Behind the Scenes: Your Paper from Submission to Publication

JGME Editors’ Perspectives
Conflict of Interest

- We have no relevant conflicts of interest
- We are editors for *JGME* & other journals
Session Goals

- Describe journey of a paper from submit to first decision
- Discuss strategies to avoid an internal rejection
- Navigate and respond to peer-review comments
- Q&A with the *JGME* editors
Agenda

- Large Group
  - Manuscript flow
  - Tips & resources

- Small Groups
  - Improve an abstract
  - Respond to reviewer comments, in a decision letter

- Q & A
The Journey of a Paper

New Submissions
- Submit New Manuscript
- Submissions Sent Back to Author (0)
- Incomplete Submissions (0)
- Submissions Waiting for Author's Approval (0)
- Submissions Being Processed (0)

Revisions
- Submissions Needing Revision (0)
- Revisions Sent Back to Author (0)
- Incomplete Submissions Being Revised (0)
- Revisions Waiting for Author's Approval (0)
- Revisions Being Processed (0)
- Declined Revisions (0)

Completed
- Submissions with a Decision (6)
A Generic Manuscript Review Process

Manuscript Submitted

- Triaged by Staff
  - Rejected

- Triaged by Editor(s)
  - Rejected

Editor also considers journal’s mission, space, what’s been published previously, what’s hot, etc.
Step 1: Avoiding Internal Rejection

- Select target journal when you plan your project
  - Select appropriate category
  - Follow instructions for authors
  - Write clearly, succinctly

- Write abstract as you go, revise after paper is final – it’s key!

- Have a great writer read your paper
Group Exercise #1: The Abstract is Critical

- **Title:** A Preparatory Course Improves Total Scores on the WCAT

- **At Your Tables: Answer 3 Questions**
  1. Are you going to take this WCAT prep course?
  2. What other information do you want to know, in the abstract or perhaps in the paper?
  3. Assuming this information is in the paper, should this paper be published? What makes you want to read (or not read) a paper?

- **Prepare to Debrief**
Debrief Exercise #1
The Abstract is Critical
A Generic Manuscript Review Process

- Manuscript Submitted
  - Triaged by Staff
    - Timeframe: Reviewers: 20-30 days
    - Rejected
  - Triaged by Editor(s)
    - Single-blinded review: Identity of the reviewers is anonymous, but author names visible to reviewers
    - Desk/Internal
    - Rejected
    - Technical
  - Sent out for Peer Review
    - Double-blinded review: Identity of both the authors and reviewers is kept hidden (hard to accomplish)
Peer review process

- Reviewer selection/suggested reviewers
- Review timeline
- Alternative reviewers & un-invites
- Reviewer scoring
Search Reviewer All Reviewers - Manuscript Number JGME-D-19--- by Classification

Manuscript Details  Register and Select New Reviewer

Change Search Type

- Search My Publication  Search by Classification Matches  from  All Reviewers  Go

The number next to each Classification term below indicates the number of Reviewers with a Classification match. By selecting the Classification term(s) you will be able to view a list of those Reviewers.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of Reviewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.500 Internal Medicine</td>
<td>76</td>
</tr>
<tr>
<td>8.100 Curricula</td>
<td>45</td>
</tr>
<tr>
<td>22.200 Health Disparities</td>
<td>15</td>
</tr>
</tbody>
</table>

Page: 1 of 1 (3 total Classification matches)  Display 100 results per page.

Page: 1 of 1 (3 total Classification matches)  Display 100 results per page.
## Reviewer Candidates

Select a checkbox by each person you wish to select as a Reviewer (more...).

### 22.200 Health Disparities

#### 1. Class match with MS
- **Name:** MD (Reviewer)
  - College of Medicine
  - Residency

  **Classifications:**
  - 22.200: Health Disparities

  **Reviewer Statistics (Agreed Invitations):**
  - Reviews in Progress: 1
  - Completed Reviews: 8
  - Un-assigned After Agreeing: 0
  - Terminated After Agreeing: 0
  - Last Review Agreed: 01/28/2019
  - Last Review Completed: 02/05/2019
  - Last Review Declined: -
  - Avg Days Outstanding: -
  - Manuscript Rating: -
  - Avg Review Rating: -

