

Converting Your Teaching and Assessment into Scholarship Through *MedEdPORTAL*

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The following statement best describes why I am here:

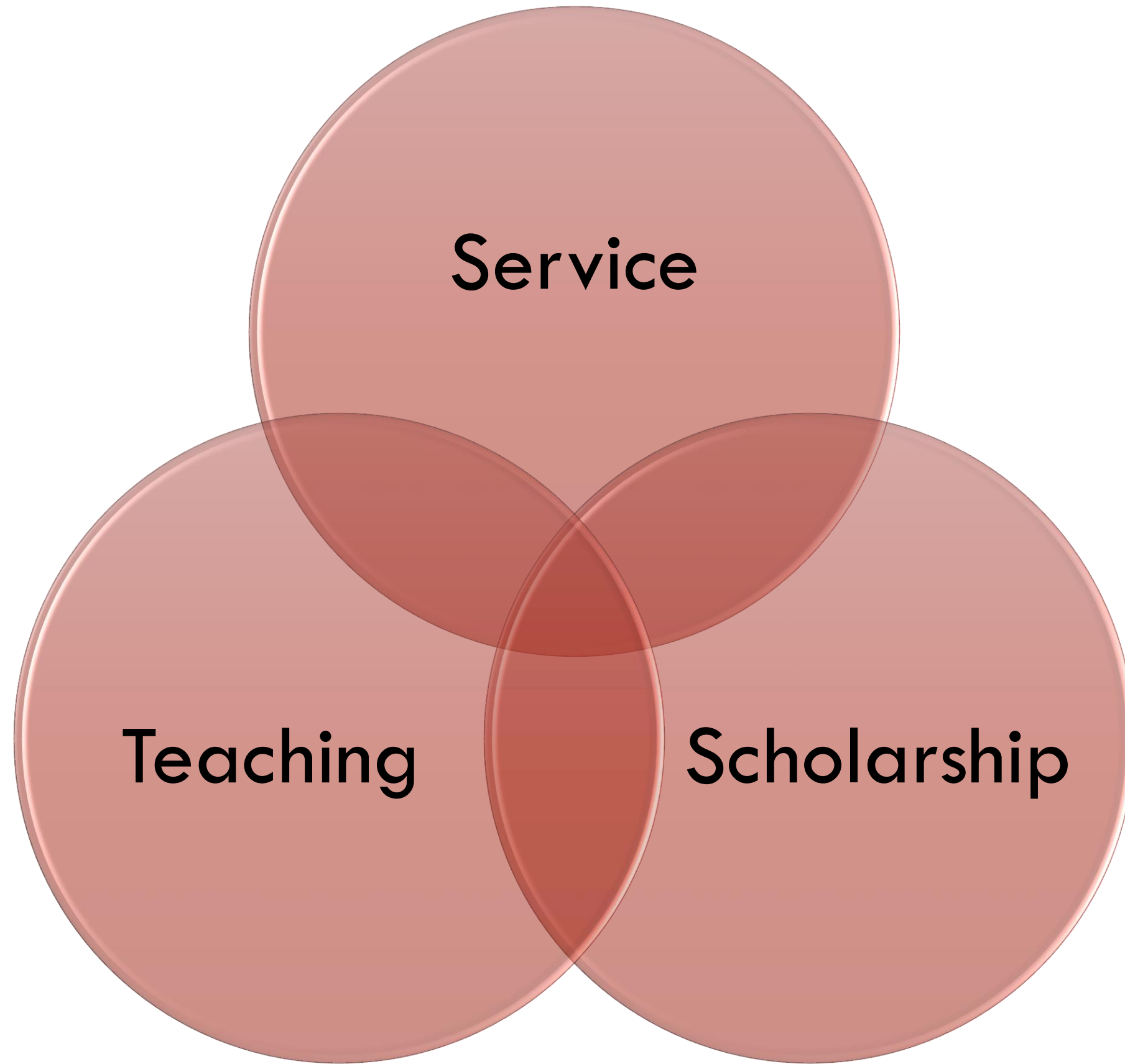
1. Never heard of *MedEdPORTAL*.
 2. I have heard about *MedEdPORTAL*, but never submitted to the journal.
 3. Currently working on a submission/resubmission.
 4. Long-time fan, curious about revised submission standards.
-

