

Medical Science Educator



# **Tips and Tricks for Successfully Publishing Scholarly Work in an International Journal on Medical Education**



Workshop

**Peter GM de Jong, Editor-in-Chief**  
**Julie K Hewett, Journal Production**

Mazatlán, Mexico  
June 14, 2018



3 hr workshop

# Tips and Tricks for Successfully Publishing Scholarly Work in an International Journal on Medical Education

## Workshop

**Peter GM de Jong, Editor-in-Chief**  
**Julie K Hewett, Journal Production**

International Association of Medical Science Educators



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## Your facilitators



**Peter G.M. de Jong (Netherlands)**

Master degree in Medical Technology  
PhD in Biophysics/Physiology  
E-Learning staff adviser  
IAMSE Vice President (2008-2010)  
Editor-in-Chief of *Medical Science Educator* (2010- )



**Julie K. Hewett (USA)**

Bachelors Degree in Entrepreneurial Management  
Owner of JulNet Solutions  
Management Support & Meeting Planning  
IAMSE Association Manager (1998- )  
Production of *Medical Science Educator*



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## About IAMSE

IAMSE is an international organization with a focus on advancing medical science education through faculty development.

- Annual meeting
- Webinar series
- Publications (journal, manuals)



Train you to become a better educator



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## Goals of the workshop

Provide a better understanding of scientific publishing and manuscript submission

- Identify barriers for successful publishing
- Differences between journals
- Provide insight in the editorial processes of a journal
- Provide strategies to increase the chances of acceptance of submitted work



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## Background of participants



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## Background of participants

Published in biomedical journals?

Published in medical education journal?

Experience with international publishing?



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## Steps in Publishing your Work

WORK



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PUBLICATION

## Steps in Publishing your Work

WORK



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PUBLICATION

**What do you think is, or did you experience yourself to be, a problem/barrier in publishing?**

## WHY to publish?

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## Why to publish?

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Academic publishing:

*Add to the existing body of knowledge in health professions education through **educational innovation and research** by building upon the work of others*

- Share your innovative experiences
- Validate methods of others
- Present new findings or insights
- Comment on previously published work



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## WHAT to publish?

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## What you want to publish?

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What is the nature of your work?

- Evaluation of teaching method
- A new method
- Expanding an educational theory
- Proof of usefulness, best practice
- A new idea

*Different from 'science' publications:  
more qualitative than quantitative*



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## What you want to publish?

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Trend in publications:

- Does it work? (describe)
- Does it work better? (compare)
- **What works better in which context?**
- **Why does it work? (explain)**



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## Most important question:

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# So what???



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# Steps in Publishing your Work

**WORK**

Communication Format

**PUBLICATION**



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# Communication format



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## Communication format

Venues to present your work

- Local meetings at your own institution
- Conferences (poster, oral)
- Journal (article)
- Digital repository (assets)



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## Poster abstract for a meeting

Poster or oral presentation

- Short abstract of presentation
- Abstract only used for selection
- Publication in program book



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## Steps in Publishing your Work

**WORK**

Communication Format

Journal Selection

**PUBLICATION**



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## How to select a journal?



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## Scientific Journals

- Biomedical Research Journals
  - Journal of Biomedical Science, Genomics, Journal of Infectious Diseases, ....
- Medical Journals
  - JAMA, New England Journal of Medicine, ....
- **Medical Education Journals**
  - **Medical Science Educator, Medical Education, Medical Teacher, Academic Medicine, ....**
- General Science Journals
  - Science, ....



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## Overview of Medical Education Journals

**Basic Science Education** (*n=5*)  
 Advances in Physiology Education  
 Anatomical Sciences Education  
 Biochemistry and Molecular Biology Education  
 Cell Biology Education-Life Sc. Ed.  
 J. Microbiology & Biology Education

**Chiropractic Education** (*n=1*)  
 J. of Chiropractic Education

**Clinical Education** (*n=13*)  
 Academic Emergency Medicine  
 Academic Pediatrics  
 Academic Psychiatry  
 Acad. Radiology  
 Am. J. of Medicine  
 Am. J. Obst & Gynce  
 Am. J. Surgery  
 Croatian Medical J  
 JAMA – Education issue  
 J. of Gen. Internal Medicine – Educ. Section  
 J. Family Medicine  
 Neurology  
 Obstet. & Gynce

