



Preparing a Successful Submission

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Disclosures

- None
 - Jeardeau
 - Jortberg
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It's all about architecture!

- We want you to have a successful submission!
 - We are from the MSE committee and have reviewed hundreds of submissions.
- House
 - Foundation = Objectives
 - Walls = Abstract
 - Roof = Importance/Timing/Audience Interaction
- Home Inspection and Neighborhood



Building the Foundations: Objective Writing

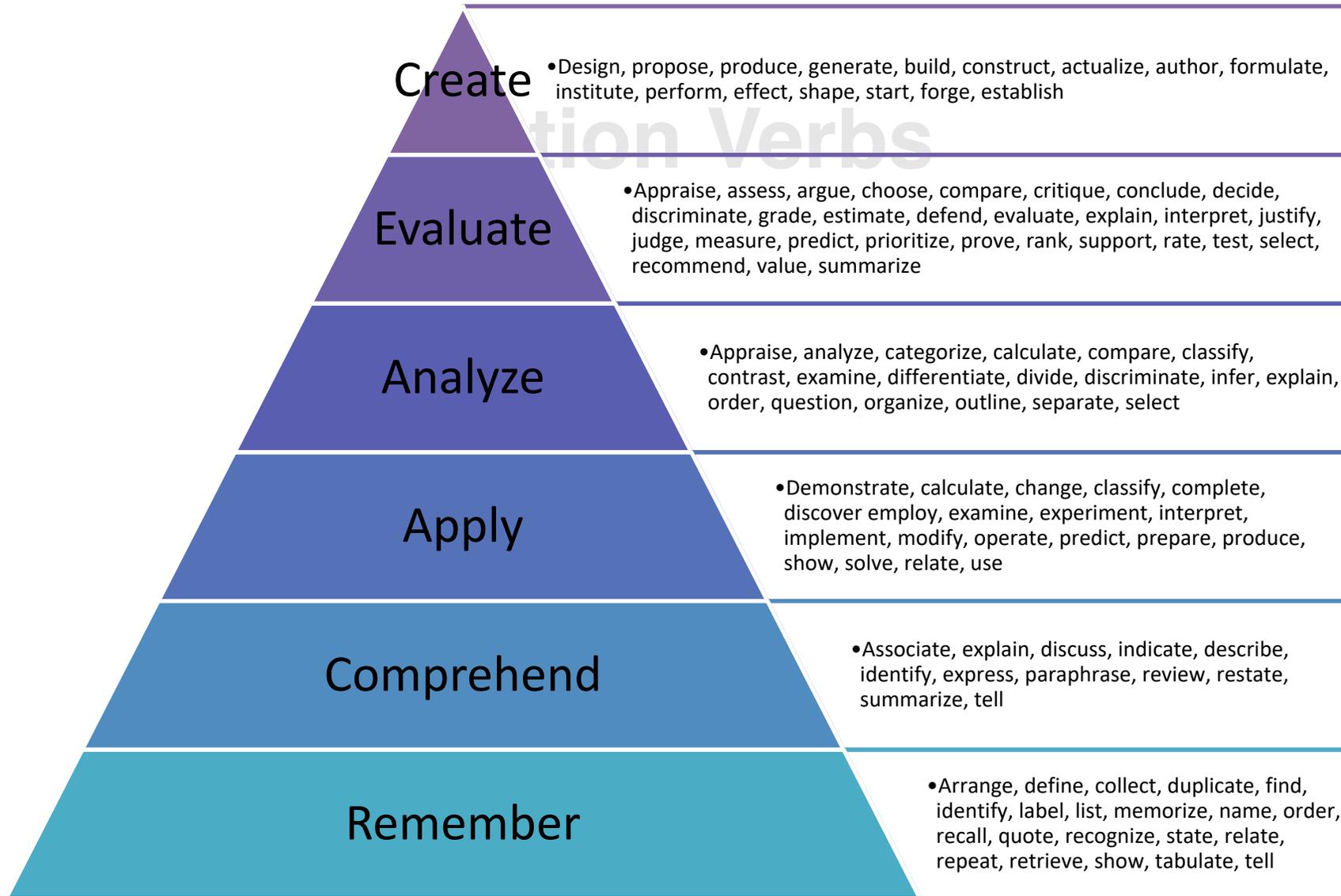
David Norris, MA, MD, FAAFP



Objectives

- Answer one of two questions:
 - What do you wish to accomplish in the presentation?
 - What do you want your learners to be able to do after the presentation?
- Are SMART
 - Specific
 - Measureable
 - Attainable/Action oriented
 - Relevant
 - Time-limited

