	Paper	Really Good Stuff (Medical Education)	MedEdPortal
Teaching	Bath J, Lawrence P, Chandra A, O'Connell J, **Uijtdehaage S,** Jimenez JC, Davis G, Hiatt J. (2011). Standardization is superior to traditional methods of teaching open vascular simulation. J Vasc Surg. 2011 Jan;53(1):229-235 **Robins, L.S.,** Zweifler, A.J., Alexander, G.L., Hengestebeck, L.L., White, C.A., McQuillan, M., Barclay, M. Using standardized patients to ensure that clinical learning objectives for the breast examination are met. Academic Medicine, 1997, 72 Suppl: 91S-93S. Kitzes JA**, Kalishman S,** Kingsley DD,Mines J and Lawrence E. Palliative Medicine: Death Rounds: Small Group Learning on a Vital Subject. American Journal of Hospice and Palliative Medicine, 2009, 25; 483-491.	Vorvick, L., Emmet, R., Avnon, T**., Robins, L**. Improving teaching by teaching feedback. Medical Education. 2008, 42:540-541. Chou, C., Topp, K., & **O'Sullivan, P**. (2006). Multidisciplinary Teaching of the Musculoskeletal Physical Examination. Medical Education, 40, 481-482 Sims, M C, Hall, D P, Hall, N, et al. (2011). Teaching medical students prescribing skills: a near-peer approach. Medical education, 45(11), 1144-5.	Kamyab S, **Uijtdehaage S**, Gordon C, Roos KP, Cardiovascular Simulation Cases for Dental Students . MedEdPORTAL; 2009. Available from: http://services.aamc.org/jsp/mededportal/retrieveSubmissionDetailById.do?subId=1722 Wamsley M , Ng R, Chang A, Hauer K, **OSullivan P**, Alpers L, et al. Joe Thornton: Teaching and Assessing Medical Students Chronic Disease Management Skills Utilizing the Chronic Care Model and a Standardized Patient. MedEdPORTAL; 2009. Available from: http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=1724 Aronson L, Kruidering M, Niehaus B, **O'Sullivan P**. UCSF LEAP (Learning from your Experiences as a Professional): Guidelines for Critical Reflection. MedEdPORTAL; 2012. Available from: /www.mededportal.org/publication/9073.
Curriculum Development	**Uijtdehaage, S**, Hauer KE, Stuber M, Rajagopalan S, Wilkerson, L, Go VL. A (2009). Framework for Developing, Implementing, and Evaluating a Cancer Survivorship Curriculum for Medical Students. Journal of General Internal Medicine, 24:2,491-4. Mauksch, L.B., Hillenburg, L., **Robins, L.** Establishing focus: A training protocol for collaborative agenda setting in the medical interview. Family Systems and Health; the Journal of Collaborative Family HealthCare; 2001, 19:147-157. Geppert CM, Arndell CL, Clithero A, Dow-Velarde LA, Eldredge JP, **Kalishman S**, Kaufman A,McGrew MC, Snyder TM, Solan BG, Timm CT, Tollestrup K, Wagner LK, Wiese WH, Wiggins CL, Cosgrove EM. Reuniting public health and medicine: the University of New Mexico School of Medicine Public Health Certificate**.** American Journal of Preventive Medicine, 2011, 41; S214-219.	Hunyady, A, Low, D, **Robins, L.** Preparing Fellows to Learn: an Innovative Airway Workshop. Medical Education. 2011; 45:1147-1148. Kitzes J, **Kalishman S**, Morris C. Process of integration of 12 cross-cutting themes. Medical Education 2005; 39: 508-509. Aronson, L, Chittenden, E. & **O'Sullivan, P**. (2009) A Faculty Development Workshop in Teaching Reflection. Medical Education, 43, 499	**O'Sullivan PS**, Petty MP, and Heard JK. EASE: Development Program for Residency Program Directors and Coordinators. MedEdPORTAL; 2005. Available from: http://www.aamc.org/mededportal, ID = 128. Aronson L, Kruidering M, **O'Sullivan P**. The UCSF Faculty Development Workshop on Critical Reflection in Medical Education: Training Educators to Teach and Provide Feedback on Learners' Reflections. MedEdPORTAL; 2012. Available from: www.mededportal.org/publication/9086 Vasudev B, Vasudev M. A Model Curriculum for Residents Rotating in Nephrology. MedEdPORTAL; 2012. Available from: www.mededportal.org/publication/8288

