Pediatric Grand Rounds

Text: 608-260-7097

Code: VUQSUS

Please text to record your attendance and claim credit. If this session is for ABP MOC Part II you will receive an email with instructions to take the assessment for credit. Even if you do not need the credit, please text in to record your attendance!

Need support? Email Kate Dougherty at catherine.dougherty@wisc.edu

Making your work in med ed scholarly and successful: Using Baby Einstein, Shakespeare, Ted Lasso and more

University of Wisconsin 2/8/2024

Amanda Rogers, Michael Weisgerber

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Conflict of Interest

The planner and speaker of this CE activity has no relevant financial relationships with ineligible companies to disclose.

The speaker does not intend to discuss any unlabeled or unapproved use of drugs or devices.

Please take a moment at the end of the session to complete your evaluation.

Thank you!

Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Text: 608-260-7097
Code: VUQSUS

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN–MADISON


77
MARQUETTE
YAMAHA

Thank you, UW Med Ed Scholars in Peds!

Home / Education / Professional Development / Medical Education Scholars in Pediatrics

Medical Education Scholars in Pediatrics

Medical Education Scholars in Pediatrics (MESP) is a monthly regularly scheduled series for faculty and trainees to conduct research in medical education, viewing medical education as a primary focus for academic scholarship. These sessions are intended to foster collaboration and disseminate knowledge to promote scholarship in medical education. Success will be measured by the quantity of scholarly output in medical education per academic year and number of faculty seeking or successfully completing promotion with Education as a primary or secondary focus.

Medical Education Scholars in Pediatrics

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Objectives

- By the end of this grand rounds, you will be able to:
  - Define medical education scholarship
  - List multiple categories of medical education scholarship
  - Outline an approach to medical education scholarship using niches, brands, stories, frameworks, support teams, and more
  - Utilize ideas from the journeys of two medical educators as you create your own

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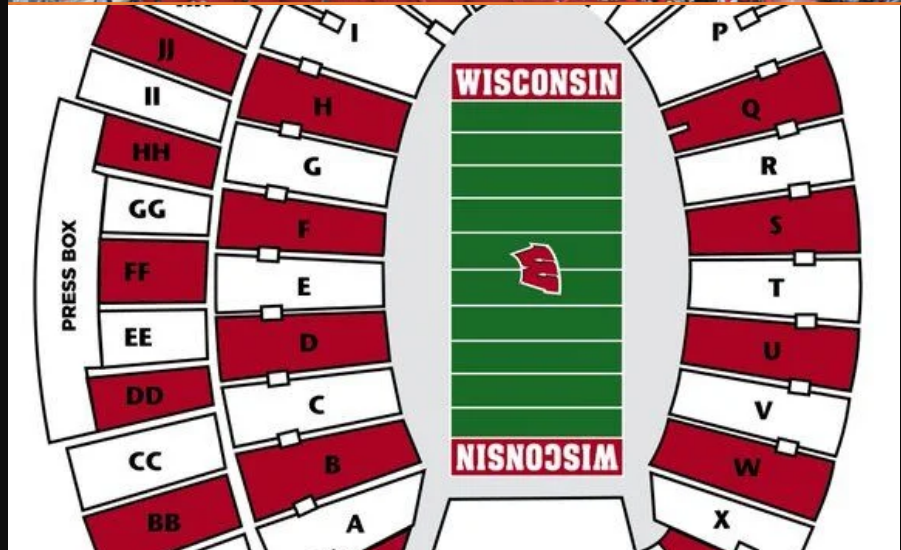
Section Outline

- Background
- Section A: Find your niche, develop your brand
- Section B: Madness and Methods
- Section C: Mentors, Teams, and Networks
- Section D: Disseminate your Work
- Section E: Circle of Life
- Sections O and P



Sections Divided

- Top 10 list of things to do in 5 sections to maximize and optimize your (educational) scholarship
  - Evidence from the literature
  - Featured non-medical education examples
  - Featured medical education examples
  - Personal anecdotes and stories from our own paths in educational scholarship
- Most of our top 10 list can apply to scholarship in general and not just medical education

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Background: Defining Scholarly Activity

- *"Attempting to define scholarly activity so that it is relevant to graduate medical education across specialties and institutions—from the large academic center to a rural teaching environment—is akin to finding the Holy Grail."*

Journal of Graduate Medical Education

J Grad Med Educ. 2012 Dec; 4(4): 558–561.
doi: 10.4300/JGME-D-12-00266.1
PMCID: PMC3546601
PMID: 24294446

Defining Scholarly Activity in Graduate Medical Education

Erin C. Grady, MD, Adam Roise, MD, MPH, Daniel Barr, MD, Douglas Lynch, MD, Katherine Bao-Shian Lee, MD, MA, Timothy Daskivich, MD, Amar Dhand, MD, DPhil, and Paris D. Butler, MD, MPH

Author information ▸ Copyright and License information PMC Disclaimer

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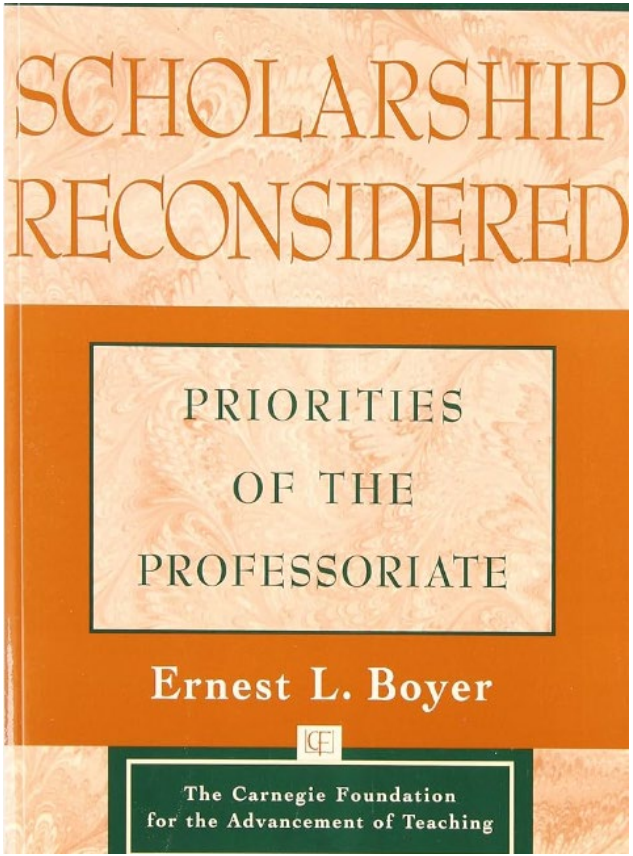
Boyer 1990



"What we now have is a more restricted view of scholarship, one that limits it to a hierarchy of functions. ***Basic research has come to be viewed as the first and most essential form of scholarly activity, with other functions flowing from it.*** *… But knowledge is not necessarily developed in such a linear manner.*

The arrow of causality can, and frequently does, point in ***both directions. Theory surely leads to practice. But practice also leads to theory****. And teaching, at its best, shapes both research and practice.*

Viewed from this perspective, ***a more comprehensive, more dynamic understanding of scholarship can be considered, one in which the rigid categories of teaching, research, and service are broadened and more flexibly defined."***

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Defining Scholarship: Boyer's 4 Components of Scholarship

TABLE 2

Proposed Baseline Rubric for All Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committees (RRCs)

Component of Scholarship	Examples	Assessment Criteria
Discovery = advancing knowledge	Published paper Work resulting in abstract	All 4 components of scholarship should be present when looking at the sum of the core faculty members' work Each resident should be exposed to each of the 4 components of scholarship and should complete at least one scholarly activity during the residency training period More stringent requirements may be instituted by the specialty-specific RRC as needed
Integration = synthesizing knowledge	Case studies or reports Patient education projects	
Application = applying existing knowledge	Participation in national guideline panels Participation in professional societies	
Teaching = disseminating current medical knowledge	Preparing and delivering lecture(s) Curriculum development Development of web-based modules, etc	

Journal of Graduate Medical Education

J Grad Med Educ. 2012 Dec; 4(4): 558–561.
doi: 10.4300/JGME-D-12-00266.1

PMCID: PMC3546601
PMID: 24294446

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Glassick's Criteria for Evaluating Medical Education Scholarship

List 1

Summary of Standards[6,p.36]:*

Clear Goals

Does the scholar state the basic purpose of his or her work clearly? Does the scholar define objectives that are realistic and achievable? Does the scholar identify important questions in the field?

Adequate Preparation

Does the scholar show an understanding of existing scholarship in the field? Does the scholar bring the necessary skills to his or her work? Does the scholar bring together the resources necessary to move the project forward?

Appropriate Methods

Does the scholar use methods appropriate to the goals? Does the scholar apply effectively the methods selected? Does the scholar modify procedures in response to changing circumstances?

Significant Results

Does the scholar achieve the goals? Does the scholar's work add consequentially to the field? Does the scholar's work open additional areas for further exploration?

Effective Presentation

Does the scholar use a suitable style and effective organization to present his or her work? Does the scholar use appropriate forums for communicating the work to its intended audiences? Does the scholar present his or her message with clarity and integrity?

Reflective Critique

Does the scholar critically evaluate his or her own work? Does the scholar bring an appropriate breadth of evidence to his or her critique? Does the scholar use evaluation to improve the quality of future work?

*These six standards can be applied to all four forms of scholarship proposed by Boyer: the scholarship of discovery, of integration, of application, and of teaching. The standards were derived from the analysis of information collected in 1994 by Carnegie scholars from granting agencies, scholarly press directors, and scholarly journal editors.