**Dental Education** (*n=2*)  
 European Journal of Dental Education  
 J. of Dental Education

**Medical Education** (*n=36*)  
 Academic Medicine  
 Advances in Health Sciences Education  
 BMC Medical Education  
 Can. Med. Educ. J.  
 Education for Health  
 Education for Primary Care  
 Investigación en Educación Médica  
 Educacion Medica (Spain)  
 Evaluation in the Health Profession  
 Focus on HPE  
 German J. of Medical Education  
 Gerontology & Geriatrics Education  
 International J. of Clinical Skills  
 International J. of Medical Education  
 Internet J. Allied H. Sc. & Pract.  
 Internet J. of Medical Education  
 J. Continuing Education in the HPs  
 J. of European CME  
 J. of Graduate Medical Education  
 J. Medical Education  
 J. Nippon Medical School  
 J Surgical Educ  
 MedEdPortal  
 Medical Education  
 Med Ed Development  
 Medical Education On-Line  
 Medical Science Educator  
 Medical Teacher  
 Open Med Educ J.  
 Pédagogie Médicale  
 Perspectives on Medical Education  
 Revista Brasileira de Educação Médica

Simulation in Health Care  
 South East Asian J. Medical Education  
 Teaching & Learning in Medicine  
 The Clinical Teacher

**Interprofessional Care** (*n=2*)  
 J. of Interprofessional Care  
 J. of Research in Interprofess. Practice in Educ

**Nursing Education** (*n=6*)  
 Internat. J. of Nursing Education Scholarship  
 J. of Continuing Education in Nursing  
 J. of Nursing Education  
 Nurse Education Today  
 Nursing Education Perspectives  
 Clinical Simulation in Nursing

**Osteopathic Medicine** (*n=1*)  
 J Am Osteopathic Assoc.

**Pharmacy Education** (*n=2*)  
 Am. J. Pharmaceutical Education  
 Pharmacy Education

**Physical Therapy Education** (*n=1*)  
 American J. of Physical Therapy Education

**Physician Assistant Education** (*n=1*)  
 J. of Physician Assistant Education

**Veterinary Education** (*n=1*)  
 J. of Veterinary Medical Education



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## Overview of Medical Education Journals

### Models

- Traditional Publishing model
  - Free submission
  - Journal subscription (reader pays)
- Open Access Publishing
  - Journal free available
  - Submission fees (author pays)
- Mixed model

*Note: Library subscriptions/packages*



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## Overview of Medical Education Journals

### Citation indexing services for journals

- |                        |                                       |
|------------------------|---------------------------------------|
| • Pubmed (NLM)         | biomedical                            |
| • Pubmed Central (NLM) | biomedical                            |
| • MEDLINE (NLM)        | biomedical                            |
| • Web of Science       | cross-disciplinary                    |
| • EBSCO                | cross-disciplinary                    |
| • OCLC                 | cross-disciplinary                    |
| • Google Scholar       | cross-disciplinary                    |
| • ISI                  | cross-disciplinary                    |
| • ProQuest             | cross-disciplinary                    |
| • BioMed Central       | biology and medicine, open access     |
| • BIOSIS               | life sciences and biomedical research |
| • ERA                  | cross-disciplinary                    |
| • SCOPUS (Elsevier)    | cross-disciplinary                    |
| • EMBASE (Elsevier)    | cross-disciplinary                    |
| • SSCI                 | social sciences including education   |
| • ERIC                 | education/cross-disciplinary          |
| • .....                |                                       |



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## Overview of Medical Education Journals

### PubMed

A service of the U.S. National Library of Medicine that includes over 18 million citations from MEDLINE and other **life science** journals for **biomedical articles** back to 1948. PubMed includes links to full text articles and other related resources.

### MEDLINE

The U.S. National Library of Medicine's premier bibliographic database that contains more than 24 million references to journal articles in **life sciences** with a concentration on **biomedicine**.

### PubMed Central (PMC)

Free digital repository that archives publicly accessible full-text scholarly articles that have been published within the **biomedical** and **life sciences** journal literature.

- A growing number of MEDLINE citations contain a link to the free full text of the article archived in **PubMed Central** or to other sites.
- Technically educational literature doesn't belong in PubMed
- Not all journals are indexed by PubMed!!



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## Overview of Medical Education Journals

### Journal impact metrics

#### **Impact factor, the average citation count for a journal**

*In any given year, the impact factor of a journal is the number of citations of articles published in that journal during the two preceding years, divided by the total number of articles published in that journal during the two preceding years*

#### **Other factors:**

*Eigenfactor*

*SCImago Journal Rank*

*H-index*

....