STFM Conference on Medical Student Education



Non-Action Verbs

- Have
- Like
- Appreciate
- Believe
- Think
- Possess

- Learn

Excellent Objectives

- Upon completion of this presentation the participant will be able to:
 - Collect a dietary history
 - Apply evidence-based nutritional recommendations in the clinical setting
 - Demonstrate a comprehensive physical examination
 - Utilize history and physical information to narrow a differential diagnosis
 - Compare and contrast the different types of compassion
 - Interview patients in a manner that promotes honest answers to difficult questions

Practice Makes Perfect

- Learn to use web-based platform for community preceptor faculty development.
- Understand ways to reach millennial pharmacy learners.
- List key components of a dietary history and apply strategies for evidence based nutrition in underserved clinical settings.
- Empathy is important for medical students and they should learn it to be better doctors.

Mismatch

- Vitamin D is important for bone health and growth of the skeleton and its deficiency is an important public health issue worldwide. Severe hypovitaminosis D can cause serious problem like rickets in children and osteomalacia in adults. All pregnant and breastfeeding women, infants, young children from age 6 months to 5 years and people who are >65 years old are at risk of hypovitaminosis D and are recommended to take vitamin D routinely. But, over the past decades, there has been increasing number of studies showed and association of hypovitaminosis D with obesity, severe form of nonalcoholic fatty liver disease, cardiovascular disease, metabolic syndrome, diabetes mellitus, cancer, infection such as tuberculosis and increased mortality. This lecture, we will start with vitamin D metabolism, indications for assessing the serum level of 25 OH vitamin D in our practice, recommendations of vitamin D supplement in general population, supplementation of vitamin D in at risk population and vitamin D safety and toxicity.

Objectives

- Describe how a educational intervention about vitamin D in the third year clerkship decreases rickets in at risk populations.
- List common medical student misconceptions about vitamin D metabolism.
- Learn how to develop a comprehensive vitamin D curriculum as part of a transition to residency course.

Walls: Abstract

Bonnie Jortberg, PhD, RD, CDE



School of Medicine

UNIVERSITY OF COLORADO

ANSCHUTZ MEDICAL CAMPUS

Walls of your Submission House - Abstract

- Abstract – most important part of your submission house!
 - Receives most attention from reviewers – make sure you have enough details so that reviewers know what you plan to present
 - Public-facing – this is what conference attendees see and how they make decisions about what sessions to attend!
 - Spell check and proof-read!

Abstract – What to Include

- **Symposia, seminars, and lectures:**
 - Introduction and overview of topic:
 - Why is this important for MSE?
 - Short/concise literature review
 - Description of what will present in the session:
 - This session will discuss our medical student curricula/program on...
 - Provide details – our curricula/program involves...session attendees will experience...
 - Include evaluation data (if available)

Abstract – What to Include

- Peer-in-Progress or Peer-Completed Papers:
 - Context – why is this research important?
 - Objective – what is the primary goal of this research and presentation?
 - Design – RCT, prospective study, etc.
 - Setting – where was this research conducted?
 - Participants – who participated?
 - Results – what did you find, or hope to find out?
 - Conclusions - what does your research conclude?

Let's Give it a Try!

- Break into small groups and revise the abstracts for:
 - Lecture
 - Peer-in-Progress
- Identify items that meet criteria
- Identify and improve items that need revisions

Lecture

While several medical schools use web-based platforms for medical student education, there is limited information regarding the use of web-based platforms for community-based clinical clerkships. Community preceptors may not have access to the technological resources used by academic institutions and medical schools. We have overcome some barriers by using a free web-based resource to restructure our medical student clerkship and enhance preceptor-student interactions. Lessons learned from our experience can be applied to other community-based settings.