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

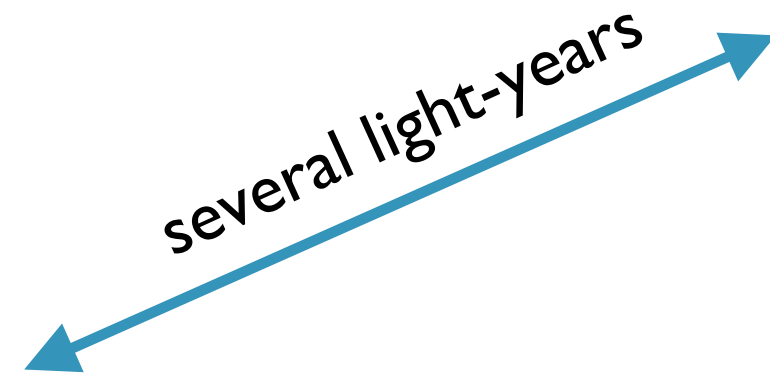




The triple
threat of
bygone
days...

Service

Scholarship

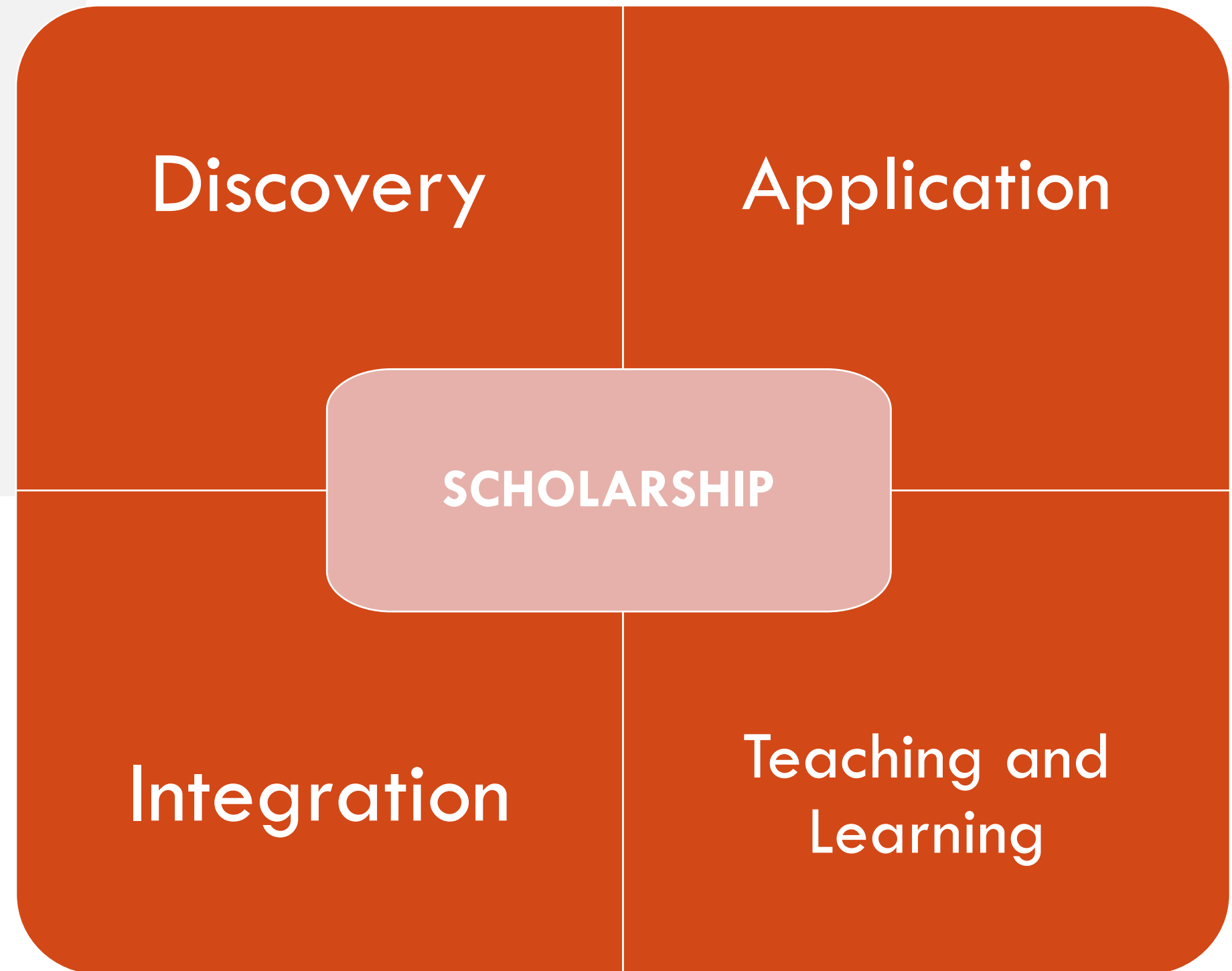


Teaching

**The New
Normal**

.....
.....