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## Overview of Medical Education Journals

### Altmetrics

Non-traditional metrics proposed as an alternative to more traditional citation impact metrics, such as impact factor and h-index, using social media like Twitter, Facebook, and Google+



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## Overview of Medical Education Journals



**Academic Medicine**  
AAMC  
General



**Medical Teacher**  
AMEE  
General  
Reject rate 92%



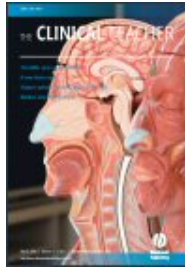
**Medical Education**  
ASME  
General  
Reject rate 90%



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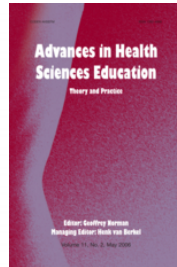


## Overview of Medical Education Journals



### Clinical Teacher

ASME  
Clinical teachers



### Advances in Health Science Education

Researchers  
Reject rate > 60%



### Teaching and Learning in Medicine

Scholarship



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## Overview of Medical Education Journals



### Medical Science Educator

IAMSE  
Scholarship  
Reject rate 35%



### Anatomical Science Education

AAA  
Scholarship teaching Anatomical Sciences



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## Scientific Journals

- Which journal to choose?
  - Peer reviewed
  - Language
  - Appropriate field, in doubt ask the Editor!
  - Readership (researchers, educators, students, general public)
  - Outreach (subscription/open access)
  - Prestige of journal (indexed, impact factor)
  - Rejection rate
  - Connections, published before



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## Steps in Publishing your Work

**WORK**

Communication Format

Journal Selection

Manuscript Format

**PUBLICATION**



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## Which manuscript format?



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## Manuscript Formats

### **Formats depend on the journal!!**

- *Original Research*  
Educational Research. 3000-5000 words
- *Short Communications*  
Brief observations. 1500 words
- *Innovation*  
Novel ideas. 500 words
- *Monograph*  
Subject of general interest to educators. 3000-5000 words
- *Commentary*  
Editorials, essays, viewpoints, trends. 3000 words



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# Article types: Research

MedSci Educ. (2018) 24:101-107  
DOI 10.1007/s101060180545

## ORIGINAL RESEARCH

### How to Identify At-Risk Medical Students Based on Learning Style, Personality Indicators and Learning Strategy Tests—a Mixed Method for a Pilot Study

Ariana health · Lucila Rojas

Published online: 4 February 2018  
© International Association of Medical Science Educators 2018

**Abstract** The benefits of student recognizing indicators of their readiness to be a pediatric and/or family based among medical students worldwide. When these students have reached the capacity of understanding, most have identified students of “at risk” students. This study used three diagnostic tests to determine possible identifying characteristics of students performing at different levels. Our results indicate the students with a learning strategy only might be treated without need to be pushed toward a learning style that is most suitable to their career path. Learning and Study Strategies Inventory (LSSI) results show learning style needs assessment being their best strategy and self-learning style. This test can be a good complement to the Self Learning Style Inventory (LSI) to better promote the academic success of medical students. Diagnostic approach may should be defined on the student’s performance to assist in finding their learning style, personality and indicators. Therefore, a combination of study style, personality indicators, and learning strategy inventory (LSSI) results should be identified as “at risk” students, in order to assess their chances of academic success.

**Keywords** At-Risk · Performance Level · Diagnostic Test

#### Introduction

Diagnosing medical students’ ability to adjust early academic success may help them meet the criteria necessary for the academic success. As indicated by their GPA, MCAT scores, personal history, and other various indicators, a percentage of medical student academic success may vary greatly (Fig. 1). These “at-risk” students face a greater risk of dropping out of school due to

lack of motivation or disengagement from medical school. Due to academic underperformance (Fig. 1), clearly, the current situation creates the need to assist at-risk students. Therefore, it is necessary to find other indicators of medical student performance in order to identify “at-risk” students earlier and thus, stimulate their academic success.

Each diagnostic test is considered as a self-assessment instrument where there is no opinion of a professional curriculum, but rather one primarily based on students’ (Fig. 1). Several studies have investigated the capacity of underperformance of academic factors by diagnostic medical students (Fig. 1, 2, 3). However, some have found academic success or diagnostic test of “at-risk” students, not suggested effective ways to assist them at any level of medical education or training.