ARTICLE

Boyer's Expanded Definitions of Scholarship, the Standards for Assessing Scholarship, and the Elusiveness of the Scholarship of Teaching

Charles E. Glassick, PhD

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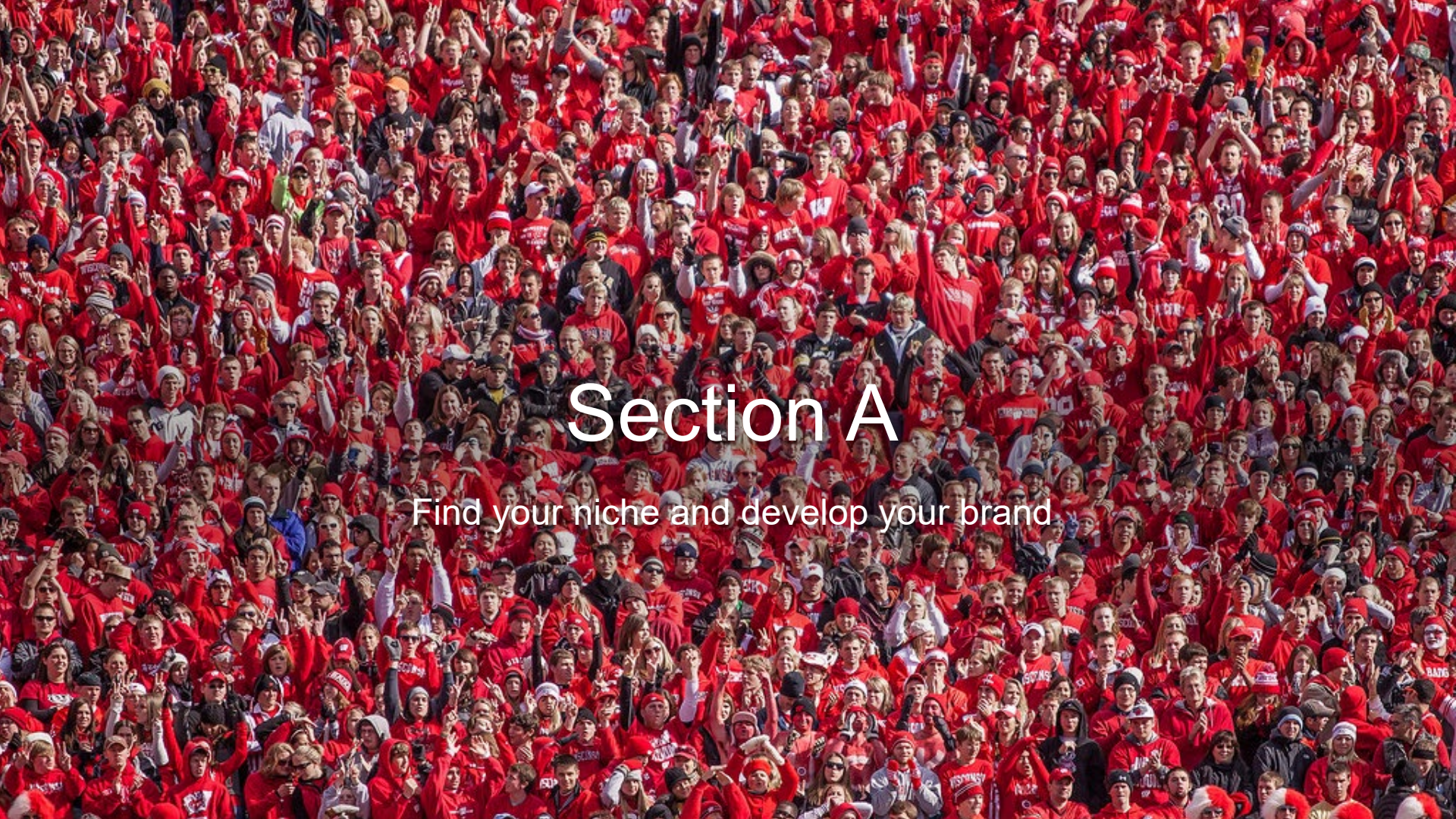
Types of Medical Education Scholarship

Advancing educators and education by defining the components and evidence associated with educational scholarship

Deborah Simpson,[1] Ruth-Marie E Fincher,[2] Janet P Hafler,[3] David M Irby,[4] Boyd F Richards,[5] Gary C Rosenfeld[6] & Thomas R Viggiano[7]

Table 1 Educational activity category definitions and documentation guidelines as per the Q²Engage model

Category and definition	*Quantity*	*Quality*	*Engagement with education community*	
	For each activity, documentation should present:		*Draws from field to inform own work*	*Contributes to field to inform others' work*
Teaching Any activity that fosters learning, including direct teaching (e.g. lecturing, tutoring, precepting) or creation of associated instructional materials	Teaching role How long (duration and frequency) Where (required course, venue) Format Number and level of learners	Awards with criteria Evaluation by students, peers, consultants Evidence of learning (self-reports, performance on standardised tests)	How teaching approach is informed by the literature Impact of colleague discussions on subsequent practice	List of interactive learning exercises accepted in peer-reviewed repository List of invitations to present teaching approach at regional, national and/or international conferences
Curriculum A longitudinal set of systematically designed, sequenced and evaluated education activities occurring at any training level, venue or in any delivery format	Role and contribution to curriculum Description of curriculum purpose, intended audience, duration, design and evaluation	Learner reactions or ratings Impact on learning (course examination, standardised tests, observation of learner performance) Evaluation by peers	Objectives informed by local, national or international reports or standards References to other curriculum models Adoption of evaluation tool used by others in the field	Report of peer review of curriculum by local and/or national experts List of institutions adopting the curriculum Acceptance of curriculum in peer-reviewed repository
Mentoring and/or advising A developmental relationship in which educator facilitates the accomplishment of a learner's or colleague's goals	Description of relationship with protégé, including name, current status, purpose or goals, duration and total time invested	Effectiveness ratings Outcomes of relationship (extent to which protégé accomplished goals, products such as presentations, publications, awards)	Professional development activities to enhance mentoring effectiveness; current practices compared with best practices Obtain funding for mentoring programmes	List of publications, invited presentations List of those adopting mentoring practices
Education leadership and administration Leadership activities that transform educational programmes and advance the field	Project description Rationale for change Goal Leadership role(s) Duration	Data demonstrating achievement of goals: Formative (faculty involvement, committee attendance) Summative (learner performance, faculty retention) 360-degree leadership evaluation ratings with peer comparisons	Evidence that change is based on literature and best practices Comparative improvement data Resources garnered by source (grants, internal funds allocated) and/or nationally	Report of peer review of work or project List of invitations to present one's work locally, nationally and internationally List of institutions that have adopted work List of work-related publications
Learner assessment All activities associated with measuring learners' knowledge, skills and attitudes	Role and contribution Assessment goals Number of items, learners assessed Frequency of use	Measures of reliability Measures of validity appropriate to the type of assessment	Evidence that methods are based upon best practices	List of presentations about innovative testing strategy List of publications about assessment strategy



Section A

Find your niche and develop your brand

1. Find Your Niche

Find Your Niche

Consider all your activities

Clinical work

Teaching

Research

Educational activities

Administrative Roles

Hobbies

Special skills

Where do these activities intersect?

How do these activities coincide with what you enjoy?

What are others doing at your institution?

Potential collaborators

Potential areas of need

What are your local needs in your division, department, and institution?

A Guide for Increasing Scholarship for Medical Educators. Windish D, Chheda S, Haist S, Aagaard E. J Gen Intern Med, 2019

The first step towards success in any occupation is to be interested in it.
- William Osler

Fact #3: Osler was famous for being an optimist and a prankster

11 Facts about Sir William Osler, https://stanfordmedicine25.stanford.edu/blog/archive/2013/11-Facts-About-Sir-William-Osler.html

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2. Develop Your Brand

Develop Your Personal Mission Statement: Be INSPIREd

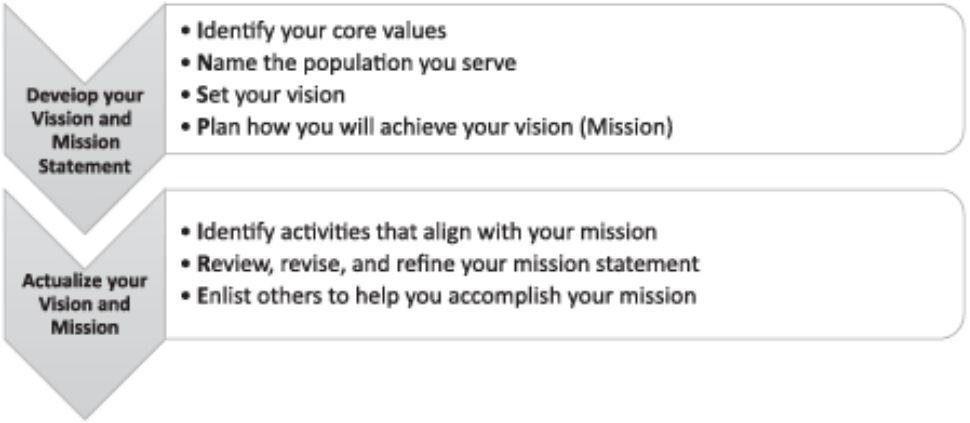

Figure. *INSPIRE framework for developing and actualizing your personal vision and mission statement.*

Box. Examples of Core Values

Balance	Collaborative	Competency	Dedication
Diversity	Evidence-based	Fairness	Hard work
Inspiration	Integrity	Nurture	Respect

Using Your Personal Mission Statement to INSPIRE and Achieve Success, Li S-T, FROHNA JG, Bostwick S, Academic Pediatrics, 2017

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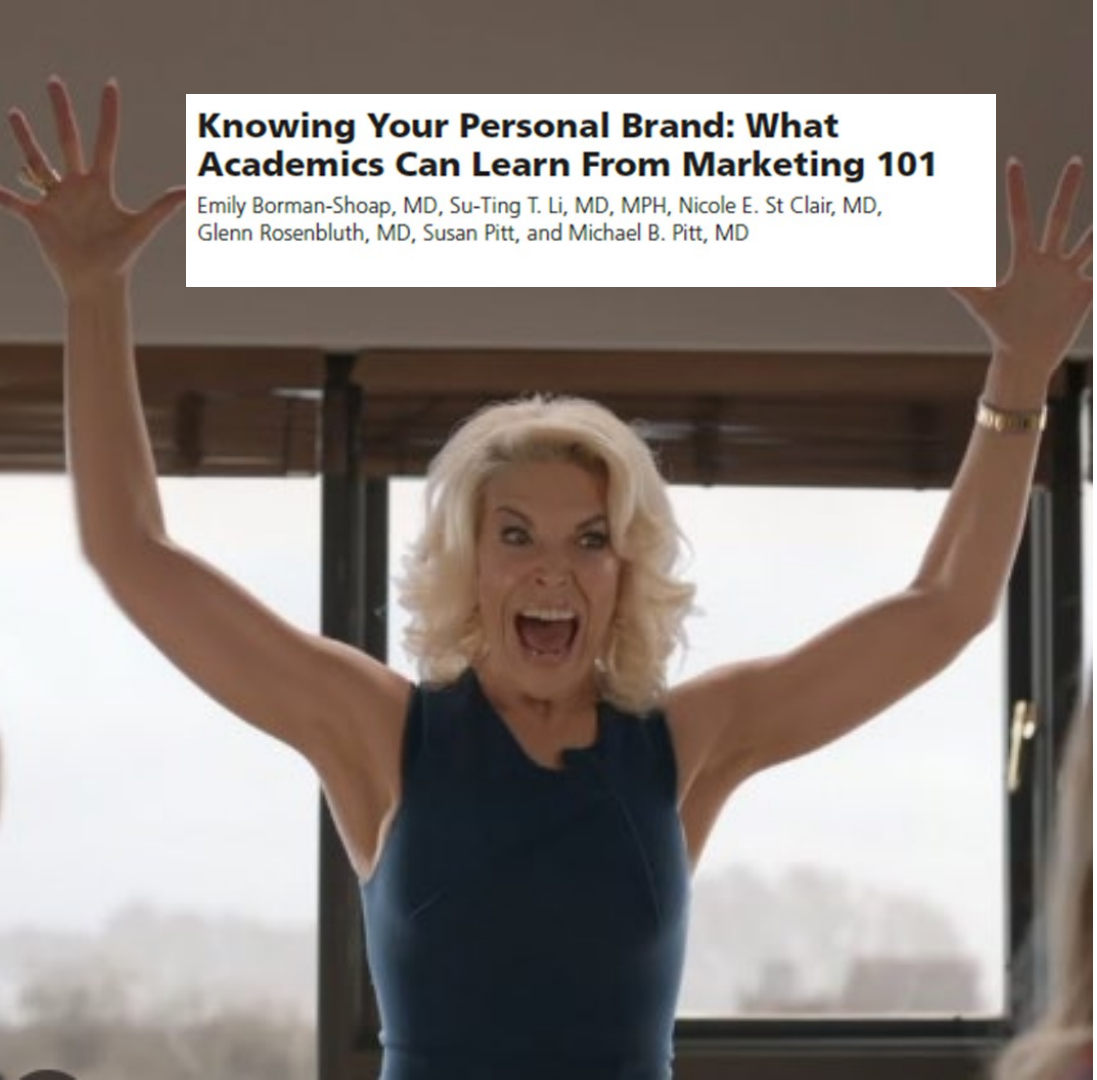