Teaching is a
legitimate domain
for publishing



You have
done most of
the work
already



Planning



Resourcing



Getting buy-in

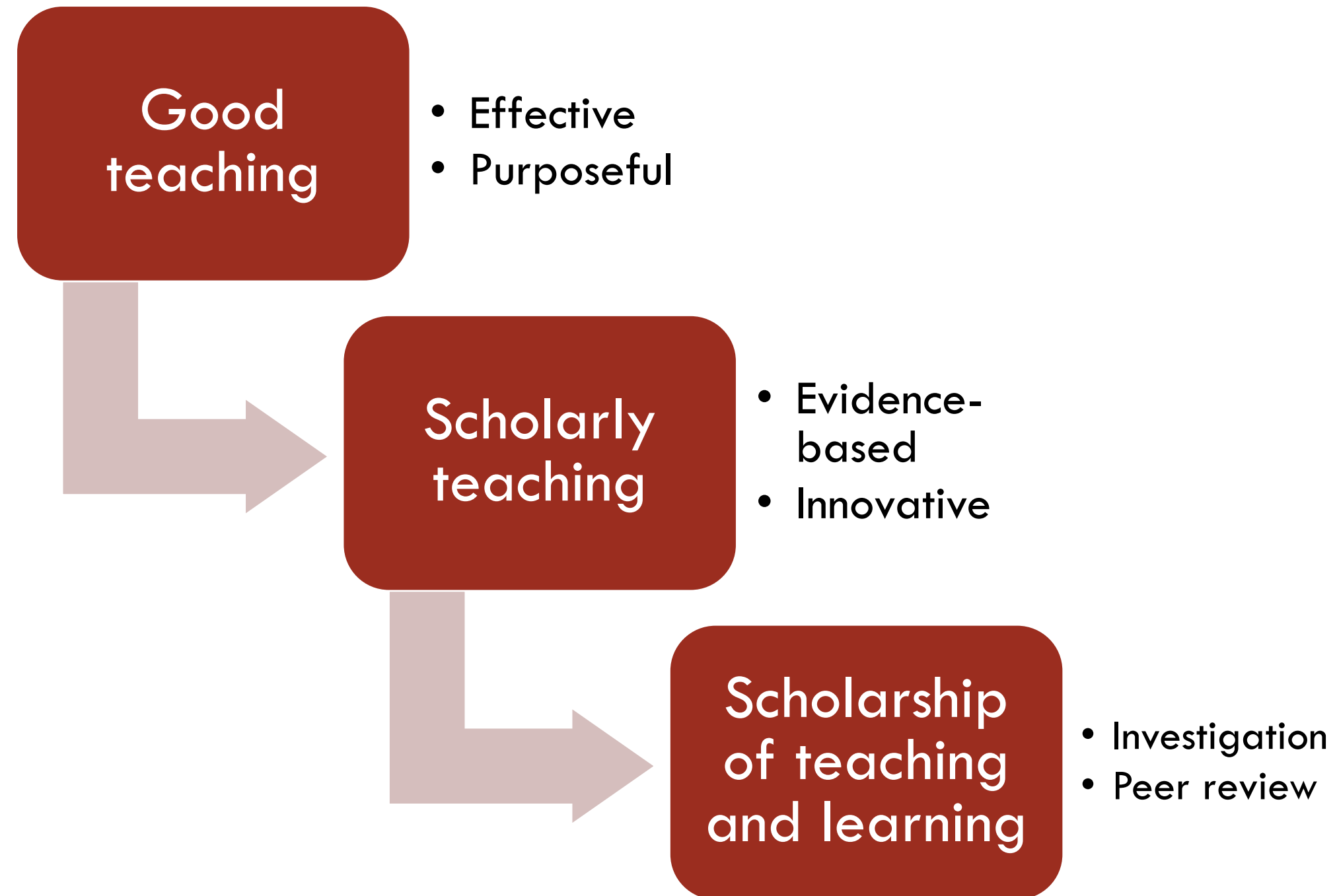


Executing



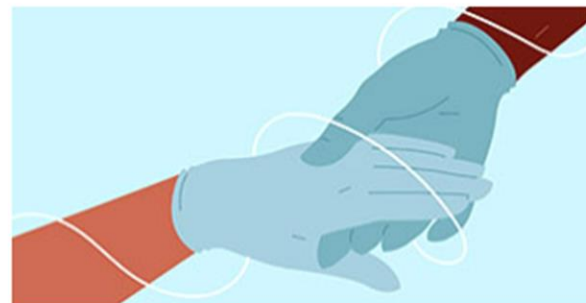
Evaluating

Taking your teaching to the next level





FEATURED PUBLICATIONS



**Presence 5 for Racial Justice Workshop:
Fostering Dialogue Across Medical Education
to Disrupt Anti-Black Racism in Clinical
Encounters**

February 10, 2022