  **Invitation Statistics:**
  - Date Last Invited: 01/24/2019
  - Outstanding Invitations: 0
  - Agreed: 9
  - Declined: 0
  - Un-invited Before Agreeing: 4
  - Terminated: 0
  - Total Invitations: 13

#### 2. Class match with MS
- **Name:** PhD (Reviewer)

  **Classifications:**
  - 8.100: Curricula
  - 22.200: Health Disparities

  **Reviewer Statistics (Agreed Invitations):**
  - Reviews in Progress: 0
  - Completed Reviews: 0
  - Un-assigned After Agreeing: 0
  - Terminated After Agreeing: 0
  - Last Review Agreed: -
  - Last Review Completed: -
  - Last Review Declined: 01/28/2019
  - Avg Days Outstanding: 0
  - Manuscript Rating: 0
  - Avg Review Rating: 0.0

  **Invitation Statistics:**
  - Date Last Invited: 01/27/2019
  - Outstanding Invitations: 0
  - Agreed: 0
  - Declined: 2
  - Un-invited Before Agreeing: 0
  - Terminated: 0
  - Total Invitations: 2

#### 3. Class match with MS
- **Name:** MPH (Reviewer)

  **Classifications:**
  - 8.100: Curricula
  - 22.200: Health Disparities

  **Reviewer Statistics (Agreed Invitations):**
  - Reviews in Progress: 0
  - Completed Reviews: 15
  - Un-assigned After Agreeing: 0
  - Terminated After Agreeing: 0
  - Last Review Agreed: 01/31/2019
  - Last Review Completed: 02/14/2019
  - Last Review Declined: -
  - Avg Days Outstanding: 21
  - Manuscript Rating: 63
  - Avg Review Rating: 85.0

  **Invitation Statistics:**
  - Date Last Invited: 01/31/2019
  - Outstanding Invitations: 0
  - Agreed: 15
  - Declined: 0
  - Un-invited Before Agreeing: 3
  - Terminated: 0
  - Total Invitations: 18

*This publication: Alternate Reviewer for 1 other submission*
### View Reviews and Comments for Manuscript

**JGME-D-18-**

**Original Submission**

Click the recommendation term to view the comments for the submission.

**View Manuscript Rating Card**

<table>
<thead>
<tr>
<th>(Reviewer 1)</th>
<th>Original Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Revision</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Reviewer 2)</th>
<th>Original Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reject</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Associate Editor)</th>
<th>Original Submission</th>
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<table>
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<tr>
<th>Author Decision Letter</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Author</th>
</tr>
</thead>
</table>
A Generic Manuscript Review Process

Timeframe:
- Review: 1-6 mos
- Publish: 6-24 mos

Manuscript Submitted

Triaged by Staff
- Rejected
- Rejected

Triaged by Editor(s)
- Rejected

Sent out for Peer Review

Reviews Adjudicated by Editor(s)
- Rejected

Accepted

Technical
Desk/Internal

Single-blinded review: Identity of the reviewers is anonymous, but author names visible to reviewers.

Double-blinded review: Identity of both the authors and reviewers is kept hidden (hard to accomplish).

Editor also considers journal’s mission, space, what’s been published previously, what’s hot, etc.
A Generic Manuscript Review Process

- Manuscript Submitted
  - Triaged by Staff
    - Rejected
  - Triaged by Editor(s)
    - Rejected
    - Revise and Resubmit: Minor Revisions
    - Revise and Resubmit: Major Revisions
      - Reviews Adjudicated by Editor(s)
        - Rejected

- Revised Manuscript
  - Generally means the article will be published, so long as minor fixes are made
  - Not a publication guarantee; editor will reconsider the article and the adequacy of revisions

- Timeframe: Revise/Resubmit: 30 days
  - Single-blinded review: Identity of the reviewers is anonymous, but author names visible to reviewers
  - Double-blinded review: Identity of both the authors and reviewers is kept hidden (hard to accomplish)

- Or Never Resubmitted
  - Technical
  - Desk/Internal

Editor also considers journal’s mission, space, what’s been published previously, what’s hot, etc.
Exercise #2
Responding to Reviewer Comments

- Read the reviewer comments on the worksheet
- As a group, create strategic responses – write down on worksheet
Debrief Exercise #2
Responding to Reviewer Comments
Getting to Yes!
Kubler-Ross Stages of Major Revision

Who were these reviewers…

Seriously? There must be a mistake…
Getting to Yes!
Kubler-Ross Stages of Major Revision