Develop Your Brand

- Self-Reflection
  - What 5 things are you most proud of?
- Self-Brand
  - Look for common themes
  - “My work shows others I am a _____ _____ _____ _____ _____”
- Focus Group- external feedback
- Compare Desired Brand to CV

The Brand Sweet Spot

Figure 1 Venn diagram representing how academic faculty members can identify whether projects or roles land in their personal brand sweet spot at the intersection of their passions, their skills, and their institution's needs. Note the inherent risks when initiatives address only two of the three domains (i.e., hobby, poor performance, burnout).

Knowing Your Personal Brand: What Academics Can Learn from Marketing 101, Borman-Shoap E, St. Clair N, Rosenbluth G, Pitt S, Pitt M. Academic Medicine, 2019.

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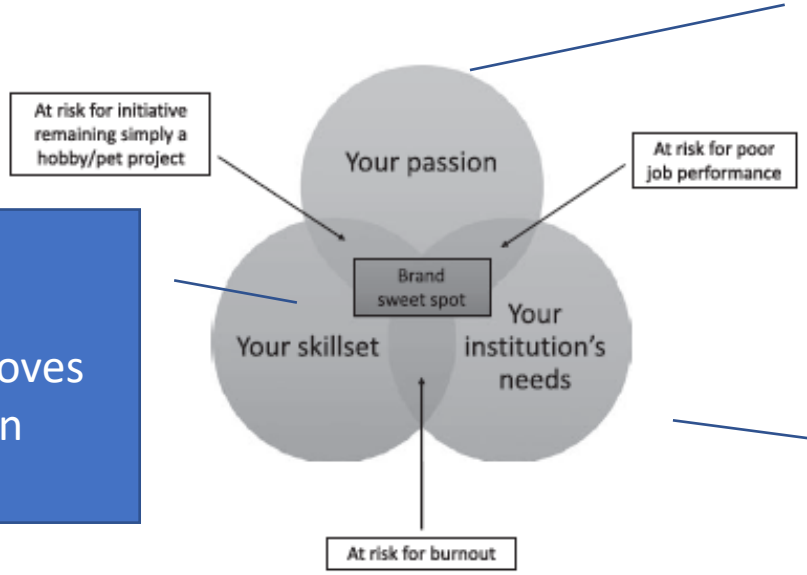
The Brand Sweet Spot

My Family
Residents
Sports
Big Interprofessional teams
Hospital medicine
Teaching on Rounds
Family-Centeredness
Movies/Shows



Creativity
Energy
Karate-like Dance Moves
Curriculum Design
Team building

PFCR improvement in many aspects
Guidance and structure to PFCR

Figure 1 Venn diagram representing how academic faculty members can identify whether projects or roles land in their personal brand sweet spot at the intersection of their passions, their skills, and their institution's needs. Note the inherent risks when initiatives address only two of the three domains (i.e., hobby, poor performance, burnout).

Knowing Your Personal Brand: What Academics Can Learn from Marketing 101, Borman-Shoap E, St. Clair N, Rosenbluth G, Pitt S, Pitt M. Academic Medicine, 2019.

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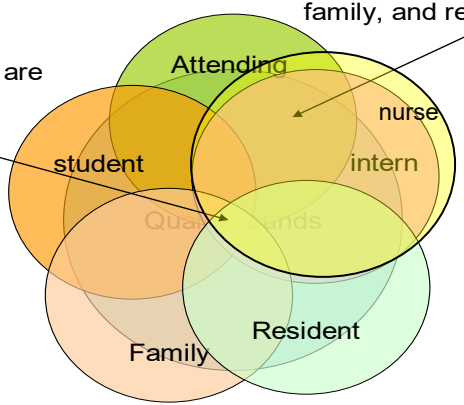
Quality Rounds Initiative

early plans

Goal: Intersection between all participants where quality experience is shared and patient care and education are maximized

Here the attending and intern had a quality experience but student, family, and resident did not



Interplay between rounds participants (their characteristics and methods) and rounds quality

Mike's Self-Brand Hope:
"My work will show others I am an:
Innovative PFC-Rounds Learner-Empowerment Expert

Section B: Madness and Methods

Strategic Madness (3) and Sound Methods (4)

Begin with the end in mind (madness)
Begin at the Beginning (methods)
Craft your research question (methods)
Be creative, interesting, and sticky (madness)
Find your framework (methods)
Evaluate and Disseminate (methods)

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Begin with the End in Mind

Curriculum Design 101 Worksheet-APPD 2014

Black, Blankenburg, Ferrell, Fromme, Skurkis

Problem Identification ☐ What is the problem? ☐ Who does it affect?	**General Needs Assessment** ☐ Lit Search ☐ Other resources?	**Targeted Needs Assessment** ☐ Formal needs assessment? ☐ Informal needs assessment? ☐ What baseline data do I need or have?	**Goal(s)**
Learning Objectives (Bloom's Taxonomy)		**Educational Strategies** (Miller's Pyramid)	
1.			
2.			
3.			
Implementation ☐ Collaborators? ☐ Resources? ☐ Skills? Faculty Development? ☐ Barriers?		**Program Evaluation** (Kirkpatrick's Outcomes) ☐ Learner Assessment? ☐ Program Evaluation?	
Scholarship ☐ Do I need IRB approval for this project? ☐ Am I systematically documenting the development process? ☐ Are my objectives, methods, and evaluation outcomes in-line? ☐ How will I share or disseminate my project?			

Modified from Niebuhr & D'Alessandro. Planning for Online Teaching-Learning Activities. Workshop at PAS Vancouver, 2010
Adams, Aranday, Payne. Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum. Innovations in Health Science Education, 2012
Adams et al. Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum, PHM 2012

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Begin at the Beginning

Curriculum Design 101 Worksheet-APPD 2014

Black, Blankenburg, Ferrell, Fromme, Skurkis

Problem Identification ☐ What is the problem? ☐ Who does it affect?	**General Needs Assessment** ☐ Research ☐ Other resources?	**Targeted Needs Assessment** ☐ Formal needs assessment? ☐ Informal needs assessment? ☐ What baseline data do I need or have?	**Goal(s)**
Learning Objectives (Bloom's Taxonomy)			
1.			
2.			
3.			
Implementation ☐ Collaborators? ☐ Resources? ☐ Skills? Faculty Development? ☐ Barriers?		**Program Evaluation** (Kirkpatrick's Outcomes) ☐ Learner Assessment? ☐ Program Evaluation?	
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Adamo et al. Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum, PHM 2012

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Bracketology Advice: Bet on UCONN

Beginning: Craft Your Question

Feasible:	Is the question answerable with the resources you have available to you?
Interesting and important	Is the question interesting to you as the investigator as well as to the medical education community?
Novel:	Does the question add to the current body of knowledge?
Ethical	Can you answer this question without putting anyone at risk?
Relevant	Does the answer to the question matter at your institution and others

Hulley SB. Designing Clinical Research, 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007

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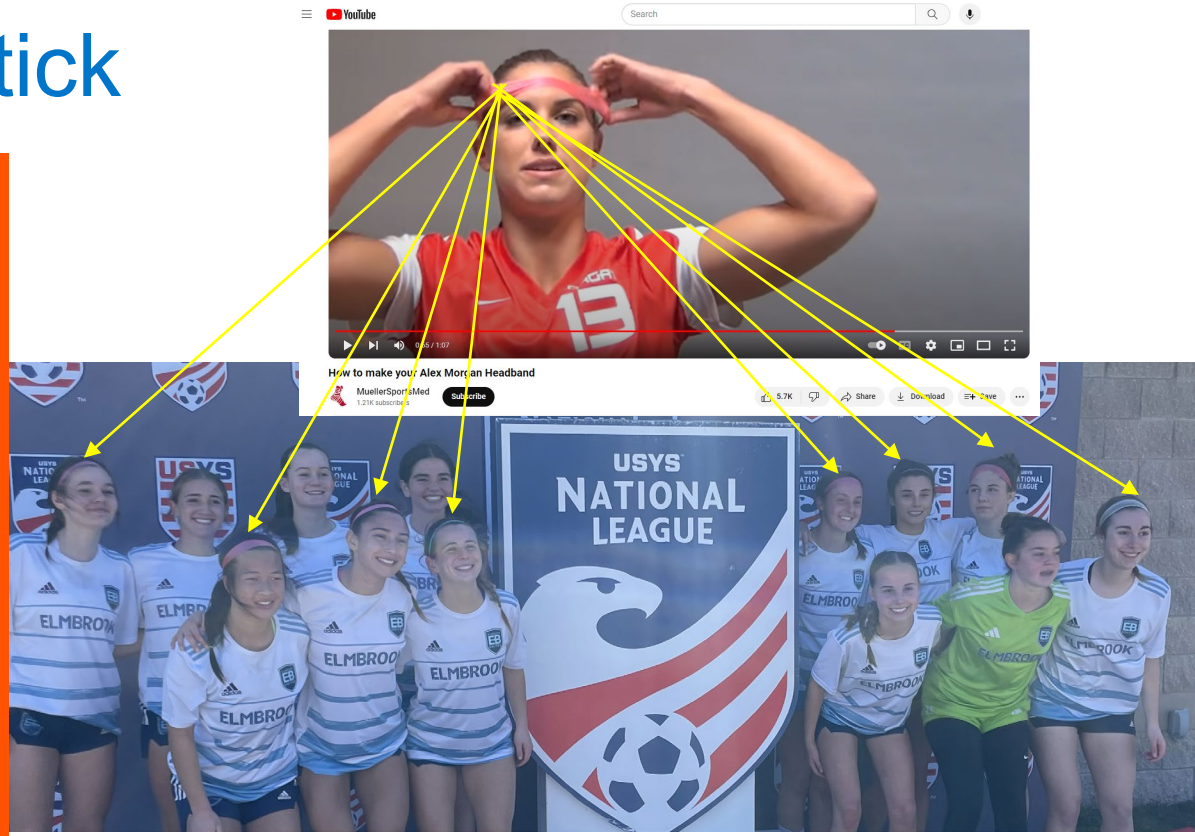
Making Ideas Stick