Therefore, this study has analyzed the results of the learning style and diagnostic test values for medical performance at different levels of medical education at Texas University-Health Center (TUHC). These diagnostic tests were administered to determine the characteristics of underperformance, approach and learning style among students at different levels of academic. Finally, using an indicator of “at-risk” students (Fig. 1). Although the sample of students performing in the study, there were not any significant statistical data, as a result of a pilot study that lead to a larger understanding to verify that these three test combination can be used to determine the diagnostic test and student performance at least in the first 2 years of medical school.

#### Study Design and Methods

**Instrumentation: Based Approval and Contact Form**  
The research protocol was approved by the Institutional Review Board at Texas University-Health Center. A consent form was

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sent to the principal investigator (PI) explaining the scope of the study. Each participant received a copy of the IRB-approved form and signed the form before being included in the project.

The diagnostic test reports were coded by the PI according to the criteria of the performance assessment. All indicators in the present study of the diagnostic testing to work with human relations and learning to be family personal information, mainly contributing to the value and regulation of the Faculty Educational Rights and Service (FERSES) of the study.

Using the small system of the instrument, a self-reporting diagnostic testing was used during the initial semester of the 2016-2017 school year for all diagnostic medical students from all 68 classes of undergraduate medical students. From all the participants, 60 self-reporting test results were included in the study. Each year, consisting of three high performing students (HPS), three medium performing students (MPS), and three low performing students (LPS), resulting in a sample of 24 students.

The participants, using water performance levels based on a self-reporting test of each student year and was categorized as follows: high performing (4.8-5.0 GPA), medium performing (4.5-4.7 GPA), and low performing (3.5-3.9 GPA).

#### Diagnostic Testing: Determination Among Students of Different Performance Levels

In order to determine the characteristics of students based on their study style and diagnostic test, diagnostic approach and academic performance, first diagnostic test were selected. The participants in the present study were given the opportunity to take the diagnostic test online. Each test resulted in a personal and specific report for each participant.

Each learning style inventory (LSI):

This test assesses understanding each student’s learning experience the first semester (Fig. 1) which include understanding, memorizing, reviewing, and transferring. According to each student, these style are based on learning: learning or learning style (Fig. 1). This test often lead to a self-reported learning style (Fig. 1) based on a self-reported approach learning test applied to all students.

**Learning and Study Strategies Inventory (LSSI):**

This test is used to identify and determine the quality of the study style and indicators of a given student and provide feedback about where some a student should be supported to improve.

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#### Measuring Through Questionnaire Observations (QO)

Observations or notes, include defining more ideas (MCI), learning (LTI), understanding (UPI), memorizing (MPI), reviewing (RPI), transferring (TPI), and self-learning (SLI). These components (MCI, LTI, UPI, MPI, RPI, TPI, and SLI) will be used to assess the quality, level of self-reported components of learning strategy inventory (LSSI).

#### Measuring Through Behavioral Indicators (MTI)

MTI is a diagnostic testing, the purpose of MTI is to determine the quality of students’ behavior based on their approach (the use of perspective and judgment) according to the behavior, differences in perspective test or differences in the performance based test, transferring, differences in memory, reviewing, reviewing, memorizing, and self-learning.

The MTI Experiments are categorized into two experiments: an experiment II, using 150 students (Fig. 1), showing 75 of learning (Fig. 1) and learning (Fig. 1). The percentage for an experiment II, the combination of performance, self-learning is 18 (24%) MTI, personality tests.

#### Results and Discussion

##### Self Learning Style Inventory (LSI)

The majority of the HPS had an understanding learning style, which is characterized by the 100% learning style (Fig. 1). The majority of MPS had an understanding learning style, which is characterized by the 100% learning style (Fig. 1). The majority of LPS had a learning learning style, which is characterized by being suitable for learning at the site. The learning style characterized by the LSI is being suitable for learning in a classroom or in a learning center, which is a learning style may have difficulty in medical school and needs to make adjustments (Fig. 1). The results indicate that 100% of each style, which are based on learning: learning or learning style (Fig. 1).

According to LSSI, students who score above the 50% percentile indicate a particular style had a good grasp of the skill or strategy being instructed and typically, the students who score below the 50% percentile indicate needing help with the strategy. The majority of LPS had low learning style, and self-reported learning.

Learning and Study Strategies Inventory (LSSI):  
According to LSSI, students who score above the 50% percentile indicate a particular style had a good grasp of the skill or strategy being instructed and typically, the students who score below the 50% percentile indicate needing help with the strategy. The majority of LPS had low learning style, and self-reported learning.