Assessment	**Uijtdehaage S,** Doyle L, Parker N. Enhancing the reliability of the multiple mini-interview for selecting prospective healthcare leaders. Academic Medicine. 2011;86:1032–1039. **Robins, L.S.,** White, C.B., Alexander, G.L., Gruppen, L.D., Grum, C.M. Assessing medical student awareness of and sensitivity to diverse health beliefs using a standardized patient module. Academic Medicine; 2001, 76:76-80. Zwahlen D, Herman CJ, Smithpeter MV, Mines J, **Kalishman S**. Medical students' longitudinal and cross-sectional attitudes toward and knowledge of geriatrics at the University of New Mexico School of Medicine. Journal of the American Geriatrics Society, 2010, 58; 2049-2050.	Ross P, **Uijtdehaage S**, Lypson M. (2010) Reflections on Culture: Views on Script Concordance Testing. Medical Education,44(5):505-6 Upadhyay, S K, Bhandary, S, & Ghimire, S R. (2011). Validating a problem-based learning process assessment tool. Medical education, 45(11), 1151-2. Pinheiro, V G, Castro, E S, & A Troncon, L E. (2010). Utilising assessment as a drive for changing teaching. Medical education, 44(5), 508-9.	Stiegler M, Dhillon A, Huang Y, **Uijtdehaage S**, Stiner J, Zacharia S, et al. Non-Technical and Cognitive Skills (NTCS) Self- Reflection and Faculty Evaluation Tools.; 2011. Accepted for publication with acclamation in MedEdPortal. Available from: www.mededportal.org/publication/9024 Eisses M , Richards M, **Robins L,** Cardiac Catheterization Hemodynamics for Congenital Heart Disease. MedEdPORTAL; 2010. Available from: http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=8229 **OSullivan, P.,** Aronson, L., Chittenden, E., Niehaus, B., Learman, L., (2010). Reflective Ability Rubric and User Guide. MedEdPORTAL:http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=8133
Mentoring	Coates WC, Spector TS, **Uijtdehaage S**. Transition to Life Curriculum—A Sendoff to the Real World for Graduating Medical Students. Teaching and Learning in Medicine, 24(1), 36-41. Dobie, S., Smith, S., **Robins, L.** How Assigned Faculty Mentors View their Mentoring Relationships: An Interview Study of Mentors in Medical Education. Mentoring and Tutoring: Partnership in Learning. 2010,18: 337-359. Reichert J, Solan B, Timm C, **Kalishman S**. Narrative medicine and emerging clinical practice. Literature and Medicine 2008, 27: 248-271.	Thomas Squance, G R, Goldstone, R, Martinez, A, et al. (2011). Mentoring of students from under-represented groups using emotionally competent processes and content. Medical education, 45(11), 1153-4. Walton, J M, White, J, Stobart, K, et al. (2011). Group of seven: eMERGing from the wilderness together. Medical education, 45(5), 528-. Berquist, J B, Carnes, M, Roach, M A, et al. (2010). 'Speed dating' workshop to pair interns and researchers. Medical Ed , 44(11), 1133-4.	Premkumar K, Wong A. Mentoring Principles, Processes, and Strategies for Facilitating Mentoring Relationships at a Distance . MedEdPORTAL; 2010. Available from: www.mededportal.org/publication/3148 Sharp A, Sharp A, Walthall J. Community Based Mentoring for Resident Physicians. MedEdPORTAL; 2011. Available from: www.mededportal.org/publication/9061 Burke A. Individualized Learning Plans: Faculty as Facilitators. MedEdPORTAL; 2009. Available from: www.mededportal.org/publication/1684
Leadership	Wilkerson, L., **Uijtdehaage**, S., Relan, A. (2006). Increasing the pool of educational leaders at UCLA. Academic Medicine, 81: 954-958 **Robins, LS,** Ambrozy, D, Pinsky, LE. Promoting academic excellence through leadership development at the University of Washington: The Teaching Scholars Program. Academic Medicine, 2006, 81: 979-983. Burdick WP, Diserens D, Friedman SR, Morahan PS, **Kalishman S**, Eklund MA, Mennin S, Norcini JJ. Measuring the effects of an international health professions faculty development fellowship: the FAIMER Institute**.** Medical Teacher, 2010, 32; 414-421.	**Uijtdehaage S**, Vermillion M, Doyle LH (2007). "Reflective practice" as a tool for programme evolution. Medical Education, 41(11):1094-5 **Robins, L,** Pinsky, LE, Krichko, M. Rowing towards leadership and teambuilding. Medical Education, 2004, 38: 1191-1192. Lee, M T, Tse, A M, & Naguwa, G S. (2004). Building leadership skills in paediatric residents. Medical education, 38(5), 559-60.	Mitchell, PH, **Robins, LS,** Schaad, D. Creating a curriculum for training health profession faculty leaders. In Henriksen, K., Battles, J.B., Marks, E. & Lewin, D.I. (eds) Advances in patient safety: From research to implementation. Agency for Healthcare Research and Quality. Volume 4, pp 299-312, 2005 http://www.ahrq.gov/qual/advances/** Frugé E, Drutz J, Horowitz M. Reflective Practice & Leadership in Medicine & Medical Education. MedEdPORTAL; 2009. Available from: www.mededportal.org/publication/3182 Trief P, Cleary L, Goodman S, Duggan D, Van Nortwick M, Scheinman S. A Case-Based Approach to Chair Development. MedEdPORTAL; 2011. Available from: www.mededportal.org/publication/8606