Anti-Black racism has strong roots in American health care and medical education, but curricula addressing it are limited. This workshop uses the Presence 5 framework to promote anti-racism communication.



**I Don't Have a Diagnosis for You: Preparing
Medical Students to Communicate Diagnostic
Uncertainty in the Emergency Department**

February 4, 2022

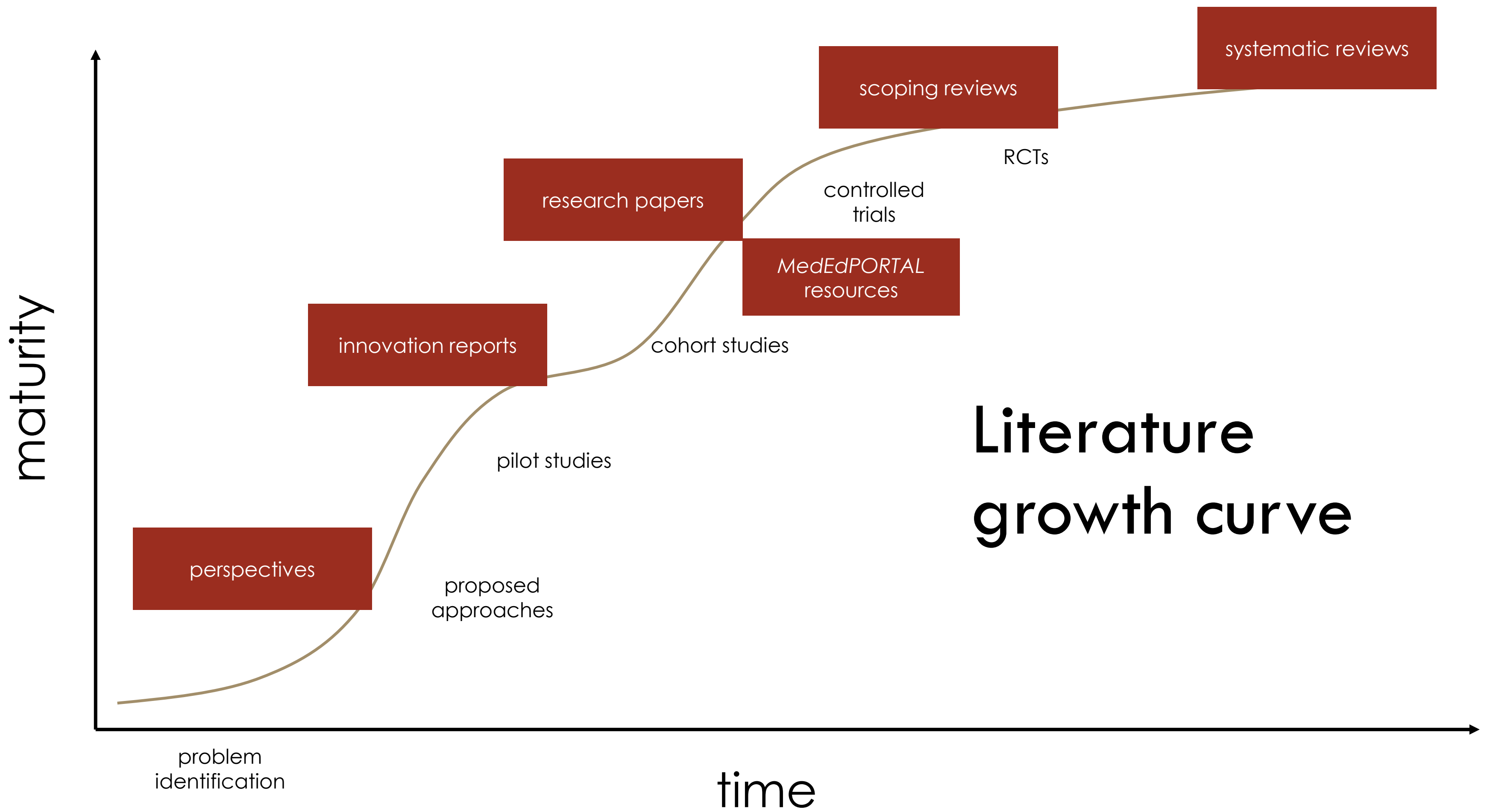
A virtual session introduces medical students to diagnostic uncertainty and offers practice communicating uncertainty using a checklist during role-play patient conversations.