Acceptance
Just do it… *Goal is to make it better*

Depression
Why even bother – if they don’t want it…

Bargaining
I’ll just write a letter to EiC and…

Anger
Who were these reviewers…

Denial
Seriously? There must be a mistake…
<table>
<thead>
<tr>
<th>From</th>
<th>Critique</th>
<th>Our Response</th>
<th>Author</th>
<th>Pg &amp; Line #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewer #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R1.1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>R1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewer #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Copy/Paste Ltr
## Convene the Author Team

### 1x1 Review/Plan/Assign Who

<table>
<thead>
<tr>
<th>From</th>
<th>Critique</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Editor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 1.1</td>
<td><strong>Important Topic - Innovative</strong></td>
<td><strong>YEAHHHHH</strong></td>
<td>Deb</td>
<td></td>
</tr>
<tr>
<td>E 1.2</td>
<td><strong>Length</strong></td>
<td>Need to cut “x”, “y”. Add Table</td>
<td>Gail</td>
<td></td>
</tr>
<tr>
<td>Reviewer #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R1.1</td>
<td><strong>Scales</strong></td>
<td>Inappropriate use of scales</td>
<td>Tony</td>
<td></td>
</tr>
<tr>
<td>R1.2</td>
<td><strong>Stats</strong></td>
<td></td>
<td>Lainie</td>
<td></td>
</tr>
<tr>
<td>Reviewer #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td><strong>Innovative but</strong></td>
<td>Editor in E.1 noted (go with E.1)</td>
<td>Lainie</td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td><strong>Literature</strong></td>
<td></td>
<td>Deb</td>
<td></td>
</tr>
</tbody>
</table>
## Collate, Revise, Edit ➔ Re-Submit

<table>
<thead>
<tr>
<th>From</th>
<th>Critique</th>
<th>Our Response</th>
<th>Author</th>
<th>Pg &amp; Line #</th>
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</thead>
<tbody>
<tr>
<td>Editor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 1.1</td>
<td>Important Topic - Innovative</td>
<td>Thank you for opportunity to revise the manuscript to further strengthen the impact of this report. We have added a number of details based on reviewer suggestions and have delineated them below.</td>
<td>Deb</td>
<td>NA</td>
</tr>
<tr>
<td>E 1.2</td>
<td>Length</td>
<td>Shortened by 1,000 words</td>
<td>Gail</td>
<td>Pg 2 L 250</td>
</tr>
<tr>
<td>Reviewer #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R1.1</td>
<td>Scales</td>
<td>We appreciate Reviewer #2’s perspective.. However, literature...</td>
<td>Tony</td>
<td>NA</td>
</tr>
<tr>
<td>R1.2</td>
<td>Stats</td>
<td></td>
<td>Lainie</td>
<td>Pg 5 L 951</td>
</tr>
<tr>
<td>Reviewer #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td>Innovative but</td>
<td>Editor in E.1 noted (go with E.1)</td>
<td>Lainie</td>
<td></td>
</tr>
<tr>
<td>R2.1</td>
<td>Literature</td>
<td></td>
<td>Deb</td>
<td>Pg 2 L 150</td>
</tr>
</tbody>
</table>
1. **Shared Goal: A better manuscript!**

2. **Responsiveness to each critique - professional**
   - Write it twice – shift from venting to “yes”
   - Respond to each with affirmative change if possible (direct, don’t dance)
   - Provide a polite and scientific rebuttal to any points or comments you disagree with. Reminder: if re-sent to reviewers they see this letter too.
   - Acknowledge if unable (anonymized data – note in limitations)
   - Format: Table or Change Fonts/Colors and number – brief as possible
   - We can’t respond as > word count

3. **Adhere to journal format & timeline**
   - Length, structure, table/figure layout, references
   - Ask for extension if needed
A Generic Manuscript Review Process

Approx. Acceptance Rates:
- JGME = 10-15%
- Acad Med = 10-15%
- Med Ed = 8-12%
- Advances = 10-15%

Manuscript Submitted

Triaged by Staff

- Rejected

Triaged by Editor(s)

- Rejected

Sent out for Peer Review

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Editor also considers journal’s mission, space, what’s been published previously, what’s hot, etc.
Questions
Thanks for coming!