# Article types: Research

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## Kuhl Learning Style Inventory (LSI)

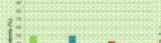


Fig. 1 The distribution of LSI scores for HPS, MPS, and LPS groups. The chart shows scores for 10 different learning styles. The HPS group shows a high concentration in the 'Understanding' style, while the MPS and LPS groups show more varied distributions.

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## MBTI Personality Types



Fig. 2 Learning (Fig. 1) for an INTJ personality type. The chart shows scores for 16 different MBTI personality types. The HPS group shows a high concentration in the 'INTJ' type, while the MPS and LPS groups show more varied distributions.

## LASSI - 10th Percentile



Fig. 3 Learning (Fig. 1) for an LASSI 10th percentile score. The chart shows scores for 10 different LASSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

## LASSI - 75th Percentile



Fig. 4 Learning (Fig. 1) for an LASSI 75th percentile score. The chart shows scores for 10 different LASSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

## Mean-Diagnostic Test Indicator (MDTI)



Fig. 5 Learning (Fig. 1) for an MDTI score. The chart shows scores for 10 different MDTI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

## MBTI Personality Traits



Fig. 6 Learning (Fig. 1) for an MBTI personality trait. The chart shows scores for 16 different MBTI personality traits. The HPS group shows a high concentration in the 'INTJ' trait, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 7 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 8 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 9 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 10 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 11 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 12 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

## Learning and Study Strategies Inventory (LSSI)



Fig. 13 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

## Learning and Study Strategies Inventory (LSSI)



Fig. 14 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 15 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 16 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.

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## Learning and Study Strategies Inventory (LSSI)



Fig. 17 Learning (Fig. 1) for an LSSI score. The chart shows scores for 10 different LSSI components. The HPS group shows a high concentration in the 'Understanding' component, while the MPS and LPS groups show more varied distributions.



# Article types: Research

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
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# Article types: Monograph

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# Article types: Monograph

Madhuri

learning. Thus, the highest priority is to see much in the future value so that students can "jump" to that value point for review purposes.

### Design for Learning

MOOCs are currently different from traditional ODL courses. The three main differences are: (1) the number of students, (2) the nature of the content, and (3) the nature of the assessment. The use of design for learning is to ensure that students are engaged and that they are actively participating in the learning experience as opposed to being passive recipients of knowledge. When these conditions are met, students will be engaged with the content that they are using. This does not mean that all students will complete the course but from a pedagogical point of view this is not a concern in MOOCs. The reason for this is that MOOCs are different. Not all students are going to complete the course. Some sign up just to look at the content and others have specific interest in parts of a course.

### Create Quality Media

Online learning needs to involve active learning and students need to be motivated if they are to be engaged and successful in their learning. A course that consists of hours of recorded videos will not achieve this as students will not be engaged. The use of video is to deliver content, not to engage students. The use of video is to deliver content, not to engage students. The use of video is to deliver content, not to engage students. The use of video is to deliver content, not to engage students.

- Have heavily to pre-production before planning to engage students. This should include the content, the design, the production, and the delivery.
- Have to pre-production before planning to engage students. This should include the content, the design, the production, and the delivery.
- Have to pre-production before planning to engage students. This should include the content, the design, the production, and the delivery.

designing. For example, time stamps can be added to the content so that students can "jump" to that value point for review purposes.

### Test Early

It makes sense to test early to identify any potential issues before the course goes live. This means creating a test group and having them try the site at various stages. The first test group should create a single module but be prepared for the fact that you may have to be tested on the content. The second test group should be testing the content both the "look and feel of the site" and the learning activities. With look and feel, we are concerned with usability. With the learning activities, we are concerned with whether the level of learning is appropriate for the MOOC audience and with whether the learning activities are engaging. It is important here to realize that the test will be carried out under "delivery conditions" because one cannot include a situation where students are generally accessing the content at any single moment in time. Having that in mind, the test will be crucial.

### Support Learners

Creating an engaging MOOC is a significant undertaking but it is not the end of the journey. Once the course is in progress, students have to be supported and assisted in their learning. This is challenging as students have a single contact point for support. At the same time, the support of the course is to support students. The support of the course is to support students. The support of the course is to support students. The support of the course is to support students.