** Not MedEdPORTAL – but a peer-reviewed web resource

HABITS OF SUCCESSFUL SCHOLARS

Summers Kalishman, Patricia O'Sullivan, Lynne Robins, Sebastian Uijtdehaage

Use effective time management and find people to support you.

1. Work in small, regular bursts of time. Check out pomodorotechnique.com
2. Create a to-do list with manageable tasks. Break down large tasks into smaller bits. (e.g., "write method section" instead of, "write paper"). Set deadlines
3. Negotiate dedicated scholarship time
4. Avoid distractions, interruptions. Respond to email twice/day and close it the rest of the day
5. Develop a research "program" (vs. opportunistic research)
6. Seek out colleagues you enjoy working with and collaborate with
7. Find a mentor who can advise you on your scholarship

Create an environment conducive to scholarship

8. Take advantage of opportunities to learn and be inspired locally through workshops, presentations, etc.
9. Capitalize on resources and materials available to you (librarians, space, software, staff, IT infrastructure, etc.)
10. Create a journal club

Continue to develop your leadership skills

11. Participate actively in professional organizations
12. Take advantage of all funding opportunities (e.g., SGEA mini-grant program).
13. Appreciate the benefits of scholarship and make your work as an educator valued and visible in order to advance academically.
14. Consider a rejection as useful formative feedback to improve your scholarship

Based on:
"Habits of Successful Scholars" Workshop given by Scott, Donato, Touchie, & Bordage
Annual AAMC Meeting, Denver, 2011

Schrager &Sadowski. Getting More Done: Strategies to Increase Scholarly Productivity. JGEM 2016; 8:10-13.

And
Bland CJ, et al Mentoring and Being Mentored: Effective Collaboration Throughout an Academic Career. Westport, CT: Greenwood Publishing Group, 2007.
Rev June 10, 2015