www.jgme.org
Top 10 reasons for rejection

- Not novel
- Doesn’t have the potential to change educ. practice
- Weak conceptual framework
- Wrong fit for journal
- Wrong category
- Poor writing
- Methods flaws
- Too much spin
- Learning effect
- Not enough there
JGME Editors’ Favorite 2018 Medical Education Papers
+ Strategies for Curating the Literature

Editors, Journal of Graduate Medical Education

Record on Index Card:

Side 1: How do YOU keep up on med ed literature?
Side 2: What is YOUR favorite 2018 med ed paper?
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Artino Jr, PhD</td>
<td>Uniformed Services University</td>
</tr>
<tr>
<td>Deborah Simpson, PhD</td>
<td>AdvocateAuroraHealth (MCW, UWSMPH)</td>
</tr>
<tr>
<td>Gail Sullivan, MD, MPH</td>
<td>University of Connecticut</td>
</tr>
<tr>
<td>Lalena Yarris, MD, MCR</td>
<td>Oregon Health &amp; Science University</td>
</tr>
</tbody>
</table>
Objectives

• Describe useful strategies for managing information “firehose”

• Which 2018 papers could change my practice?
  – What
  – So what
  – Now what

• Share strategies & papers
Agenda

• Mini-talk: curating the literature
• Tables: share ideas
• Editors present papers
• Tables: share “best” papers
• Large group discussion, Q&A
• Resources posted on *JGME* website

[www.jgme.org](http://www.jgme.org)
Managing Information Overload

1. Work with a medical librarian**
2. Subscribe to MedEd Listservs/Blogs
   - DR-ED, DR MERL
3. Create a Twitter Account
   - Follow your favorite scholars
   - Use/search hashtags: #MedEd, #FOAMed
4. Look for “best of” lists
   - Medical Education’s “Editor’s Choice”
   - JGME’s “What Editors Are Reading”
5. Volunteer to be a peer reviewer
6. Set up a Google Scholar Citations account
Table Discussions

• Discuss YOUR best strategies for keeping up to date
  – *Side #1 Index cards:* record your strategies we’ll share

• Assign a speaker to share at least 1 idea in large group
Large Group: Share Best Ideas
Factors Affecting Resident Satisfaction in Continuity Clinic—A Systematic Review


• Why? Critical teaching site, may influence career choices
• English language, 1980-2016, 4 databases, PRISMA protocol
• Resident satisfaction with clinic, intervention or cohort study
• 534 papers → 11 included
  – 9 internal medicine
  – 1 pediatrics
  – 1 family medicine
• 7 intervention studies; 4 x-sectional - assoc. factors
Results – Intervention Studies

• Clinic reorganization models
  – X+1 models: Y inpt (no clinic), then 1 wk outpt clinic
  – Traditional ½ d/wk model, then 12 mos ‘longit.’ outpt w/no inpt
  – 4:4 model
  – Organizing residents into teams
  – PCMH model

• Increases in resident satisfaction with x+y models
  – But only if continuity with patients also increased
  – X+Y decreased tension between inpt & outpt
  – Use of resident teams assoc. with reduced resident satisfaction
  – PCMH model – no improvement
Results: Cross-sectional Studies

• 3 of 4 papers surveyed multiple residencies for assoc. factors
  – Resident satisfaction & choosing generalist career

• Strongest: preceptor identified as role model – ability to
  – Communicate clinical reasoning
  – Encourage management questions
  – Enthusiasm
  – Generate a differential dx
  – Managing medical issues

• Also: continuity with patients, esp. those w/complex psych. & pain rx
  – Continuity with patients also correlated with choosing gen int med
• Ambul med blocks may increase resident satisfaction
  – Need to *simultaneously ensure increased patient continuity*
  – Programs have to **actually measure patient/resident continuity**
    • Resident-Patient Continuity from **Resident** perspective (RCP-R)

• Who precepts is critical
  – May need faculty development & other strategies

• Limitations: no derm, pul, heme/onc, ob/gyn, neuro, psych

• **I will start measuring continuity & add these faculty metrics**
  – Goal: **dedicated, high performing faculty**
Mindfulness-Based Stress Reduction for Residents: A Randomized Controlled Trial


Aim: Does MBSR decrease burnout in residents?