### Content MOOC Research

MOOC research is still in its infancy and while we have a significant body of research for ODL, MOOCs present unique challenges. We need to understand these challenges and find evidence-based solutions to them. The research approach needs to be considered during the instructional design process because it is the learning design that will be researched in order to determine, for example, if and how the learning design is effective, whether the assessment selected engaged students, student interaction patterns, student behavior patterns in the online environment, could indicate and levels of engagement during the course. MOOCs generate a massive amount of data and through capturing student behavior patterns in the online environment. This data provides a rich source of information for research purposes. In addition to this, researchers can generate targeted survey instruments aimed, for example, student motivation levels. Taken in conjunction, this means that researchers will almost certainly need to develop a research instrument to process the volumes of data that will be generated.

Finally, it should be noted that MOOC research will likely pose unique questions for the community's educational assessment research because MOOC research will involve participants from all over the world and this fact poses challenges. For example, MOOCs contain many varying standards of written and spoken English which means that obtaining informed consent becomes problematic. In this respect, researchers will have to determine whether it is feasible to provide a consent form in English or whether the consent form should be produced in multiple languages. The same will hold true for the participant information sheet. Another question that will arise in MOOC research concerns the relationship between national and international guidelines for conducting ethical research. Researchers will need an understanding of the extent to which the guidelines of their particular country align with the guidelines of other countries around the world.

### Future Value

A key task going into producing a MOOC and this work will need to influence on campus teaching. For example, the design for the MOOC can be employed in a variety of ways in a traditional course. In terms of the assessment, the MOOC "look and feel" can generate content that can be used in campus-based courses. As an example, if students engage in content-based learning or problem-based learning, then their responses to content activities can be used in other contexts to enhance content examples of learning processes. While the MOOC can be leveraged, there is also a need to ensure that MOOCs are very different. Three unique, context-based content-based modules are significantly larger and the

learning design has to take this into account. For example, teacher-student interactions will differ in nature from teacher-student interactions in a campus-based or blended course. This means that the MOOC design that will need to be adapted for different scenarios.

### Leverage the MOOC

And last but by no means least, delivering a MOOC is a great way to promote an existing program and instructional design practices within the institution. This can be achieved through building awareness to regularly update staff about MOOC developments, work, the marketing team can engage with the local and international press to promote the MOOC, and this can help improve staff's understanding of the importance of MOOCs and, more generally, of learning. The very fact of MOOCs can be a significant starting point for having the institution reflect on its own teaching and learning practices. For example, foundational courses in a significant number of disciplines—science, engineering, computer programming and so on—are now freely available on line. This brings into question the value of the institution and the role of teachers in value can no longer be to content delivery because content is everywhere. This means that teachers have to add value through their interactions with students, and these interactions have to move beyond lecturing and giving content. Here, the idea of the teacher as "guide on the side" makes sense. In this case, the teacher works alongside students to support them in, for example, project-based work or problem-based learning [1].

### Summary

In this paper, we have provided advice for designing and delivering MOOCs. At the end, there has been practical focused around ensuring the production of a quality course that engages students. On the other hand, the equipment to reduce the risk when producing MOOCs which by their very nature highly visible in the world. The paper has not addressed the issue of the educational value of MOOCs, but we have tried to ensure MOOC research is aware of this very question. Ultimately, the educational value of MOOCs has still to be determined. From our perspective, the central question here concerns the assessment process. The nature of MOOCs means that the teacher cannot possibly support the assessment process and the results in assessments provided in multiple choice questions and/or short-answer questions that are marked by system. Given the nature of the assessments, there are still questions that remain unanswered regarding the depth of learning and the quality of the feedback that is given.



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# Article types: Monograph

Madhuri

1. ...  
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# Article types: Innovation

Med Sci Educ (2018) 49:411  
DOI 10.1007/s12661-018-0611-3

## INNOVATION

### Reaching Third and Fourth Year Medical Students How to Cook: An Innovative Approach to Training Students in Lifestyle Modification for Chronic Disease Management

Benjamin Longy · Dennis Rios · Dominique Mosquera · David Ly · Leah Harris · Timothy S. Hartman

Published online: 11 February 2018  
© International Association of Medical Science Educators 2018

#### Abstract

**Keywords** Clinical nutrition · Medical students cooking

Only 37% of medical students meet the National Academy of Medicine's recommendation of 23 self-reported minutes for medical students (1) despite the efficacy of physician counseling on patient behavioral outcomes, with 10% of graduating medical students not confident in their ability to provide nutrition education (2, 3). The Cooking Course for Culinary Medicine at Tulane University addresses this discrepancy through one-hour didactic sessions, followed by short-term students as well as a planning fourth year group session at Tulane in World University College of Culinary Arts. These programs build on a 24-h, eight weekly sessions available to first and second year students. When asked if physician student nutrition education has improved on campus, 60% of students either frequently or often cooking classes or staff with increased nutritional support (4-6). This compares with The Cooking Course providing students culinary and nutrition training over 4 years with the majority being students at a culinary school. Fourth year students spent 33 h in culinary classes, 11 h learning nutrition counseling compared to 10 h in medical school and nutrition training. The World Health Organization's chronic disease burden requires new approaches to reach those at greatest risk for chronic disease.