Applying a theoretical framework to solve and educational problem

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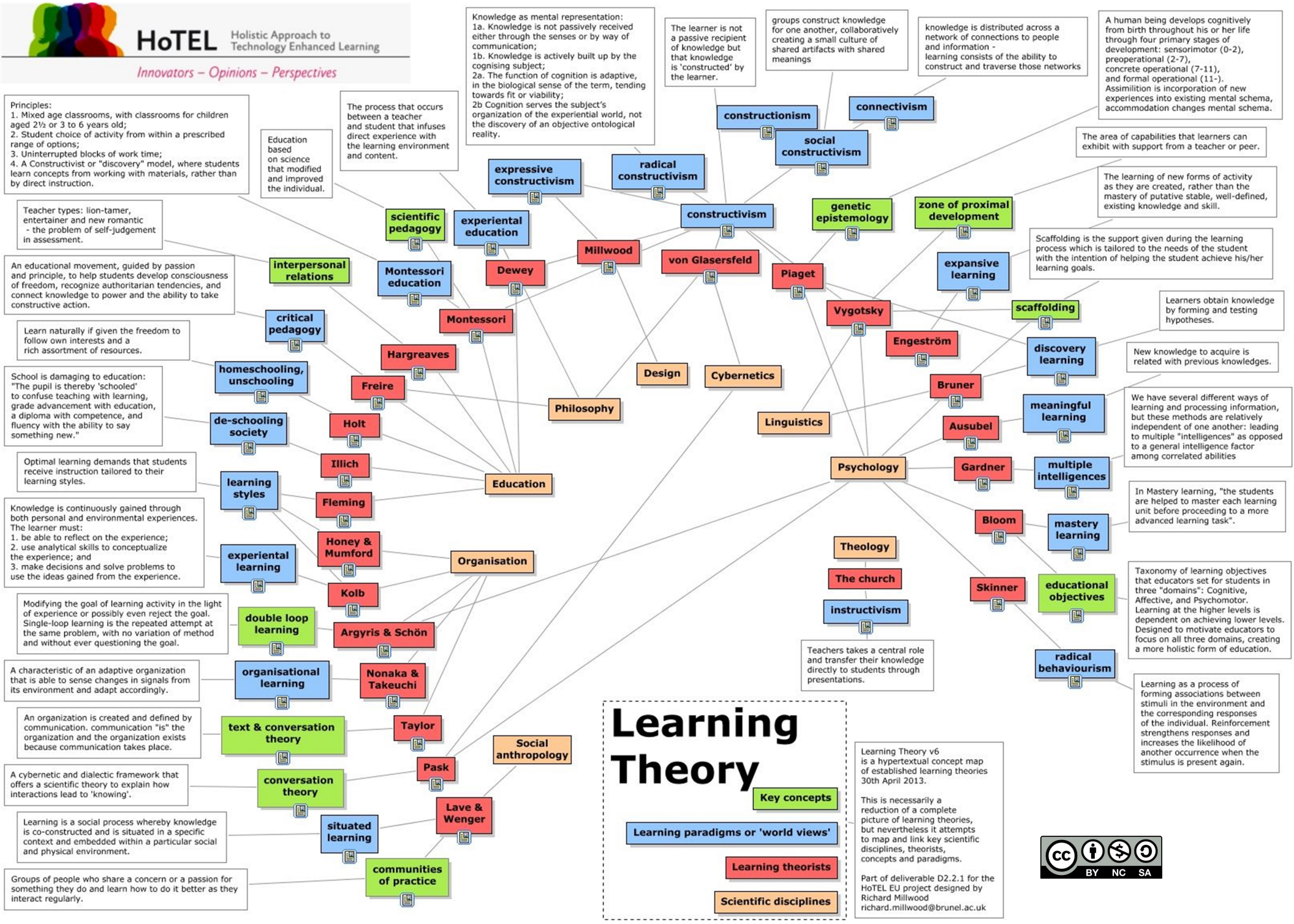
The cardiothoracic residency program director is unhappy with the skills level of residents in the operating room. The residents are taking too long to operate and are making too many mistakes. She has asked you to propose some solutions, keeping in mind that her department has already invested in simulation training[1]

1. **Describe an intervention that is guided by a theoretical framework (see Learning Theory Map or search online)**

2. **Describe how you will determine if the intervention is successful. What outcomes will you measure or observe?**