**Teaching Module on Ultrasound-Guided
Venous Access Using a Homemade Gel Model
for Fourth-Year Medical Students**

February 2, 2022

Evidence supports an ultrasound-guided approach in patients with difficult vascular access. The module features a narrated lecture and orientation, followed by ultrasound-guided IV placement on homemade gel models.



maturity

problem identification

time

Literature growth curve

perspectives

innovation reports

research papers

scoping reviews

systematic reviews

proposed approaches

pilot studies

cohort studies

controlled trials

RCTs

MedEdPORTAL resources

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

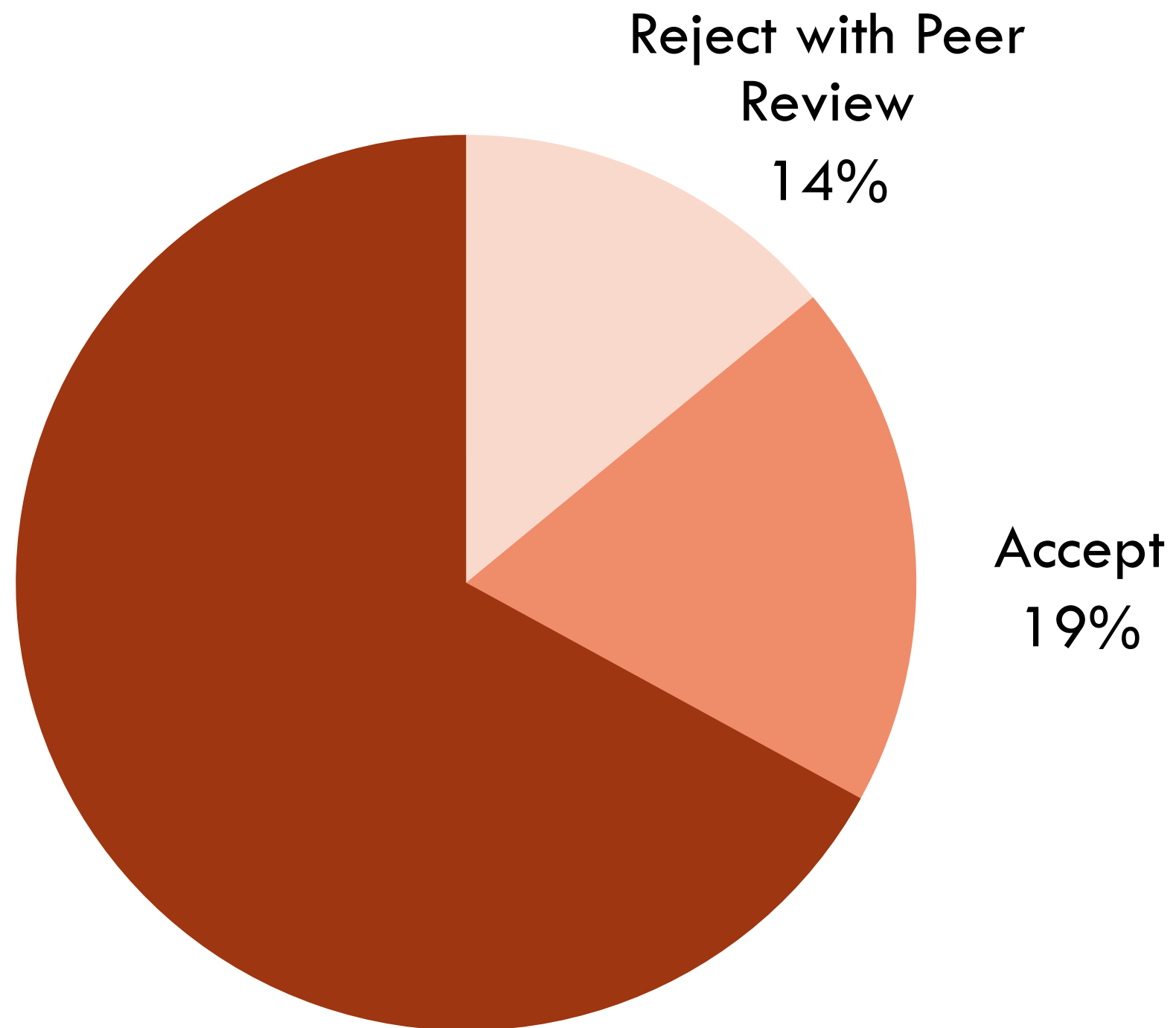
Language-Appropriate Health
Care and Medical Language