Design: RCT (80 MBSR v 60 control; 93% completion rate)

Intervention: 8 weeks sessions (2.5 h); 1 silent day (6 h)
- Residents self-referred, received funding/certificate
- Online pre- and post-assessment
- Body scan, yoga, sitting/walking meditation
- Daily home practice 45 minutes

Primary outcome: Emotional exhaustion on modified Maslach
Secondary outcomes

- Depersonalization & personal accomplishment
- Worry
- Negative home-work and work-home interference
- Mindfulness
- Self-compassion
- Positive mental health
- Empathy
- Medical errors
MBSR versus control

Results: No difference in emotional exhaustion

MBSR group had improvements in several areas, as compared with controls

• Personal accomplishment ($p = 0.028, d = 0.24$)
• Worry ($p = 0.036, d = 0.23$)
• Mindfulness skills ($p = 0.010, d = 0.33$)
• Self-compassion ($p = 0.010, d = 0.35$) and
• Perspective-taking (empathy) ($p = 0.025, d = 0.33$)
Why noteworthy?

- Topic
- Approach (study outcome)
- CONSORT guidelines
- Rigor (RCT, power)

Conclusion:
- May not help with EE, but may help with well-being

Next Steps:
- Conceptual framework
Leadership Development in Postgraduate Medical Education: A Systematic Review of the Literature


What?

Goal: Review existing leadership interventions in postgraduate medical education to...

Identify:
– Current trends
– Lessons learned
– Gaps in leadership education

Assess:
– Intervention effectiveness
– Quality of intervention studies reviewed

Design: - Systematic review (followed PRIMA & BEME guidelines)
- English-language articles, 1980-2017
Findings: - 1,259 articles reviewed
- 21 articles met inclusion criteria

Trends, Lessons Learned, and Gaps...

**Settings:**
- 90% took place in the US
- 81% were classroom-based
- 24% used a small-group setting
- 48% used mixed-methods where learning occurred in various environments

**Learners/Instructors:**
- 48% focused on more junior residents (PGY-1-3)
- 24% focused on more senior residents (PGY-3-5)
- 19% focused on both
- Instructors were...
  - 62% clinical faculty
  - 19% outside consultants
  - 14% administrators

**Ed Format/Delivery:**
- Most were didactic with no opportunity for practice
- Small groups led by respected physician mentors were highly rated
- 57% were presented in an isolated fashion without longitudinal integration

**Pedagogical Methods:**
- 71% used small-group work and discussion
- 67% used didactic teaching and independent reading
- 38% employed experiential learning techniques

**Conceptual Leadership Framework:**
- 43% provided an explicit conceptual leadership framework (which means 57% did not!)
- 90% taught knowledge/skills related to the cognitive domain of leadership (as opposed to focusing on character or emotional intelligence development)
What?

Assessed...

- Intervention effectiveness
- Quality of intervention studies reviewed

Kirkpatrick’s Evaluation Model

- Results: 0%
- Behavior: 0%
- Learning: 14%
- Reaction (“smile sheets”): 76%

BEME Quality of Evidence

- Results are unequivocal: 0%
- Results are clear and likely to be true: 0%
- Conclusions can probably be drawn: 43%
- Results ambiguous, but may be a trend: 14%
- No clear conclusion can be drawn: 43%

No Outcomes Evaluated: 10%
Overall, the interventions reviewed...

- Lack grounding in conceptual/theoretical frameworks
  - Which makes study interpretation and translation to other settings difficult
  - 75% of intervention studies in MedEd didn’t use, or failed to describe, a conceptual framework (Meinema et al. *Acad Med*. 2019;94:281-290)

- Lack longitudinal integration
  - One-time events, which likely have limited long-term effects

- Focus primarily on cognitive leadership domains
  - “To know is not enough.”

- Use weak evaluation criteria (mostly just “smile sheets”)

- Are of relatively poor quality (in terms of study design and strength of evidence)

We can—and we must—do better!
Why? It’s Personal

• 2018 GMEC retreat – feedback key concern
• Strategy: Literature in/out MedEd
• “The inadequate delivery of feedback by faculty has continued to occur despite decades of faculty development efforts promoting feedback delivery.” Bing-You 2018
What

• Feedback ≠ Telling; = Interaction

• Review of Feedback Seeking
  – Vet students: Why, how, from whom and who (high performers)
  – Residents: Learning oriented, ROI + Strategies: Direct inquiry vs monitoring