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Making Ideas Stick (SUCCESs)

- Simple
- Unexpectedness
- Concreteness
- Credibility
- Emotions
- Stories

"Be Curious, Not Judgmental"
-- Walt Whitman, Ted Lasso

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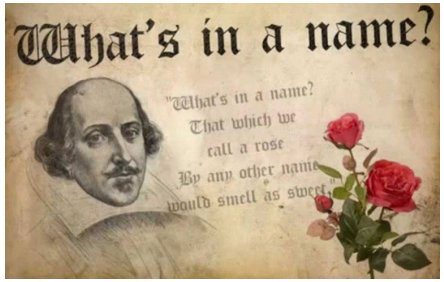
Titles and Naming Things



- **Keep it Simple**
  - *Teaching Oral Health in U.S. Medical Schools: Results of a National Survey*
- **Include Key Search Terms**
  - It Is Time for Zero Tolerance for Sexual Harassment in Academic Medicine
- **Represent the article's content**
- **Limit acronyms, generally define terms and topics**
  - *Leading by Design: Lessons for the Future From 25 Years of the Executive Leadership in Academic Medicine (ELAM) Program for Women*
- **Use Subtitles to Provide Clarity**
  - *Rising to the Level of Your Incompetence: What Physicians' Self-Assessment of Their Performance Reveals About the Imposter Syndrome in Medicine*
- **Capture the reader's attention but use a scholarly tone**
  - *"Don't Kill Granny": A Consensus on Geriatric Competencies for Graduating Medical Students*

    OR
  - *Keeping Granny Safe on July 1: A Consensus on Minimum Geriatrics Competencies for Graduating Medical Students*
- ***Sometimes break the rules!***
  - *Fake It 'Til You Make It: Pressures to Measure Up in Surgical Training*

"Writing Effective Titles and Abstracts: Making Your Scholarship Stand Out" webinar, Jennifer Campi and Toni Gallo, MA, Academic Medicine

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Cool Names

Name	Description	Site
SUPERmodeling	Role modeling with twist	COMSEP
PICU Up	Early mobilization of ICU patients	Johns Hopkins
INSPIRE	Personal Mission Statements	University of Wisconsin
SUGAR	Simulation Use for Global Away Rotations	University of Wisconsin
APPD LEARN	Longitudinal Educational Assessment Research Network	APPD
PROMISE	Upholding our PROMISE: PROmoting Med-ed Insight into Supportive Environments- belonging in UIM residents	APPD multi-site LEARN study

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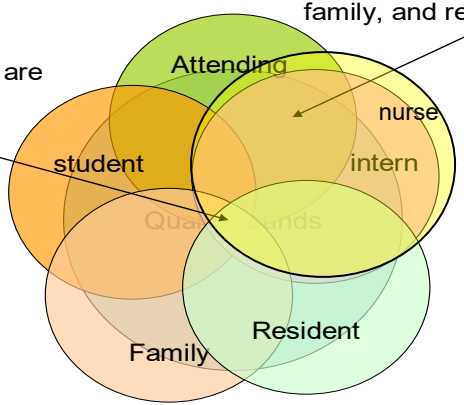
A Story about some outside advice

Quality Rounds Initiative early plans

Goal: Intersection between all participants where quality experience is shared and patient care and education are maximized

Here the attending and intern had a quality experience but student, family, and resident did not



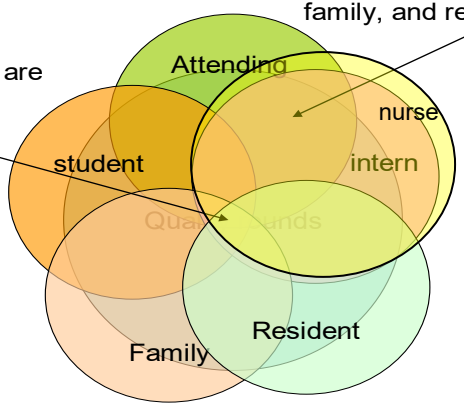
Interplay between rounds participants (their characteristics and methods) and rounds quality

“Nice… What’s next?”

“This is next …”

Goal: Intersection between all participants where quality experience is shared and patient care and education are maximized

Here the attending and intern had a quality experience but student, family, and resident did not



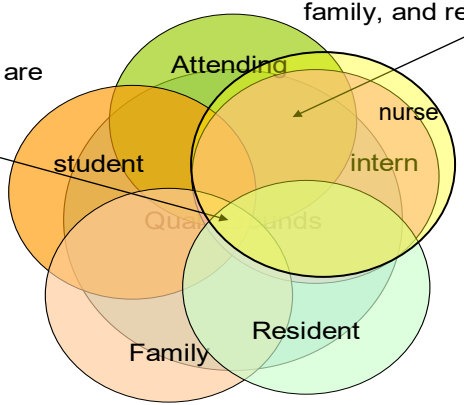
Interplay between rounds participants (their characteristics and methods) and rounds quality

“20 years … What’s next?”

Senior Resident and Attending Circles

Goal: Intersection between all participants where quality experience is shared and patient care and education are maximized

Here the attending and intern had a quality experience but student, family, and resident did not



Interplay between rounds participants (their characteristics and methods) and rounds quality

Methods Overview

Literature Review
(medical education and business)

Structured Group Interviews
(medicine faculty, medicine residents
pediatric faculty, pediatric residents

QRI core panel discussion

SREAs identified

Suspected Observable SREA Checklist (SOS-REACH) created
(47 SREAs)

SOS-REACH piloted, revised, and finalized

Trained Observation over 12 months (23 rounds)
Program Coordinator + one or both Primary Investigators

SOS-REACH validated, Findings Analyzed

Workshops and promotional materials created to disseminate and promote SREA use. SREA-21 created (checklist with top 21 SREAs),

Partnerships in Karate and Dance: overlap in optimal behaviors of presenters/supervisors/supra-supervisors

Karate Kid

Speak, smile, wave

Steal First

Safety

Secret Moves

Ninja

Silence

(be) Second

Safety

Secret Moves

Dorene F. Balmer, Angelo P. Giardino and Boyd F. Richards
The Dance Between Attending Physicians and Senior Residents as Teachers and Supervisors
Pediatrics May 2012, 129 (5) 910-915; DOI: https://doi.org/10.1542/peds.2011-2674

Weisgerber MC, Toth H, et al. The Instructor's Guide for the SOS-REACH (Suspected Observable Senior Resident Empowerment Action Checklist) and SREA-21: Tools for Evaluating Senior Resident Empowerment During Family-Centered Rounds. *MedEdPORTAL*; 2011. Available from: www.mededportal.org/publication/8547

Ninjas and Karate Kids Defined

- Ninja: a person who is expert or highly skilled in a specified field or activity (often used attributively) [i.e. marketing ninjas, karate ninjas, rounding ninjas]
- Karate Kid: a person who is skilled in karate and training to become even more advanced

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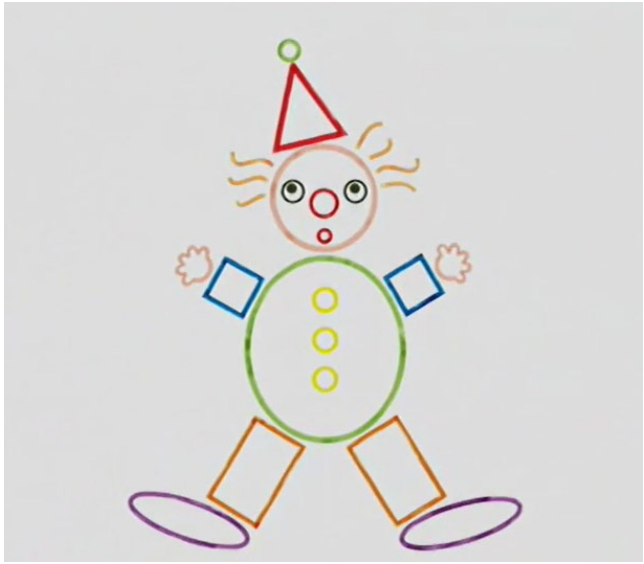
Rounding Like a Ninja II: Building a Comprehensive Patient- and Family Centered-Rounds (PFCR) Program with Bundles, Checklists, Role-Specific Development Tools and More

Michael Weisgerber, Heather Toth, Sarah Vepraskas
(Medical College of Wisconsin, Milwaukee, WI)
Michelle Kelly (University of Wisconsin, Madison, WI),
Rebecca Blankenburg and Debbie Sakai (Stanford),
Mary Ottolini (George Washington University, Washington, DC).