Acceptance Rate



Reject without
Peer Review
67%





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

Educational Summary Report

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. Greene, MD, MHPE

*Corresponding author: racholon@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 medical education curricula, 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 intersession during the 2016-2017 academic year for third-year undergraduate medical students ($N = 154$). 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, pair and share, and facilitated small- and large-group debriefs. **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 microaggressions 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, Anti-racism

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.

Citation:

Acholonu RG, Cook TE, Roswell RO, Greene RE. Interrupting microaggressions in health care settings: a guide for teaching medical students. *MedEdPORTAL*. 2020;16:10969. https://doi.org/10.15766/mep_2374-8265.10969

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. Systemic racism also impacts the experiences of students, house staff, and faculty and the climate within which they work and learn together.^{1,2} 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.^{3,4} 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.^{1,5,6} Dr. David Acosta, the AAMC's Chief Diversity and Inclusion Officer, noted 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.⁷ 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

OPEN ACCESS | July 31, 2020

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. Greene, MD, MHPE

https://doi.org/10.15766/mep_2374-8265.10969[Abstract](#) | [PDF](#) | [Tools](#) | [Share](#)**ABSTRACT**

EDUCATIONAL OBJECTIVES

INTRODUCTION

METHODS

RESULTS

DISCUSSION

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 medical education curricula, 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 intersession during the 2016–2017 academic year for third-year undergraduate medical students ($N=154$). 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, pair and share, and facilitated small- and large-group debriefs. **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 microaggressions 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.

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

[APPENDICES](#) | [REFERENCES](#) | [RELATED](#) | [DETAILS](#)

APPENDICES

- A. Preworkshop Survey.docx
- B. Facilitator Guide.docx
- C. Workshop Presentation.pptx
- D. Faculty Development Agenda.docx
- E. Postworkshop Evaluation Form - Students.docx
- F. Postworkshop Debriefing Questions - Faculty.docx

All appendices are peer reviewed as integral parts of the Original Publication.

[DOWNLOAD](#)

