next level

Good teaching
- Effective
- Purposeful

Scholarly teaching
- Evidence-based
- Innovative

Scholarship of teaching and learning
- Investigation
- Peer review
Literature growth curve

- problem identification
- proposed approaches
- pilot studies
- cohort studies
- controlled trials
- research papers
- MedEdPORTAL resources
- scoping reviews
- RCTs
- systematic reviews
- literature perspectives
- innovation reports

maturity

time
Caveats about submitting to MedEdPORTAL

- AAMC’s diamond open access, MEDLINE-indexed journal
  - Must adhere to scholarly writing and ICMJE standards

- Peer-reviewed medical educational resources
  - Must have been implemented and evaluated on target learners

- Includes all materials needed to implement
  - Materials must be packaged and generalizable

- Authors keep copyright
  - Authors must own copyright
MedEdPORTAL Mission

1. Advance the field
   - Promote the scholarship of innovation in health professions education that addresses critical clinical, educational, and societal needs

2. Disseminate resources
   - Foster dissemination and equitable access to high-quality educational resources for content, expertise, and educational approaches that may otherwise not be readily available

3. Foster inclusion
   - Support author development that creates avenues of access to diverse scholars, including trainees and faculty historically excluded from medicine
Collections

- Diversity, Equity, and Inclusion
- Interprofessional Education
- Dental Education
- Opioids and Pain Management
- Anti-Racism in Education
- Telehealth Education
- Language-Appropriate Health Care and Medical Language
Acceptance Rate

- Reject without Peer Review: 67%
- Reject with Peer Review: 14%
- Accept: 19%
Activities that translate readily to MedEdPORTAL submissions

Discrete workshops
- Reasonable size
- Active learning elements
- Concrete learning objectives

Simulation cases
- Templates are available
- Content is scriptable
Activities that are harder to package as MedEdPORTAL submissions

- **Lectures**
  - Tend to be passive
  - Tend to be less unique

- **One-time symposia**
  - Involves experts not available to others
  - Challenging to reproduce

- **Longitudinal courses**
  - Excessive number of appendices
  - Sheer size hinders peer review and usability
Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students

Rhonda Groves Achidiene, MD, Tiffany E. Cook, Robert G. Roswell, MD, Richard E. Greene, MD, MPH
*Corresponding author: rachidiene@montefiore.org

Abstract

Introduction: Microaggressions are connected to broader conceptualizations of the impact of implicit bias and systems of inequity. The body of evidence supporting the need for more-open discussions in medical education about race, racism, and their impact on health disparities continues to grow. Some have advocated for the importance of bringing anti-racist pedagogy into the medical education curriculum, which involves explicitly attempting to move beyond people’s comfort zones and acknowledging that discomfort can be a catalyst for growth. To discuss the intent and impact of microaggressions in health care settings and how we might go about responding to them, we developed a workshop for third-year undergraduate medical students within a longitudinal undergraduate medical education diversity and inclusion curriculum. Methods: This workshop occurred during a regularly scheduled clerkship immersion during the 2016-2017 academic year for third-year undergraduate medical students (N = 156). Prior to the workshop, the students were asked to anonymously submit critical incident reports on any microaggressions experienced or witnessed to develop case studies for problem-based learning. Teaching modalities included lecture, problem-based learning with case studies, peer and small group, and facilitated small- and large-group discussions. Results: The session was evaluated using a 4-point Likert scale to assess students’ comfort in learning about the information presented. Ninety-eight percent felt confident in identifying microaggressions, and 85% felt confident in interrupting microaggressors when they occur. Discussion: This personalized workshop exposes students to microaggressions personally experienced by colleagues with an attempt to interrupt them using empathy, awareness, and communication techniques.

Keywords: Microaggressions, Bias, Racism, Health Disparities, Empathy, Communication Skills, Cultural Competence, Diversity, Inclusion, Health Equity, and Justice

Educational Objectives

By the end of this activity, learners will be able to:
1. Define a microaggression and identify when microaggressions occur in the health care setting.
2. Discuss the importance of power dynamics and intent versus impact as key factors in the overview of microaggressions.
3. Employ strategies to interrupt microaggressions when they occur using a variety of communication techniques.
4. Reflect on the importance of empathy and awareness in understanding the impact of microaggressions.

Introduction

Racism impacts the health and well-being of patients, from the care we provide to the inequitable outcomes we see in the health disparities literature. Systems racism also impacts the experiences of students, house staff, and faculty and the climate within which they work and learn together. There is a growing body of evidence to support the need for open and honest discussions about race, racism, and their impact on health disparities in medical education. Recently, there have been calls to action to move beyond these outdated frameworks and to explicitly name and discuss race, racism, and other forms of oppression as a social determinant of health. Dr. David Acosta, the AAMC’s Chief Diversity and Inclusion Officer, stated that the demographics of the physician workforce impact not only the culture and climate of academic medical centers but also the ways care is provided. He added that there must be “a deeper focus on changing the culture and climate of our learning and workplace environments,” which requires institutions to...
Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students

Rhonda Graves Acholonu, MD; Tiffany E. Cook; Robert O. Roswell, MD; Richard E. Groano, MD, MHPE

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4. Reflect on the importance of empathy and awareness in understanding the impact of microaggressions.
Introduction

Problem

• Disease state
• Healthcare delivery issues
• Learner challenges

Gap

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

Purpose

• Goal
• Learner audience
• Teaching approach
## Educational Objectives

Choose all SMART objectives from the list below

<table>
<thead>
<tr>
<th>Understand</th>
<th>Be aware</th>
<th>Formulate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall</td>
<td>Interpret</td>
<td>Evaluate</td>
</tr>
<tr>
<td>Identify</td>
<td>Know</td>
<td>Think</td>
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<tr>
<td>Demonstrate</td>
<td>Compare</td>
<td>Appreciate</td>
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<tr>
<td>Recognize</td>
<td>Differentiate</td>
<td>Affirm</td>
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# Educational Objectives