Pediatric Academic Societies Annual Meeting
May 2017

Find Your Framework: Use Shapes and Frameworks to Design Great Scholarly Work



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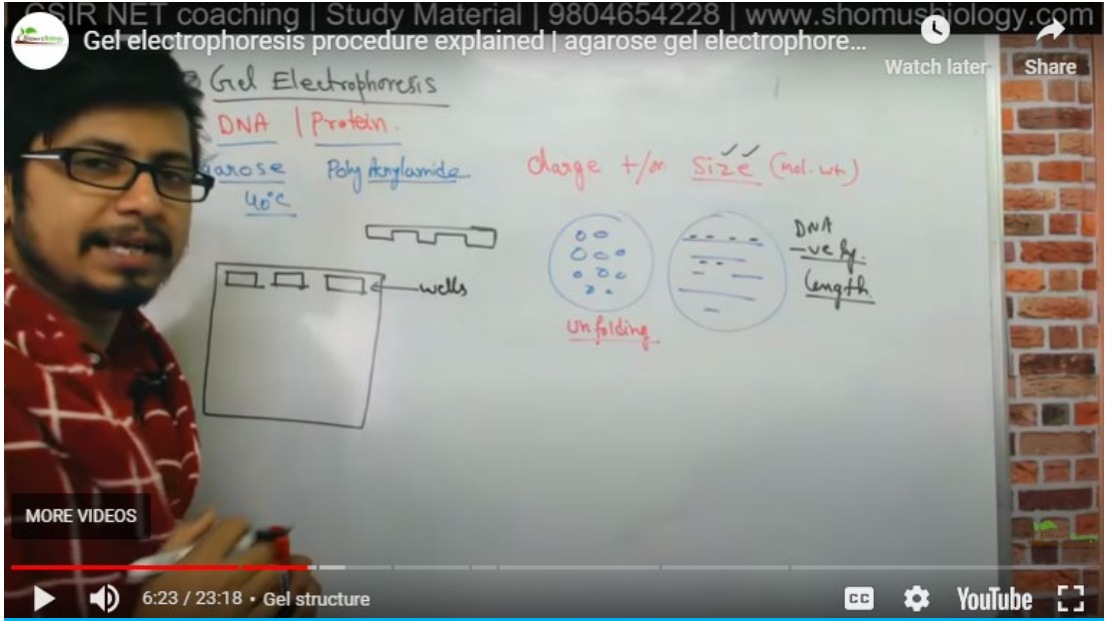
Gel Electrophoresis Framework



Shomu's Biology, 2 million subscribers, strong reviews
https://youtu.be/aS-LwdUAk4Q

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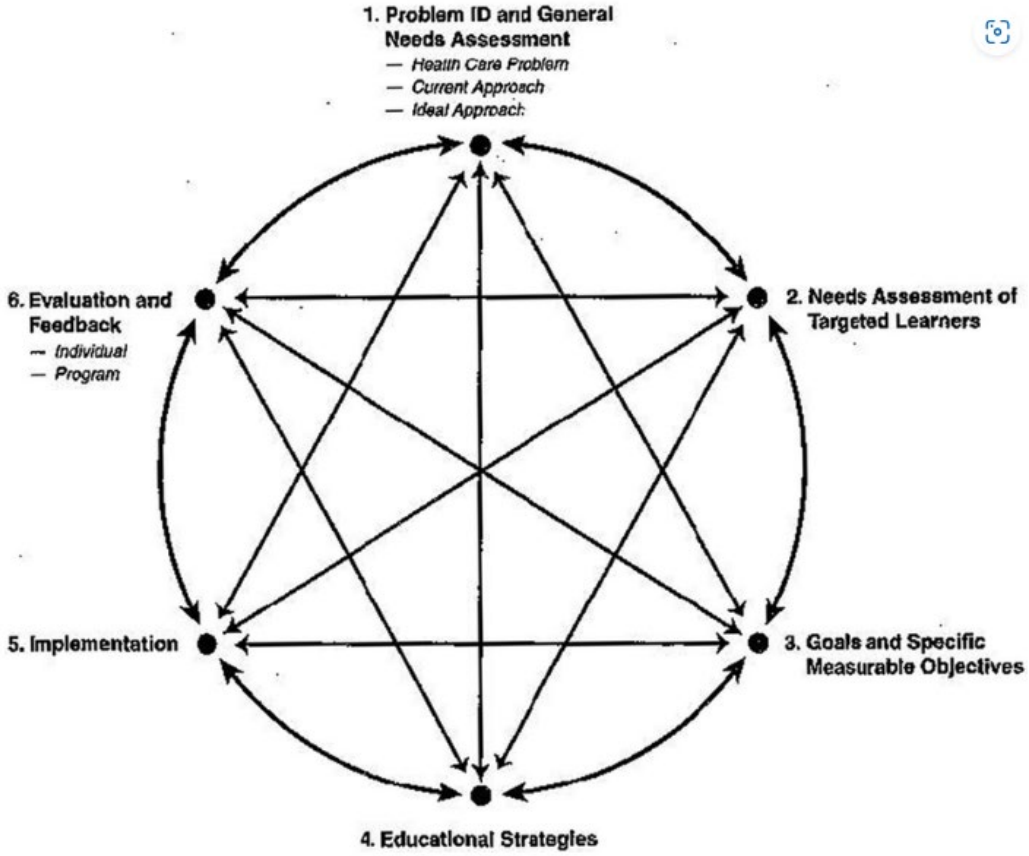

David Kern's six step model for curriculum development 4

Kern's 6 Step Model for Curriculum Development

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Kern Step 1 and 2: Problem Identification and General and Specific Needs Assessments

- 1. Problem identification and general needs assessment
  - Identify clear focus for the curriculum
  - Identify gap between current approach and ideal approach
- 2. Targeted needs assessment
  - Assess the needs of the targeted learners including previous experience, baseline knowledge, skills, and attitudes
  - Assess
    - Learning environment
    - Related curricula
    - Needs of stakeholders other than the learners
    - Barriers to implementation

Thomas PA, Kern DE, Hughes MT, Chen BY. Curriculum Development for Medical Education: A Six-Step Approach. 3rd ed. Baltimore, MD: Johns Hopkins University Press; 2016:6-9.

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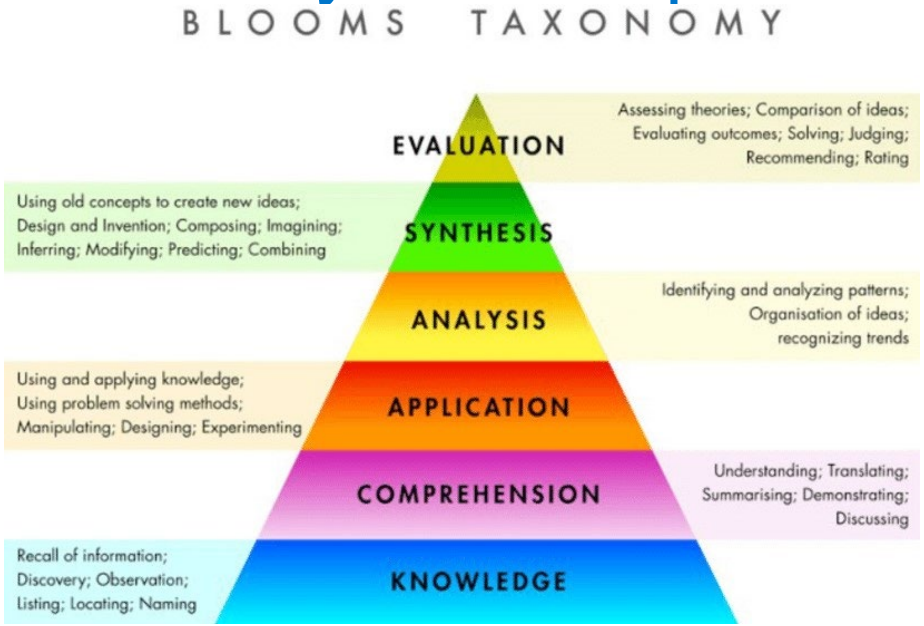
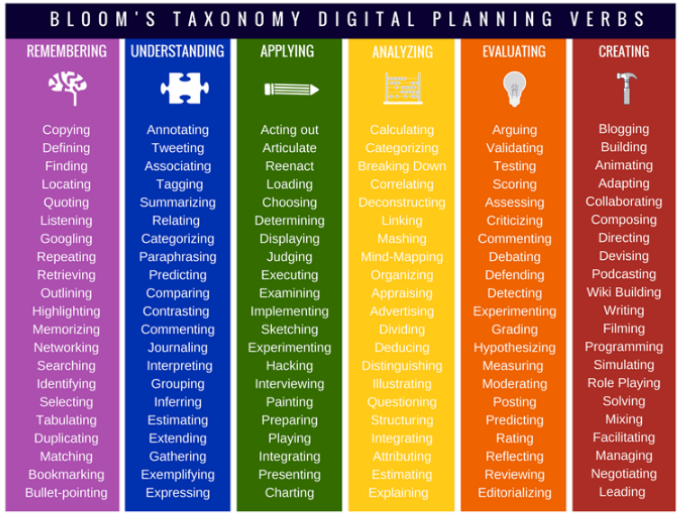
Kern Step 3: Goals and Objectives: Bloom's Taxonomy 1956 to present



What Is Bloom's Taxonomy? A Definition For Teachers

By Terrell Heick / August 14, 2021 / Learning / Bloom's Taxonomy

1.1M Views



Bloom's Taxonomy Is A Hierarchical Framework For Cognition And Learning Objectives

https://www.teachthought.com/learning/what-is-blooms-taxonomy/

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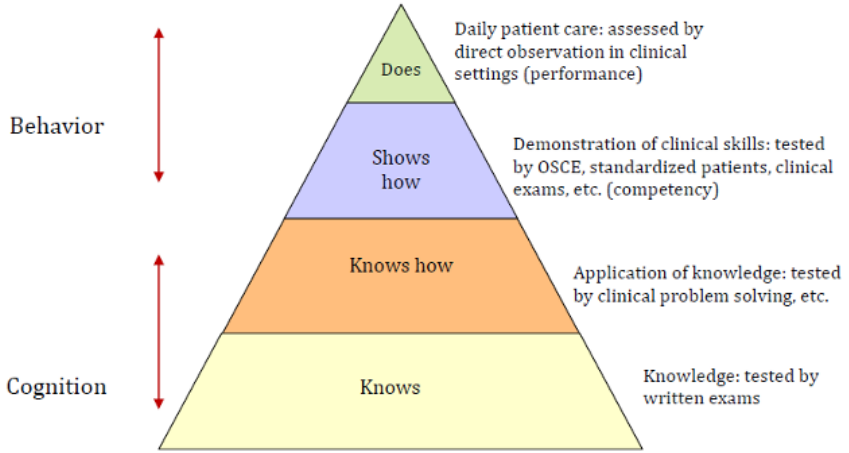
Kern Step 4: Educational Strategies

Miller's Pyramid of Assessment

Miller's Pyramid of Assessment provides a framework for assessing clinical competence in medical education and can assist clinical teachers in matching learning outcomes (clinical competencies) with expectations of what the learner should be able to do at any stage.



Adapted from: Ramani S, Leinster S, AMEE Guide no 34: Teaching in the clinical environment. Medical Teacher, 2008:30(4):347-364.

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Kern Step 5: Implementation

AMERICA'S TEST KITCHEN

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Kern Step 6: Evaluation and Feedback

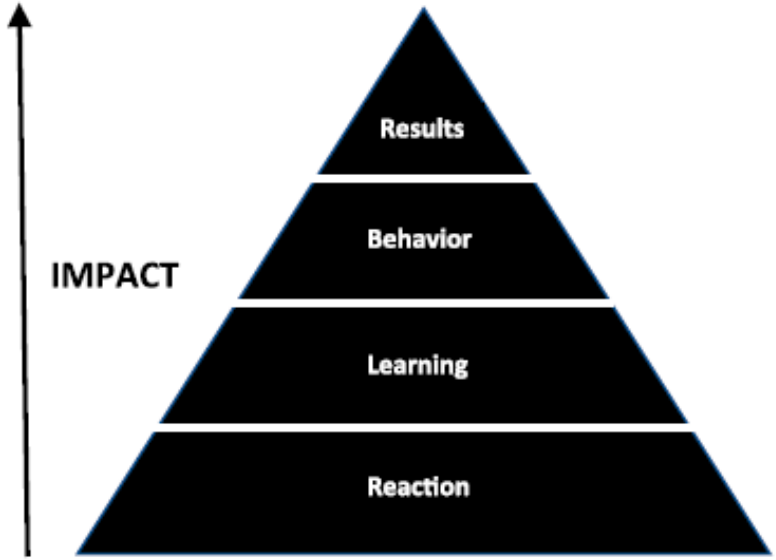

FIGURE 1 Kirkpatrick's pyramid: from learner reaction to impactful outcomes.