Peer-Completed Research

Medical education is in an unprecedented period of innovation and reform. Many medical schools are undertaking changes in educational programs. Curricular innovation poses practical and logistical challenges. A common strategy introduces the new curriculum for entering students and reforms each subsequent year as this class progresses through medical school, which results in a substantial cohort of students completing the “legacy” curriculum. Little is known about the unique challenges faced by students, especially as curriculum reform implies flaws or inadequacies in the current education. This study sought to assess the concerns and perspectives of legacy students during curricular innovation. Senior students are an important source of information but advice from legacy students may be inappropriate or even counter-productive for junior students experiencing a very different curriculum. More significantly, seniors powerfully influence the attitudes of other students. Negative attitudes could adversely impact acceptance of innovations and impair the success of curricular reform. Innovations that depend on active participation and commitment from students are particularly vulnerable to negative student attitudes. Senior students play an essential role in leveraging the cultural change essential to the enduring success of educational innovations. Those charged with planning and implementing curricular change need to be well informed about the perspectives of legacy students.

Roof: Importance/Timing/Audience Interaction

Joyce Jeardeau, ACUME



**School of Medicine
and Public Health**

UNIVERSITY OF WISCONSIN-MADISON

The Roof – Importance/Timing/Audience Interaction

- Know the relevance and importance to the conference
 - What is the conference theme
 - Who is your targeted audience
 - Is it a “hot topic”
- Grab their attention
 - Instead of saying “I will” switch to the audience and let them know “you will”
- Follow the submission guidelines

Step back and take a look.

- Will the title get their attention?
 - Is it clear?
 - Is it positive?
 - Does it build curiosity?
- Abstract description (this is commonly printed in the program)
 - Did you describe the benefits of the session?
 - Did you keep it concise and brief?
 - Is it conference theme related?
- Justification and relevance
 - Did it all come together?
 - Did you capture the purpose?
 - Are your objectives realistic?

Titles

1. Mobile Apps in Medicine: There's a Curriculum for That!
2. Beyond Obvious Facts: Developing a Framework for Critical Thinking Process
3. Flip It and They Won't Forget It: Why and How to Flip Your Teaching
4. Engaging Students in Collaborative Practice: A Menu of Interprofessional Learning Activities
5. Challenging Meetings: Strategies for Preparing for and Addressing Professionalism Issues with Students and Faculty
6. Engaging Medical Students through Participation in Research: Summer Student Research and Clinical Assistantship Program
7. Where we started and where will it lead??

Timing is everything

- Review your presentation timing segments
 - Is it realistic?
 - Are you taking audience participation into account?
 - Are you covering each aspect of the presentation outline?
 - Does it flow naturally?

Timing you are experiencing now – 90 minutes

- Introduction: **5** minutes
- Objectives: **20** minutes
 - Small group work revising objectives
- Abstract: **25** minutes
 - Small group work revising abstract
- Importance/Timing/Audience Interaction: **15** minutes
 - Small group work revising titles
- Home Inspection and Neighborhood: **15** minutes
 - Audience participation in finding a home
- Wrapping Up: **10** minutes

The critique by someone with experience

- Does it make sense to them and does it flow?
- Would they want to attend to “hear more”?
- Will they give you honest feedback?
- Did you follow the conference guidelines?

Check the roof

- Step back and take a look at a few of these submissions
 - Does the title get your attention?
 - Does the description make you want to hear more?
 - Is there an objective that will impact a broad audience?
 - Does it fit the submission category?
 - Did they explain enough to be able to draw a conclusion?

"Where we started and where will it lead??"

We will review the history of the Family Medicine coordinator within the STFM MSE and presence at the conference. There was a journey to get to the recognition we have today with STFM MSE and knowledge of that journey will help pave the path forward. People who were instrumental in creating the STFM MSE academic coordinators and administrators collaborative will provide a look at that journey. When we know where we came from it helps to lay the path to the future.

There will be a panel of past and present collaborative leaders who will be members of a panel to answer your questions and provide you with insightful information our collaborative. We will review several of the past coordinators track presentations, the resources they provided and where to find that information now.

As some of us are starting to plan for our retirements, others are planning their futures. Our impact on the STFM MSE is being recognized more each year and it's important to keep that momentum moving forward.

STFM Conference on
Medical Student Education

"Engaging Medical Students through Participation in Research: Summer Student Research and Clinical Assistantship Program"

Background: Family medicine (FM) lacks a tradition of research in medical student education and the research pipelines found in other primary care and specialty disciplines. For >20 years, the UW Department of Family Medicine and Community Health (UWDFMCH) has hosted the Summer Student Research and Clinical Program (SSRCA). This 8-week program introduces medical students—between 1st and 2nd year—to primary care research by pairing them with FM mentors. Mentors develop research topics; medical students are matched to projects. Students complete literature reviews, collect and analyze data, write research abstracts and present their final works during the project period. We describe the components, structure, function and outcomes of this primary care research and clinical training program.