1 After: Bordage G. Conceptual frameworks to illuminate and magnify. Medical Education 2009: 43: 312–319


HoTEL
Holistic Approach to Technology Enhanced Learning
Innovators – Opinions – Perspectives
Principles:
1. Mixed age classrooms, with classrooms for children aged 2½ or 3 to 6 years old;
2. Student choice of activity from within a prescribed range of options;
3. Uninterrupted blocks of work time;
4. A Constructivist or "discovery" model, where students learn concepts from working with materials, rather than by direct instruction.
Education based on science that modified and improved the individual.
The process that occurs between a teacher and student that infuses direct experience with the learning environment and content.
Knowledge as mental representation:
1a. Knowledge is not passively received either through the senses or by way of communication;
1b. Knowledge is actively built up by the cognising subject;
2a. The function of cognition is adaptive, in the biological sense of the term, tending towards fit or viability;
2b Cognition serves the subject's organization of the experiential world, not the discovery of an objective ontological reality.
The learner is not a passive recipient of knowledge but that knowledge is 'constructed' by the learner.
groups construct knowledge for one another, collaboratively creating a small culture of shared artifacts with shared meanings
knowledge is distributed across a network of connections to people and information - learning consists of the ability to construct and traverse those networks
A human being develops cognitively from birth throughout his or her life through four primary stages of development: sensorimotor (0-2), preoperational (2-7), concrete operational (7-11), and formal operational (11-). Assimilition is incorporation of new experiences into existing mental schema, accommodation changes mental schema.
constructionism
connectivism
social constructivism
The area of capabilities that learners can exhibit with support from a teacher or peer.
The learning of new forms of activity as they are created, rather than the mastery of putative stable, well-defined, existing knowledge and skill.
expressive constructivism
radical constructivism
constructivism
genetic epistemology
zone of proximal development
Scaffolding is the support given during the learning process which is tailored to the needs of the student with the intention of helping the student achieve his/her learning goals.
scientific pedagogy
experiential education
Millwood
von Glasersfeld
Piaget
expansive learning
Teacher types: lion-tamer, entertainer and new romantic - the problem of self-judgement in assessment.
interpersonal relations
Montessori education
Dewey
Vygotsky
scaffolding
Learners obtain knowledge by forming and testing hypotheses.
An educational movement, guided by passion and principle, to help students develop consciousness of freedom, recognize authoritarian tendencies, and connect knowledge to power and the ability to take constructive action.
critical pedagogy
Montessori
Engeström
discovery learning
New knowledge to acquire is related with previous knowledges.
Learn naturally if given the freedom to follow own interests and a rich assortment of resources.
Hargreaves
homeschooling, unschooling
Freire
Design
Cybernetics
Bruner
meaningful learning
We have several different ways of learning and processing information, but these methods are relatively independent of one another: leading to multiple "intelligences" as opposed to a general intelligence factor among correlated abilities
School is damaging to education: "The pupil is thereby 'schooled' to confuse teaching with learning, grade advancement with education, a diploma with competence, and fluency with the ability to say something new."
de-schooling society
Holt
Philosophy
Linguistics
Ausubel
Optimal learning demands that students receive instruction tailored to their learning styles.
Illich
Psychology
Gardner
multiple intelligences
learning styles
Education
Fleming
In Mastery learning, "the students are helped to master each learning unit before proceeding to a more advanced learning task".
Knowledge is continuously gained through both personal and environmental experiences. The learner must:
1. be able to reflect on the experience;
2. use analytical skills to conceptualize the experience; and
3. make decisions and solve problems to use the ideas gained from the experience.
Honey & Mumford
Bloom
mastery learning
experiential learning
Organisation
Theology
The church
Skinner
educational objectives
Taxonomy of learning objectives that educators set for students in three "domains": Cognitive, Affective, and Psychomotor. Learning at the higher levels is dependent on achieving lower levels. Designed to motivate educators to focus on all three domains, creating a more holistic form of education.
Kolb
instructivism
Modifying the goal of learning activity in the light of experience or possibly even reject the goal. Single-loop learning is the repeated attempt at the same problem, with no variation of method and without ever questioning the goal.
double loop learning
Argyris & Schön
Teachers takes a central role and transfer their knowledge directly to students through presentations.
radical behaviourism
A characteristic of an adaptive organization that is able to sense changes in signals from its environment and adapt accordingly.
organisational learning
Nonaka & Takeuchi
Learning as a process of forming associations between stimuli in the environment and the corresponding responses of the individual. Reinforcement strengthens responses and increases the likelihood of another occurrence when the stimulus is present again.
An organization is created and defined by communication. communication "is" the organization and the organization exists because communication takes place.
text & conversation theory
Taylor
Social anthropology
A cybernetic and dialectic framework that offers a scientific theory to explain how interactions lead to 'knowing'.
conversation theory
Pask
Learning is a social process whereby knowledge is co-constructed and is situated in a specific context and embedded within a particular social and physical environment.
situated learning
Lave & Wenger
Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.
communities of practice
Learning Theory
Key concepts
Learning paradigms or 'world views'
Learning theorists
Scientific disciplines
Learning Theory v6 is a hypertextual concept map of established learning theories 30th April 2013.
This is necessarily a reduction of a complete picture of learning theories, but nevertheless it attempts to map and link key scientific disciplines, theorists, concepts and paradigms.
Part of deliverable D2.2.1 for the HoTEL EU project designed by Richard Millwood
richard.millwood@brunel.ac.uk
BY NC SA