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

Understand

Be aware

Formulate

Recall

Interpret

Evaluate

Identify

Know

Think

Demonstrate

Compare

Appreciate

Recognize

Differentiate

Affirm

Educational Objectives

Choose all SMART objectives from the list below

Understand

Be aware

Formulate

Recall

Interpret

Evaluate

Identify

Know

Think

Demonstrate

Compare

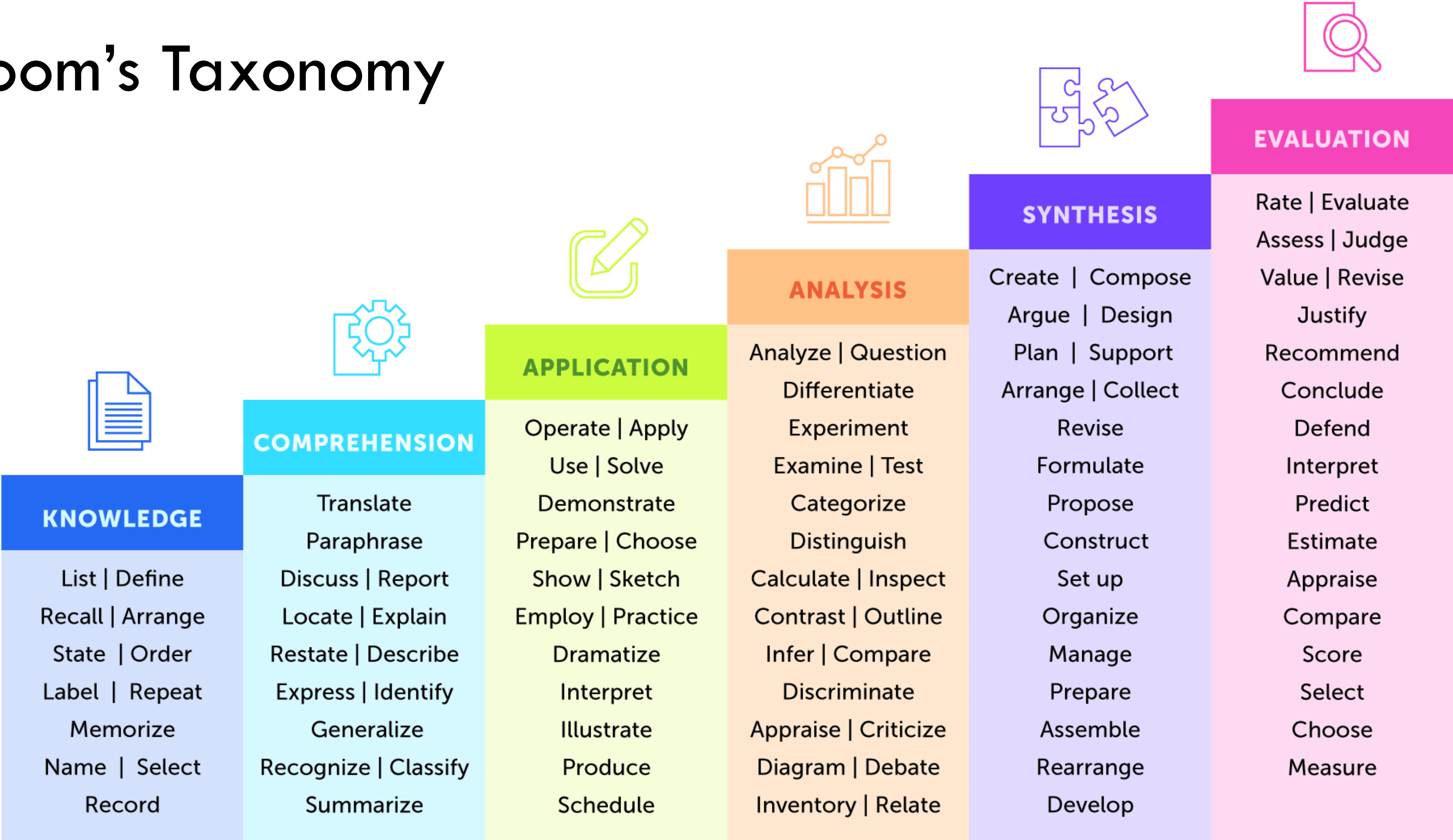
Appreciate

Recognize

Differentiate

Affirm

Bloom's 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

Use appropriate Sub-headers in 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

Discussion

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
- Challenges faced during implementation

P4

- Limitations of the generalizability and evaluation of the activity

P5

- Implications and future steps

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

Reasons for Rejection

1

- Many Links
- Little educational content
- Widely shared
- Published materials/results

2

- 3D/special software
- Mobile apps
- Websites

3

- Didactic/lecture
- Basic online modules
- Podcasts
- Expert panel

4

- Curricula
- Longitudinal
- Experiential

5

- Limited evidence for reproducibility



Author Development

Author Center

<https://www.mededportal.org/author>

<https://www.mededportal.org/authorcenter>

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



Modupeola Dupe Akinola, MD
Co-Director



Kathy Kreutzer, MEd
Co-Director

Questions



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