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<td>Affirm</td>
</tr>
</tbody>
</table>
# Bloom’s Taxonomy

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>COMPREHENSION</th>
<th>APPLICATION</th>
<th>ANALYSIS</th>
<th>SYNTHESIS</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>List</td>
<td>Translate</td>
<td>Operate</td>
<td>Analyze</td>
<td>Create</td>
<td>Rate</td>
</tr>
<tr>
<td>Define</td>
<td>Paraphrase</td>
<td>Apply</td>
<td>Question</td>
<td></td>
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<tr>
<td>recall</td>
<td>Discuss</td>
<td>Demonstrate</td>
<td>Differentiate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange</td>
<td>Report</td>
<td>Prepare</td>
<td>Experiment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Locate</td>
<td>Choose</td>
<td>Examine</td>
<td>Design</td>
<td>Recommend</td>
</tr>
<tr>
<td>Order</td>
<td>Explain</td>
<td>Show</td>
<td>Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Label</td>
<td>Restate</td>
<td>Sketch</td>
<td>Categorize</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>Repeat</td>
<td>Identify</td>
<td>Employ</td>
<td>Distinguish</td>
<td>Design</td>
<td>Interpret</td>
</tr>
<tr>
<td>Memorize</td>
<td>Generalize</td>
<td>Practice</td>
<td>Calculate</td>
<td>Plan</td>
<td>Predict</td>
</tr>
<tr>
<td>Name</td>
<td>Express</td>
<td>Dramatize</td>
<td>Inspect</td>
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<td></td>
</tr>
<tr>
<td>Select</td>
<td>Identify</td>
<td>Interpret</td>
<td>Contrast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Generalize</td>
<td>Illustrate</td>
<td>Outline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **LOWER ORDER THINKING SKILLS**
  - List
  - Define
  - Recall
  - Arrange
  - State
  - Order
  - Label
  - Repeat
  - Memorize
  - Name
  - Select
  - Record

- **HIGHER ORDER THINKING SKILLS**
  - Translate
  - Paraphrase
  - Discuss
  - Report
  - Locate
  - Explain
  - Restate
  - Describe
  - Express
  - Identify
  - Generalize
  - Recognize
  - Classify
  - Summarize

- **EVALUATION**
  - Rate
  - Evaluate
  - Assess
  - Judge
  - Value
  - Revise
  - Justify
  - Recommend
  - Conclude
  - Defend
  - Interpret
  - Predict
  - Estimate
  - Appraise
  - Compare
  - Score
  - Select
  - Choose
  - Measure

https://www.valamis.com/hub/blooms-taxonomy
Which of these are SMART learning objectives?

By the end of this educational activity, third year medical students will be able to:

1. Identify the components of a SMART learning objective.
2. Understand how historical trauma impacts medical care.
3. Critically appraise sample patient notes for inclusive language use.
4. Appreciate the role of the hospital chaplain in clinical settings.
Methods

Who?
- learner type
- instructor type

What?
- content
- source of content

Where?
- curricular setting
- physical setting

How?
- instructional method
- instructor training
- evaluation
### Methods

Kern’s-based
- Needs assessment
- Resources
- Design
- Implementation
- Evaluation

Participant-based
- Learners
- Facilitators
- Data collection instruments

Activity-based
- Curricular setting
- Prework
- Lecture
- Game
- Analysis
Results

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
Use the 5-paragraph style

- **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**: Implications and future steps

Discussion
Publishing in MedEdPORTAL

Which section of the ESR may be the easiest to write? Why?

Which section of the ESR may be the most difficult to write? Why?
Anatomy of a Successful Submission

- Original Work
- Comprehensive appendices
- Published Abstract

- Common file types (.doc, .pptx, .pdf, .zip, .mp4)
  Virtual meetings
  Articulate Rise

- Small group
  TBL/PBL/CBL
  Simulation/SP
  Assessment

- <500MB
  5-10 files
  1-3 hours

- >15 learners
  Multiple implementation
<table>
<thead>
<tr>
<th></th>
<th>Reasons for Rejection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Many Links</td>
</tr>
<tr>
<td></td>
<td>Little educational content</td>
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<tr>
<td></td>
<td>Widely shared</td>
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<tr>
<td></td>
<td>Published materials/results</td>
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<tr>
<td>2</td>
<td>3D/special software</td>
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<tr>
<td></td>
<td>Mobile apps</td>
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<tr>
<td></td>
<td>Websites</td>
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<tr>
<td>3</td>
<td>Didactic/lecture</td>
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<td>Basic online modules</td>
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<tr>
<td></td>
<td>Podcasts</td>
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<tr>
<td></td>
<td>Expert panel</td>
</tr>
<tr>
<td>4</td>
<td>Curricula</td>
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<tr>
<td></td>
<td>Longitudinal</td>
</tr>
<tr>
<td></td>
<td>Experiential</td>
</tr>
<tr>
<td>5</td>
<td>Limited evidence for reproducibility</td>
</tr>
</tbody>
</table>
Author Development
How should I incorporate inclusive language when preparing submission?

What level of evaluation is enough?

What are common reasons for rejection?

How can I show impact from my work?
Faculty Mentor Program

**Equip** mentors with the knowledge to effectively understand and communicate MedEdPORTAL submission processes and expectations

**Increase** MedEdPORTAL submissions from communities and regions historically underrepresented from publishing

**OPEN OFFICE HOURS**

**1:1 MENTORING**

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Questions

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