Working with first students to implement strategies for chronic disease. This curriculum component in the student food course serves as the clinical translation of the classroom and community-based learning from the first professional course. Ongoing longitudinal analysis of student work, surveys, and related student records are being used to assess the effectiveness of the course translation from medical school into residents and clinical practice.

#### References

1. Institute of Medicine (IOM). *Food and Nutrition Education for Health Care Professionals*. Washington, DC: National Academies Press; 2012.
2. American Medical Association (AMA). *Medical Education for the 21st Century*. Chicago, IL: American Medical Association; 2010.
3. American Medical Association (AMA). *Medical Education for the 21st Century*. Chicago, IL: American Medical Association; 2010.
4. Longy B, Rios D, Mosquera D, et al. *Medical Education for the 21st Century*. Chicago, IL: American Medical Association; 2010.
5. Longy B, Rios D, Mosquera D, et al. *Medical Education for the 21st Century*. Chicago, IL: American Medical Association; 2010.
6. Longy B, Rios D, Mosquera D, et al. *Medical Education for the 21st Century*. Chicago, IL: American Medical Association; 2010.

B. Longy · D. Rios · D. Mosquera · D. Ly · L. Harris · T. S. Hartman  
The Cooking Course for Culinary Medicine, Tulane University, 1400  
Barringer Avenue, New Orleans, LA 70132, USA  
benjamin.l@tulane.edu

D. Mosquera  
Tulane University School of Public Health and Tropical Medicine,  
New Orleans, LA, USA



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# Steps in Publishing your Work

## WORK

Communication Format

Journal Selection

Manuscript Format

Manuscript Writing

PUBLICATION



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## How to write the manuscript?



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## Manuscript Writing

### General issues:

- Clear topic/1 topic of the submission
- Co-authors
- Team/multi-institutional work stronger than individual
- Embedded in recent literature



### Writing skills:

- Spelling and grammar/non-native English writers



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# Manuscript Writing



## Follow the instructions for authors!!

*Cover letter, word count, article types, manuscript structure, file types, reference style, IRB, tables and figures, etc etc...*



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# Steps in Publishing your Work

**WORK**

Communication Format

Journal Selection

Manuscript Format

Manuscript Writing

Submission Process

**PUBLICATION**



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## How to submit?



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## Submission Process

Which people and steps are involved in publishing a manuscript?



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## Submission Process

### Reviewers:

- Suggest to author improvements for the manuscript
- Indicate to Editor relevance and importance

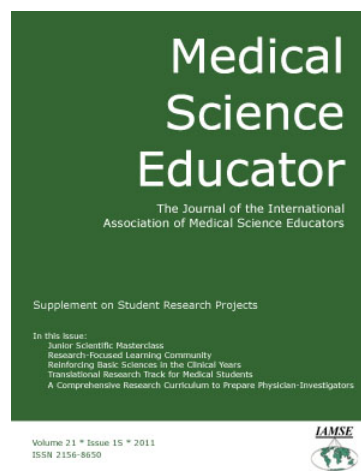
### Editors:

- Decide for acceptance or rejection
  - Based on content and review results
  - Based on other factors



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## Showcase: *Medical Science Educator*



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## **Showcase: *Medical Science Educator***

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### **Organization:**

- Editor-in-Chief
- Associate Editors (13)
- Reviewers (>200)
- IAMSE management support
  
- International Advisory Board (3)



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## **Showcase: *Medical Science Educator***

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### **8 step review process:**

- Author submits a manuscript online + letter
- Initial review by Editor-in-Chief
- Assignment to Associate Editor and 3 reviewers;  
3 weeks for review
- Associate Editor combines reviews with own  
judgment



1 2 3 4  
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5. Associate Editor communicates with author  
*Target: within 10 weeks from submission*
6. Author revises manuscript
7. Associate Editor reviews the revision and formulates a decision
8. Editor-in-Chief makes final decision and informs author, Associate Editor and reviewers