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Kern Step 6: Evaluation and Feedback Example: I-PASS

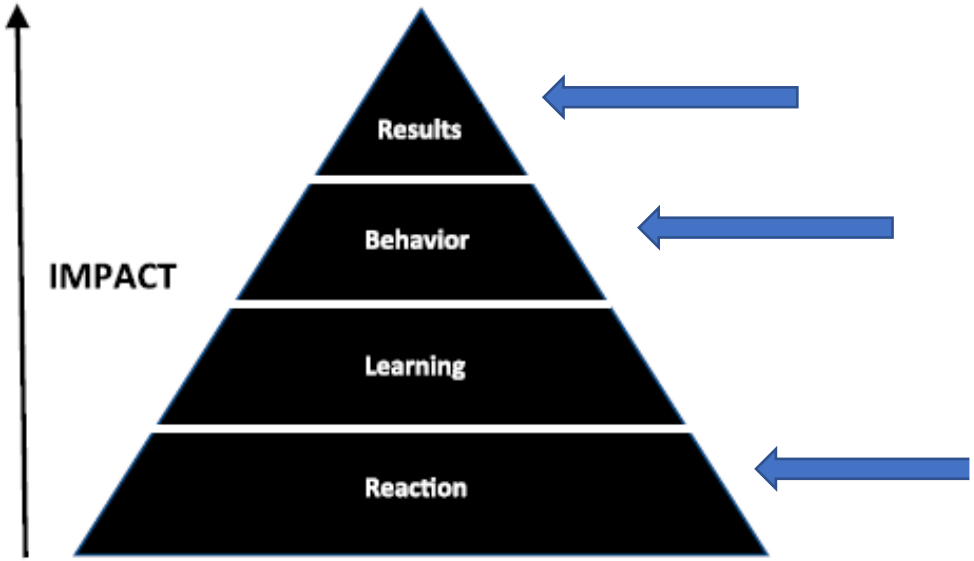


FIGURE 1 Kirkpatrick's pyramid: from learner reaction to impactful outcomes.

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Changes in Medical Errors after Implementation of a Handoff Program

A.J. Starmer, N.D. Spector, R. Srivastava, D.C. West, G. Rosenbluth, A.D. Allen, E.L. Noble, L.L. Tse, A.K. Dalal, C.A. Keohane, S.R. Lipsitz, J.M. Rothschild, M.F. Wien, C.S. Yoon, K.R. Zigmont, K.M. Wilson, J.K. O'Toole, L.G. Solan, M. Aylor, Z. Bismilla, M. Coffey, S. Mahant, R.L. Blankenburg, L.A. Destino, J.L. Everhart, S.J. Patel, J.F. Bale, Jr., J.B. Spackman, A.T. Stevenson, S. Calaman, F.S. Cole, D.F. Balmer, J.H. Hepps, J.O. Lopreiato, C.E. Yu, T.C. Sectish, and C.P. Landrigan, for the I-PASS Study Group*

Table 2. Incidence of Medical Errors, Preventable Adverse Events, and Medical-Error Subtypes before and after Implementation of the I-PASS Handoff Bundle.

Variable	Before Implementation (N=5516)	After Implementation (N=5224)	P Value
	total no. (no./100 admissions)		
Overall medical errors	1349 (24.5)	981 (18.8)	<0.001
Preventable adverse events	261 (4.7)	173 (3.3)	<0.001
Near misses and nonharmful medical errors	1088 (19.7)	808 (15.5)	<0.001
Medical-error subtype			
Errors related to diagnosis (incorrect, delayed, omitted)	184 (3.3)	111 (2.1)	<0.001
Errors related to therapy other than medication or procedure	112 (2.0)	77 (1.5)	0.04
Errors related to history and physical examination	43 (0.8)	0	< 0.001
Other and multifactorial errors	239 (4.3)	106 (2.0)	<0.001
Medication-related errors	660 (12.0)	580 (11.1)	0.28
Procedure-related errors	83 (1.5)	85 (1.6)	0.49
Falls	13 (0.2)	8 (0.2)	0.37
Nosocomial infections	15 (0.3)	14 (0.3)	0.79

5. Read well to write well

“If you don’t have the time to read, you don’t have the tools to write.”
~Stephen King

5. Read well to write well

- Read within your field
- Read outside your field
- Read to prepare
- Read to inspire
- Read to critique
- Read to collaborate

Patient and Family Centered (Tele)rounds: The Use of Video Conferencing to Maintain Family and Resident Involvement in Rounds

Amanda Rogers, MD,* Kelly Lynch, Heather Toth, MD, and Michael Weisgerber, MD, MS

Author information ▸ Article notes ▸ Copyright and License information PMC Disclaimer

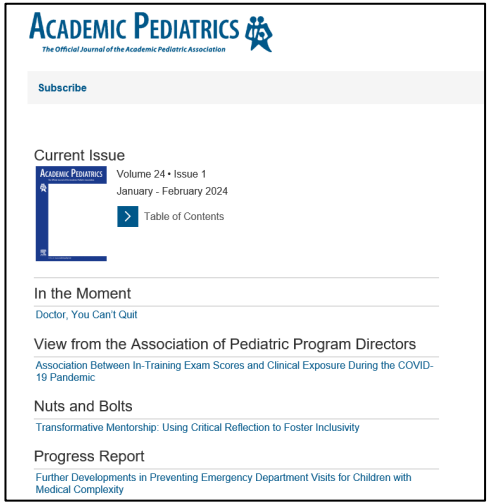
Department of Pediatrics, Medical College of Wisconsin, Milwaukee, Wis

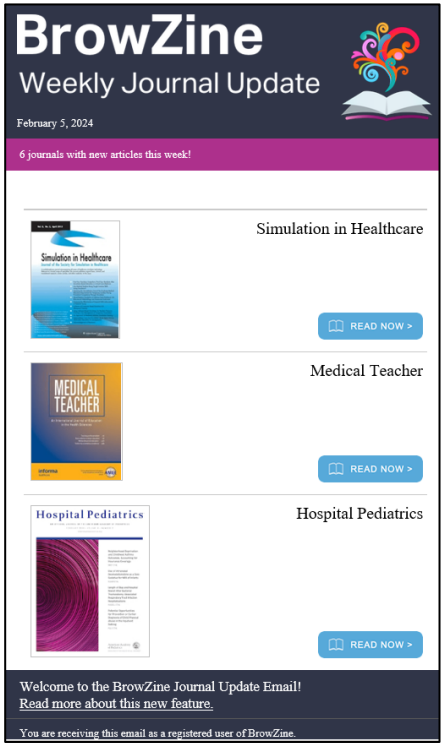
Amanda Rogers: arogers@mcw.edu

*Address correspondence to Amanda Rogers, MD, Department of Pediatrics, Section of Hospital Medicine, Children's Corporate Center, Suite 560, PO Box 1997, Milwaukee, WI 53201-1197 arogers@mcw.edu

5. Read well to write well

KeyLIME Podcasts
Key Literature in Medical Education





DR MERL Articles Worth Reading
Dependable Reviews of Medical Education Research Literature

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Section C: Mentors, Teams, & Networks

6. Mentors

Mentor Team

Mentor

Coach

Sponsor

Connector

Local

External

Peer

Social media

Will You Be My Mentor?—Four Archetypes to Help Mentees Succeed in Academic Medicine, Chopra V, Arora VM, Saint S, JAMA Intern Med. 2018

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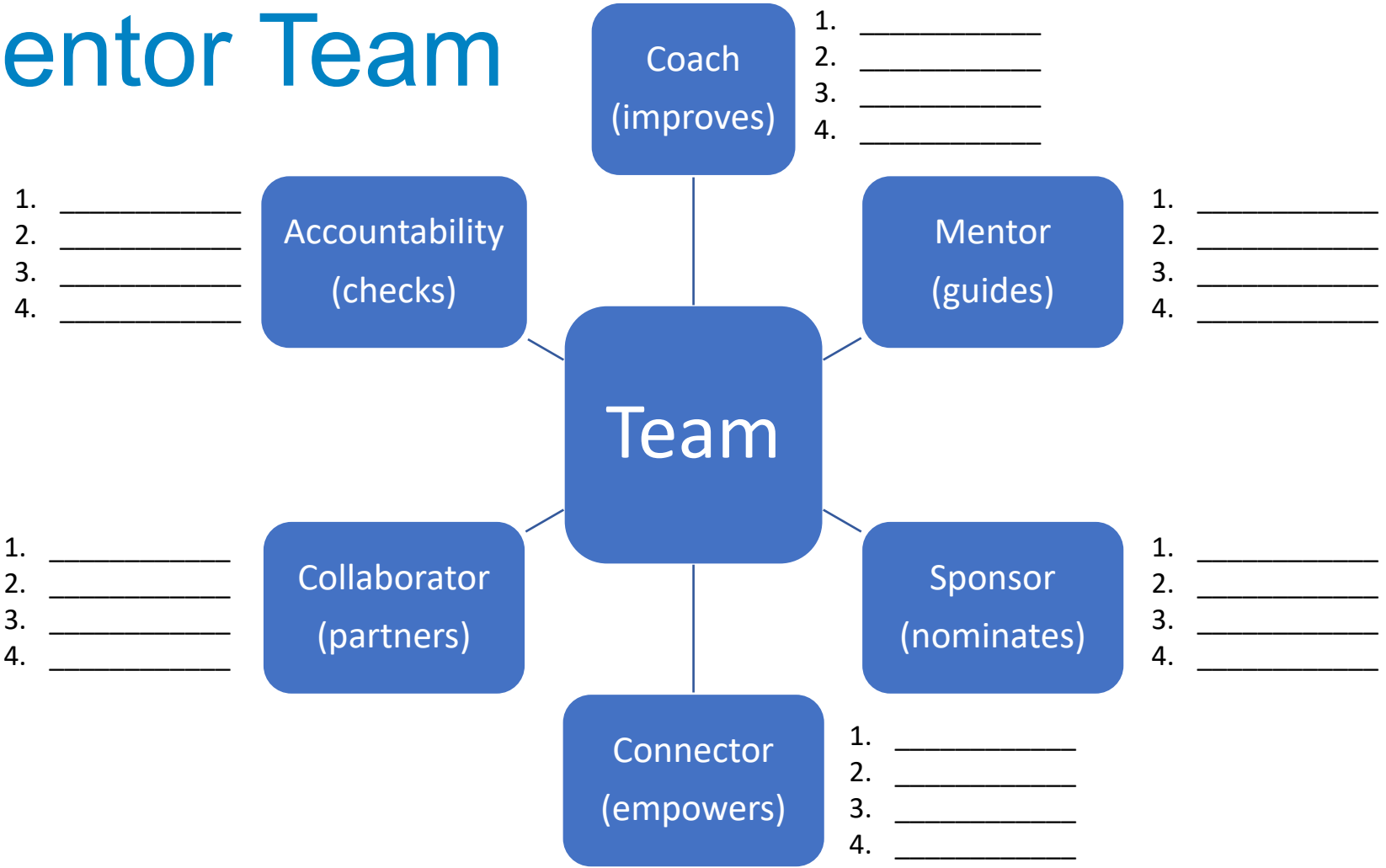
Impact of Mentorship

- Research Development and Productivity
- Personal and Career Development
- Academic Career Choice/Retention
- Perception of work-life balance

Sambunjak D, Straus SE, Marušić A. Mentoring in Academic Medicine: A Systematic Review. *JAMA.* 2006;296(9):1103–1115. doi:10.1001/jama.296.9.1103

Farid H, Bain P, Huang G. A scoping review of peer mentoring in medicine. Clin Teach. 2022;19(5):e13512.