Methods: We assessed mentors, topics, resulting presentations and publications, and choice of residency of 139 medical students (2002—2017).

Results: 49 FM faculty participated as mentors for the students, with a mean of 2.90 years of participation (range: 1—12 years). The majority of studies (64%) resulted in a publication (35%), a presentation at a regional or national meeting (20%) or both presentation/publication (9%). Most students (60%) chose careers in a primary care discipline (16% in FM).

Conclusion: The SSRCA has been a successful program for introducing medical students to FM research and providing FM faculty an opportunity to create primary care research projects.

Home Inspection

Amanda Kost, MD

UW Medicine

UNIVERSITY OF WASHINGTON
MEDICAL CENTER

Do a home inspection

- Objectives
 - Don't use bad ones (learn/understand)
- Talk about what you know
- Spelling and grammar
- Give yourself enough time to:
 - Have someone else read it
 - Re-read it yourself
- Timing specificity (add it up again)

Finding the right neighborhood

- **Workshops:** 2-hour task-oriented, small-group educational sessions
- **Seminars:** 90-minute didactic presentations with audience discussion
- **Symposia:** 90-minute sessions on collaborative work from multiple institutions or departments with a moderator organizing a brief presentation to stimulate focused discussion by participants.
- **Lecture-Discussions:** 45-minute didactic presentations, with discussion; two lectures are paired and offered consecutively in a 90-minute session.
- **In-Progress and Completed Projects:** 15-20 minute consecutive sessions on original work, with focus on research.
- **Poster Presentations:** Visual presentations with an informal information exchange; attendees can peruse the posters and speak with the presenters. 90-minutes total, during refreshment breaks.
- **Special Topic Breakfasts:** 60-minute informal presentations to share experiences, ideas, problems, or solutions; leaders briefly present material and facilitate discussion. Limit 10 participants per table.

Where would this fit?

Integrating teaching about race, culture and disparities into medical education has been challenging. Medical students are poised to inform the development and delivery of curricula that adequately addresses these issues. We engaged a national work group of medical students faculty to formally review and apply contemporary concepts in teaching on racial and cultural health disparities to an existing national case-based learning curriculum. After a literature review on best practices for teaching about race and culture, students created an analytic framework for case review and then individually reviewed 63 out of 101 virtual patient cases in family medicine, internal medicine, and pediatrics until there was thematic saturation. Using thematic analysis, students developed a grounded checklist for structured review of cases to better exemplify structural competencies. Initial feedback from a national consortium of faculty affirms that: 1) medical students are valuable participants in this work; 2) the checklist is a useful tool for elucidating contemporary concepts of social and structural factors; and 3) the checklist aids in identifying outmoded or missed strategies for preventing perpetuation of racial and cultural stereotypes. The structured checklist (which will be shared with participants for their review and feedback) can be applied to a variety of learning modalities and provides impetus to further engage students from diverse backgrounds to reform medical education.

Where would this fit?

The Liaison Committee on Medical Education (LCME) requires that medical schools use a variety of measures, including direct observation, to assess a student's clinical skills. Medical students spend most of their family medicine clerkship in the office setting, working one-on-one with a family physician. Clerkship directors must balance needing a valid, "real-world" assessment of patient care skills with minimizing the impact on the much-needed and often over-burdened community faculty. Students crave observation and feedback, both of which are difficult to implement in a busy clinic. Direct observation allows for observation and assessment of actual clinical care, but variability in the skill of the evaluator and the validity of the assessment tool can lead to wide variation in final grade assignment. Some schools use standardized patients with medical school faculty observers to simulate an actual clinical environment and provide a more standardized assessment and valid feedback. Others use a separate clinical environment to complete the observed history and physical. We will present on the strategies used to provide direct observation of clinical skills at six different institutions, including the tool used, strategies to ensure valid assessment, and weight placed on the assessment. We will work with attendees to develop best practices for the observed clinical encounter in the family medicine clerkship, be it in the clinic setting or in a simulated environment.

Questions or Comments

Please evaluate this presentation using the conference mobile app! Simply click on the "clipboard" icon  on the presentation page.