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### Instructions for Authors (step 1)

See website of journal for rules on:

- Cover letter
- Style
- Language
- Referencing
- File format for manuscript and figures
- Internal Review Board approval



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Why we use peer review (steps 2-3-4)

- Adds value to paper (critical analyzed)
- Maintains standards in publishing
- Check on proper methods, citations
- Check on citation errors
- Check on ethical codes in research
- Constructive comments to authors



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Revision process (steps 6-7)

1. Author reads the comments of reviewers
2. Author makes revisions to manuscript
3. Author explains in a separate letter how comments have been addressed
4. Associate Editor evaluates the revisions
5. If satisfied, article accepted



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Production process (after acceptance):

1. Final version formatted to journal style
2. Proofing by authors
3. Freely available to IAMSE members (website) and Springer clients
4. Accessible through Springer website
5. Accessible through PubMed Central
6. Open access optional



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## Steps in Publishing your Work

**WORK**

Communication Format

Journal Selection

Manuscript Format

Manuscript Writing

Submission Process

**PUBLICATION**



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## Tips and Tricks

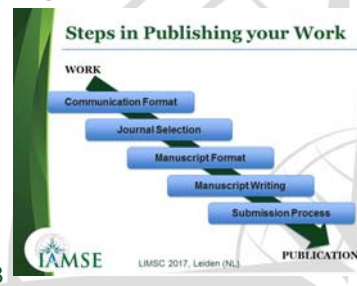
Solving the questions identified in the beginning of this session



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## Tips and Tricks

- First decide **WHAT** you want to publish **WHY**, **WHERE** and in **WHICH FORMAT** with who (co-authors)
- Select an appropriate journal
- Select an appropriate article format
- Pay attention to the writing and grammar and follow the instructions for authors strictly!
- Try to understand the review comments and revise if you agree



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# Medical Science Educator

- International Association of Medical Science Educators  
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Journal: Medical Science Educator  
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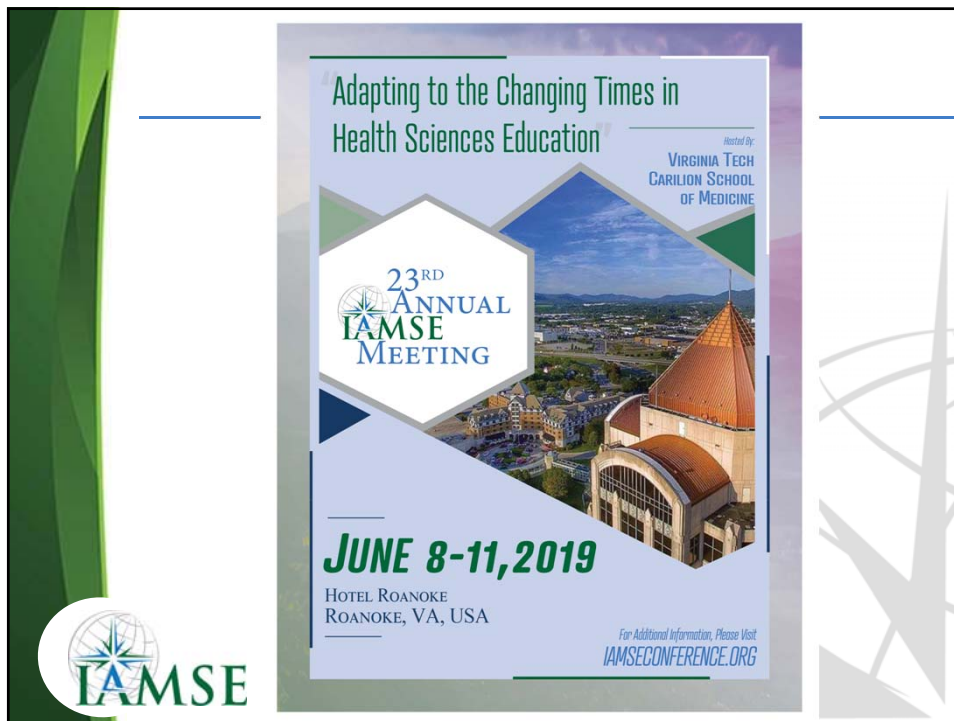
- Contact:



Peter de Jong  
Editor-in-Chief  
[editor@iamse.org](mailto:editor@iamse.org)



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## Closure remarks

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Any questions left?



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