Mentor Team


Coach (improves)
1. _____
2. _____
3. _____
4. _____
Accountability (checks)
1. _____
2. _____
3. _____
4. _____
Mentor (guides)
1. _____
2. _____
3. _____
4. _____
Team
Collaborator (partners)
1. _____
2. _____
3. _____
4. _____
Sponsor (nominates)
1. _____
2. _____
3. _____
4. _____
Connector (empowers)
1. _____
2. _____
3. _____
4. _____

Find your peeps: Building a team (7) and Networking (8)

Build your teams

- Collaboration
- Delegation
- Accountability

WAG WEEK #1			
Attendance	present	present	present
7-day personal goal achieved?	n.a.	n.a.	n.a.
WAG 30-minute communal writing goal	Table 1, draft intro.	read 3 articles, letter to editor	copy output to Table 3
Goal achieved?	yes	yes	yes
7-day personal writing goal	30 mins. daily	MWF 1 hour (20-mins. X 3)	TR 1.5 hours before bed
WAG WEEK #2			
Attendance	present	absent	present
7-day personal goal achieved?	yes		no
WAG 30-minute communal writing goal	Table 2, revise intro		copy output to Table 4
Goal achieved?	yes		yes
7-day personal writing goal	40 mins. daily		TR 1.5 hours before bed
WAG WEEK #3			
Attendance	present	present	present
7-day personal goal achieved?	yes	yes	yes
WAG 30-minute communal writing goal	outline discussion	upload paper	draft abstract
Goal achieved?	yes	no, almost done	yes
7-day personal writing goal	1 hr. daily	MWF 1 hour (20-mins. X 3)	TR 1.5 hours before bed

COMSEP

Better Health for All Patients Through Pediatric Education

Accreditation Council for Graduate Medical Education

INSPIRE

International Network for Simulation-based Pediatric Innovation, Research and Education

ACADEMIC PEDIATRIC ASSOCIATION

AAMC Association of American Medical Colleges

APPD Association of Pediatric Program Directors

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

The Brand Sweet Spot

Figure 1 Venn diagram representing how academic faculty members can identify whether projects or roles land in their personal brand sweet spot at the intersection of their passions, their skills, and their institution's needs. Note the inherent risks when initiatives address only two of the three domains (i.e., hobby, poor performance, burnout).

Resident education
Effective communication
Kinesthetic learning

Coaching/Mentoring
Technology
Insomnia

Simulation education
Interprofessional education

Knowing Your Personal Brand: What Academics Can Learn from Marketing 101, Borman-Shoap E, St. Clair N, Rosenbluth G, Pitt S, Pitt M. Academic Medicine, 2019.

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Healthcare Simulation in Pediatrics

ORIGINAL ARTICLES

Taking the Pulse on Pediatric Simulation

A National Survey of Pediatric Residency Programs' Simulation Practices and Challenges

Frey-Vogel, Ariel MD, MAT[†]; Rogers, Amanda MD[†]; Sparger, Katherine MD[*]; Mehta, Renuka MD[‡]; Mirchandani-Shah, Dipti MD[§]; Mangold, Karen MD, Med[§]; Mitchell, Diana MD[¶]; Wood, Amy MD[#]

SIMEDIATION:
THE USE OF SIMULATION IN REMEDIATION TO DIAGNOSE, COACH, AND ASSESS STRUGGLING LEARNERS

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, MILWAUKEE, WI
AMANDA ROGERS, MD
ABIGAIL SCHAH, MD
MICHAEL WEISGERBER, MS

MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MA
ANIEL PATHICKAL, MD
SHANNON SCOTTENHAGLIA, MD
KATHERINE ZINGLER, MD

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JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, ST PETERSBURG, FL
KIMBERLY COLLINS, MD

UNIVERSITY OF ALABAMA MEDICAL CENTER, BIRMINGHAM, AL
ANNE TOTH, MD

CENTER FOR MEDICAL SIMULATION

ESP

Not Throwing Away My Shot: Leveraging a Peer Vaccination Workshop to Increase Residents' Immunization Skills

Amanda Rogers, MD • Kelsey Porada, MA • Michael Weisgerber, MD, MS

Published: July 25, 2020 • DOI: https://doi.org/10.1016/j.acap.2020.07.017 • Check for updates

MedEdPORTAL® The Journal of Teaching and Learning Resources

OPEN ACCESS | December 20, 2022

Cardiac Physical Exam Skills and Auscultation Session for Pediatric Interns

Christopher A. Sumski, DO, Anoop Singh, MB, BCh, Amanda Rogers, MD, Robert Treat, PhD, Charles Bergstrom, MD

https://doi.org/10.15766/mep_2374-8265.11289

The Brand Sweet Spot

Figure 1 Venn diagram representing how academic faculty members can identify whether projects or roles land in their personal brand sweet spot at the intersection of their passions, their skills, and their institution's needs. Note the inherent risks when initiatives address only two of the three domains (i.e., hobby, poor performance, burnout).

Resident education
Effective communication
Kinesthetic learning

Coaching/Mentoring
Technology
Curriculum development
Simulation facilitation
Debriefing

Simulation education
Interprofessional education

Knowing Your Personal Brand: What Academics Can Learn from Marketing 101, Borman-Shoap E, St. Clair N, Rosenbluth G, Pitt S, Pitt M. Academic Medicine, 2019.

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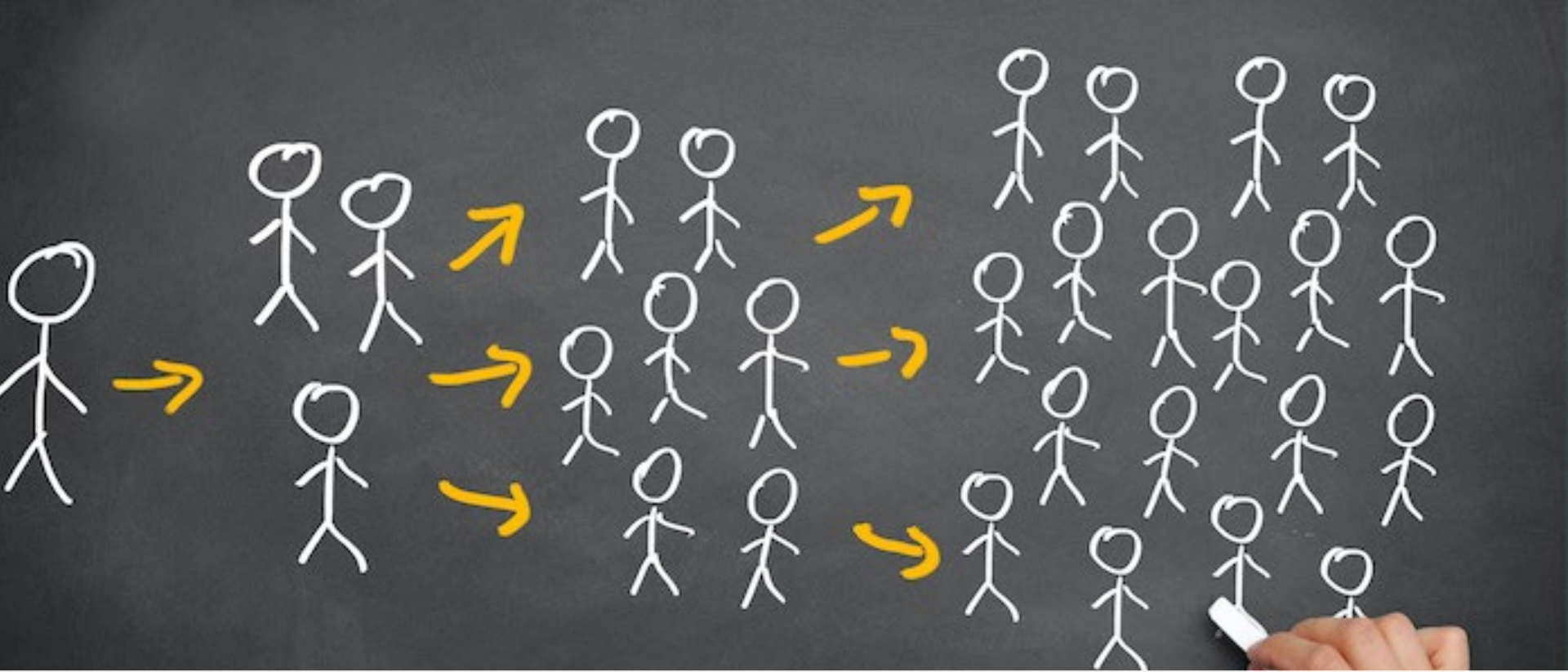

Section D: Dissemination (9)

Tips for dissemination

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Tips for dissemination

1

Confirm the team

Tips for dissemination

1

Confirm the team

- Establish authorship early

- Guidelines available to define roles

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or reviewing it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

International Committee of Medical Journal Editors (ICMJE). Defining the role of authors and contributors. Available at: http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-roleof-authors-and-contributors.html.