• Replicated Resident Studies
  – 14 M3-4 students
  – Interviews: Why, What influences that behavior, How, Influence Relationship

Table 1 Themes Associated w/ Clerkship Students' Feedback-Seeking Behaviors

<table>
<thead>
<tr>
<th>Interview questions*</th>
<th>Associated themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do you seek information about your performance of a clinical task?</td>
<td>Goal orientations</td>
</tr>
<tr>
<td>Perceived costs</td>
<td>Perceived benefits</td>
</tr>
<tr>
<td>Student characteristics</td>
<td>Feedback provider characteristics</td>
</tr>
<tr>
<td>Busy environment</td>
<td>Timing</td>
</tr>
<tr>
<td>Clues</td>
<td></td>
</tr>
<tr>
<td>How do you obtain information about your performance?</td>
<td>Artifice</td>
</tr>
<tr>
<td>Inqury versus monitoring</td>
<td></td>
</tr>
<tr>
<td>Summative feedback</td>
<td>Training in seeking feedback</td>
</tr>
<tr>
<td>How does your relationship with faculty influence the way you seek feedback?</td>
<td>Relationship dynamics</td>
</tr>
<tr>
<td>LIC versus block rotations</td>
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</tr>
</tbody>
</table>

Abbreviation: LIC indicates longitudinal integrated clerkship.
*The first three questions were based on questions described in Bok et al.16
So What & Now What

- Immersed ourselves in lit → simple model
- Approached Faculty/Residents re: feasibility
  - Evidence of problem (ACGME Surveys; Teaching Evals)
  - Current FD approach wasn’t working → model
  - Lit/evidence
    - Bing-You et al re: high performers & interaction
    - Impact on Well-Being (Autonomy, Relatedness)
    - Growth Mindset
- Piloted Model: + Results → GMEC approved
- Take Home: “MS Replication Study” spur GME FD action

What 2018 Papers Changed YOUR Practice?

Table discussion

• Why do these papers stand out?
• Did you change your teaching or educational practice? How?
• Write down papers (author &/or journal/topic) on index card – we will share on JGME website
2018 Standout Papers – Large Group Discussion
Final Paper
Availability of Cookies During an Academic Course Session Affects Evaluation of Teaching

• Why? End of rotation evals of faculty used
  – Promotion, future assignments, incr/decr curricular time
• RCT, EM semester-long course, 118 (all) yr 3 students
  – ½ had “free access” to choc cookies during 1st session (of 4 sm grp sessions)
  – ½ without – all same teachers & course materials
  – 38-question eval at end; t-test & multiple regression analyses
• Students with cookies – higher ratings for
  – Teachers effect size 0.68
  – Course materials 0.66
  – Overall course 0.51
Take Home

• Everything is better with chocolate

• To replicate
  – Teacher took 1st cookie to break reserve
  – 500 gm of cookies for session (1 lb 1 oz)
  – Average consumption 3.6 +/- 1.4 cookies/student

• Teaching is all about relationships!
Thanks for coming!

Please turn in your cards so we can share on JGME website (www.jgme.org)
Journal Articles: Editors’ Picks


Journal Articles: Workshop Participant Picks

Strategies for Staying Up To Date: Editors’ Picks

- Work with a medical librarian
- Subscribe to MedEd Listservs/Blogs
  - DR-ED, DR MERL
- Create a Twitter Account
  - Follow your favorite scholars
  - Use/search hashtags: #MedEd, #FOAMed
- Look for “best of” lists
  - Medical Education’s “Editor’s Choice”
  - JGME’s “Medical Education Papers Worth Reading”
- Volunteer to be a peer reviewer
- Set up a Google Scholar Citations account

Strategies for Staying Up To Date: Workshop Participant Picks

- Twitter
- Bookmark favorite articles from multiple sources and organize into a catalog system once a month
- Key Literature in Medical Education (KeyLIME) podcasts
- NCBI-NLM automated PubMed search with alerts
- Local academy of MedEd identifies “articles that made us think”
- Mendeley
- QXRead (app)
- Annals On Call podcasts
- E-mails from ACGME
- Read 2 journals in their entirety
- Read every article I see on Twitter
- Table of Contents e-mails “pushed” through library
- Weekly search of relevant journals
- Create e-mail alerts for journals
- Participate in systematic reviews
- Conferences
- Have folder in Evernote of articles to read
- Work with group of MedEd directors for reinforcement