Personal Strategic Plan for a submission to Medical Education's *Really Good Stuff* section

What are you doing that you are particularly excited about and want to share with others?

Question	Strategy to help answer this question	Response/Activity	Due Date
What literature have you read?			
What is your conceptual framework?			
What is your research question?			
What is your design?			
Who are your subjects?			
What is the setting?			
What is the intervention? (if you have one)			
How are you measuring your variables?			
Did you get IRB approval?			

Based on: WGEA Regional Meeting 2012. How to succeed as an educational scholar: identifying your individual strategy and creating a roadmap for scholarship
Summers Kalishman, Patricia O'Sullivan, Lynne Robins, Sebastian Uijtdehaage

Have you piloted/checked measurement quality?			
Are your procedures given in detail so that they can be replicated?			
What quantitative /qualitative analyses are you using?			
Conduct the study			
What are your results?			
What lessons were learned?			
Has your draft been reviewed by colleagues other than co-authors?			
Have all the authors given final approval of the abstract?			
Are you ready to submit?	I have a draft for submission!!!		October 31

Really Good Stuff Guidelines for Authors (Medical Education)

Instructions for Authors - 'Really good stuff': Lessons learned through innovation in medical education

Twice a year, Medical Education publishes a selection of the best short structured reports submitted to its 'Really Good Stuff: Lessons learned through innovation in medical education' section. This section has always been intended to be an outlet for the dissemination of descriptions of exciting new ideas in a variety of areas including curriculum design, teaching practice, assessment or evaluation and attempts at programme or curriculum change.

As of May 2011, RGS has taken on a new form, encouraging educators to share the insights they have gained (for better or worse) as a result of their educational scholarship. This means that not every submission will be about the success of an innovation. We encourage authors to submit thoughtful reports on innovations that did not succeed and the lessons they learned as a result in addition to sharing effective innovations.

Submissions may include follow-up on previously published Really Good Stuff reports or may discuss efforts to implement Really Good Stuff from other institutions. It is important to note that 'newness' will continue to be a criterion by which submissions are judged, but newness will be defined as novelty of the insights gained in addition to the uniqueness of the educational scholarship. As before, 'newness' will be judged in relation to the community as a whole (i.e., new initiatives at a particular site that simply incorporate well established ideas will receive lower priority). An international panel of reviewers under the editorial direction of M Brownell Anderson, from the Association of American Medical Colleges, Washington DC, will review all the submissions and select those to be published.

1. Content Requirements

a. The report should be no more than 500 words with no figures or tables.

b. The title should be no more than 8 words.

c. The report should be organised into three sections:

(i) What problem was addressed? This should help the reader understand the issue in a manner that makes the extent of the problem clear, why it is important, and offers enough context to enable him/her to make a judgment about the applicability of the concerns to their own setting.

(ii) What was tried? This should outline the attempted solution in terms of how it was built to fit the context of the problem, what resources were required, and how the idea was given a chance to succeed over the long term.

(iii) What lessons were learned? This should be the main focus of the report, through which authors are asked to share their successes and failures (and what data led them to those conclusions) and to highlight how their perspective has changed regarding why the innovation met with success (or did not).

d. The report will generally have no more than four authors.

e. One reference is allowable.