Tips for dissemination

1

Confirm the team

2

Find the right match

Tips for dissemination

1

Confirm the team

2

Find the right match

- Who is target audience
- What is best format

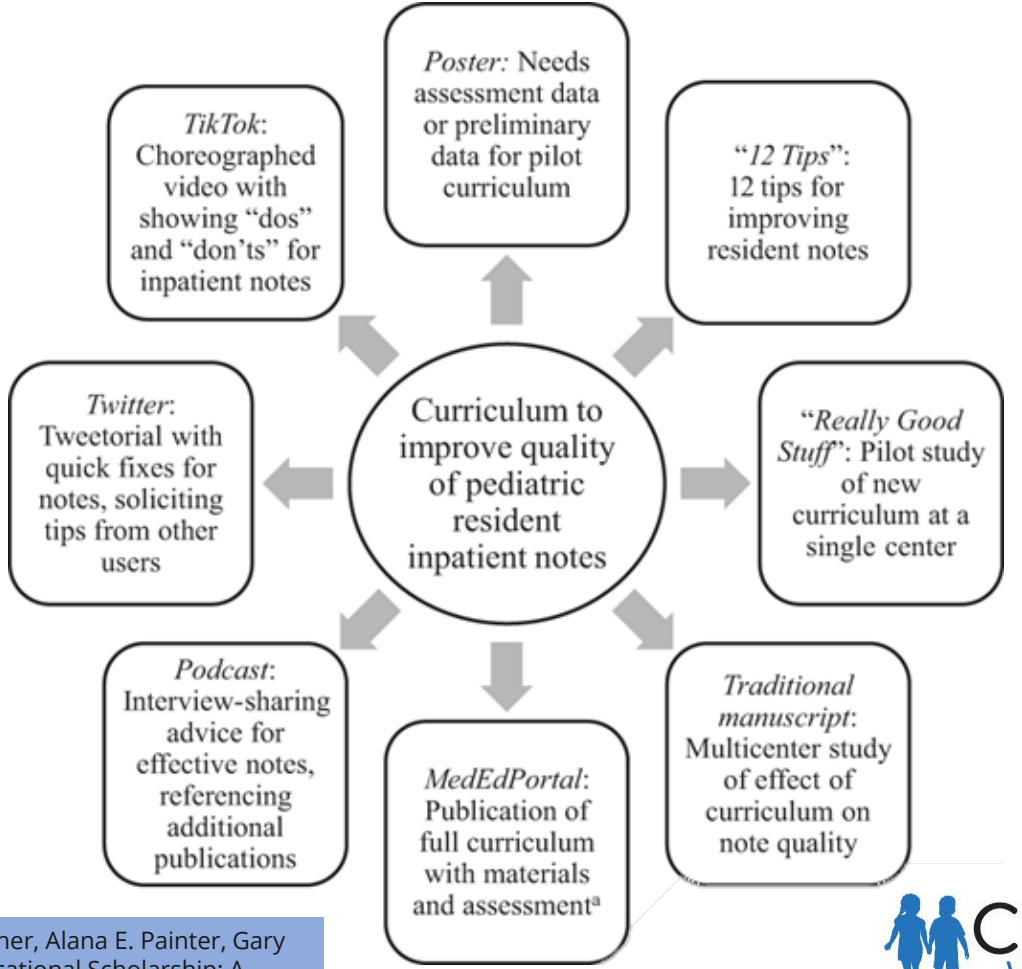
AAMC-Regional Groups on Educational Affairs (GEA)

Medical Education Scholarship, Research and Evaluation Section

Annotated Bibliography of Journals for Educational Scholarship

Revised September 2022

Wang, Flint Y. MD; Stankiewicz, Corrie A. MD; Bennett, Nadia L. MD; Myers, Jennifer S. MD. Hit the Ground Running: Engaging Early-Career Medical Educators in Scholarly Activity. Academic Medicine 94(11):p 1837, November 2019. | DOI: 10.1097/ACM.0000000000002761



Kristin L. Sundy-Boyles, Madison C. Archer, Alana E. Painter, Gary L. Beck Dallaghan, Eric K. Zwemer; Educational Scholarship: A Modern Guide to Dissemination. *Hosp Pediatr* September 2023; 13 (9): e263–e267. https://doi.org/10.1542/hpeds.2023-007223

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Tips for dissemination

1

Confirm the team

2

Find the right match

3

Follow rules/script

Tips for dissemination

1

Confirm the team

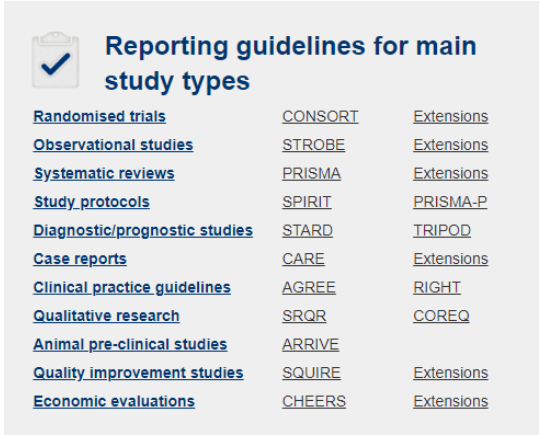
2

Find the right match

3

Follow rules/script

- Read author guidelines
- Find templates



Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Study protocols	SPIRIT	PRISMA-P
Diagnostic/prognostic studies	STARD	TRIPOD
Case reports	CARE	Extensions
Clinical practice guidelines	AGREE	RIGHT
Qualitative research	SRQR	COREQ
Animal pre-clinical studies	ARRIVE	
Quality improvement studies	SQUIRE	Extensions
Economic evaluations	CHEERS	Extensions

EQUATOR Network | Enhancing the QUAlity and Transparency Of Health Research (equator-network.org)

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)statement: guidelines for reporting observational studies.
Lancet. 2007 Oct 20;370(9596):1453-7. PMID: 18064739

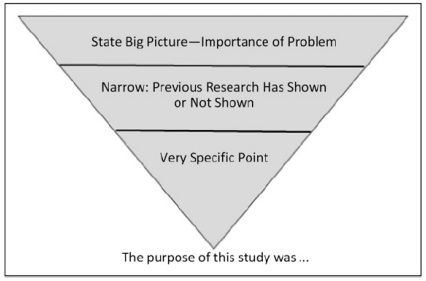


FIGURE 1 The "inverted triangle" approach to the introduction.

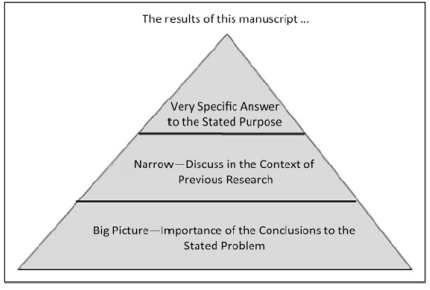


FIGURE 2 The "upright triangle" approach to the conclusions.

A practical guide to manuscript writing with particular relevance to the field of pediatric hospital medicine. Hosp Pediatr. Teufel RJ 2nd, Andrews AL, Williams DJ. 2014

STROBE

Strengthening the reporting of observational studies in epidemiology

Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy

SQUIRE

Promoting Excellence in Healthcare Improvement Reporting

Title and Abstract	
1. Title	Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
2. Abstract	a. Provide adequate information to aid in searching and indexing b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions
Introduction	***Why did you start?***
3. Problem Description	Nature and significance of the local problem
4. Available Knowledge	Summary of what is currently known about the problem, including relevant previous studies
5. Rationale	Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific Aims	Purpose of the project and of this report
Methods	***What did you do?***
7. Context	Contextual elements considered important at the outset of introducing the intervention(s)
8. Intervention(s)	a. Description of the intervention(s) in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
9. Study of the Intervention(s)	a. Approach chosen for assessing the impact of the intervention(s) b. Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	a. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost c. Methods employed for assessing completeness and accuracy of data
11. Analysis	a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data, including the effects of time as a variable
12. Ethical Considerations	Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest

SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised Publication Guidelines From a Detailed Consensus Process. Journal of Nursing Care Quality. Ogrinc, Greg MD, MS; Davies, Louise MD, MS; Goodman, Daisy DNP, MPH; Batalden, Paul MD; Davidoff, Frank MD; Stevens, David MD. 2016

Tips for dissemination

1. Confirm the team
2. Find the right match
3. Follow the rules/script
4. Find the time

Tips for dissemination

1

Confirm the team

2

Find the right match

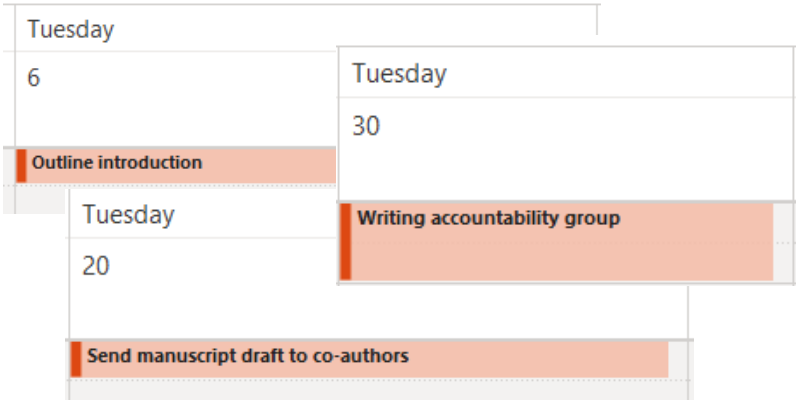
3

Follow the rules/script

4

Find the time

- Write as you go
- Accountability partners
- Dedicated time
- Writing groups



Hospital Medicine National Writing Challenge

Developed in partnership with the Society of Hospital Medicine Research Committee to foster scholarly writing and academic productivity for hospitalists.

Finding time, inspiration, and energy to write is a difficult hurdle to clear. One way to create a habit of writing for ourselves and each other is to kick-start a daily practice through a Writing Challenge. A Writing Challenge provides an opportunity to build the daily habit of writing by asking participants to complete a small amount of suggested/required words per day.

A practical guide to manuscript writing with particular relevance to the field of pediatric hospital medicine. Hosp Pediatr. Teufel RJ 2nd, Andrews AL, Williams DJ. 2014

"Overall, both quantitative and qualitative data showed that participation in the [writing groups] resulted in increased *productivity* (manuscripts and publications, proposals and grants) and an increased sense of a *research community* with enhanced structural knowledge, camaraderie, and morale"

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WASHU


Join
MARQUETTE
CLUB ROWING
Learn to Row
2/3, 2/6, 2/8, 2/10, 2/13, 2/15, 2/17
6:00pm - 8:00pm
Location:
Humphrey Practice Space
MARQUETTE
No experience necessary!
For questions contact:
mucoachjules@gmail.com

10. Circle of Life (Mentor, Sponsor, Support Others)

Conclusions

- You can engage in meaningful and effective scholarship by following these top 10 tips in sections A-E :
  1. Find your **niche**
  2. Develop your **brand**
  3. Strategically introduce some **madness**
  4. Use sound **methods**
  5. **Read** well to **write** well
  6. Choose great **mentors**
  7. Build your **team**
  8. Find your **network**
  9. **Disseminate** your Work
  10. Be part of the **Circle of Life**
- Then you will be ready for Sections O and P ☺

Please take a moment at the end of the session to complete your evaluation.

Thank you!

Extra Slides

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