

# MedEdPORTAL

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**Wayne State University School of Medicine** 

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# **Session Objectives**

- 1. Understand the similarities and differences of the three MedEdPORTAL services.
- 2. Discuss examples of appropriate types of materials that can be published in MedEdPORTAL *Publications* and shared in *iCollaborative* and *CE Directory*.
- 3. Assess standards and criteria to meet MedEdPORTAL *Publications* guidelines.

# **Session Objectives**

 Help you learn about a unique venue for educational scholarship.

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### **MedEdPORTAL Suite of Services**



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*iCollaborative*: promotes exchange of Innovative approaches, practices, and strategies for transforming healthcare



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### How to Communicate Value Added Care: Negotiation and Saying No

This workshop assists medical students, residents, physician assistants, advanced nursing students or practicing physicians, with communication strategies to enhance value-added care discussions with patients.

#### Featured Publications

#### Latest

- Interdisciplinary Simulation-Based ACLS Refresher Training for Internal Medicine Residents
- Critical Synthesis Package: Team Emergency Assessment Measure (TEAM)
- ▼ Twist on Cultural Sensitivity

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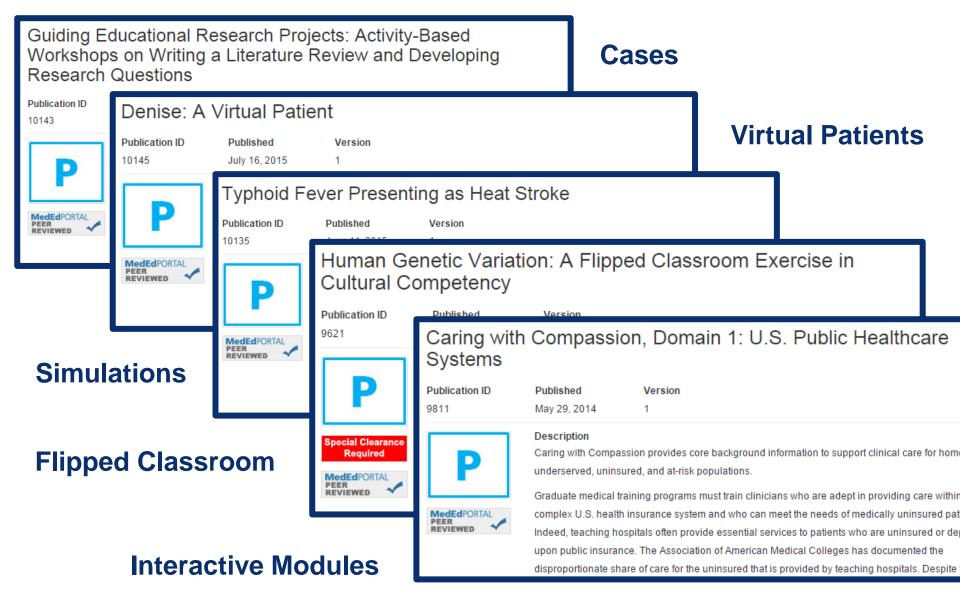
Interprofessional Education Collaborative



Dentistry

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### Objective Structured Clinical Examination (OSCE) Station on Communicating Poor Prognosis to the Family in a Neurological Acute Care Setting

Publication ID

Published

Version

9700

February 13, 2014



#### Special Clearance Required



#### Description

Stroke is a common cause of patient morbidity and mortality. Communicating its prognosis to family members, with the establishment of goals of care, is a frequent task for neurologists and neurology residents. Given this, we felt it was an appropriate scenario from which to assess neurology resident medical expert and communication skills in an OSCE setting.

This is a standardized case with an actor portraying a patient's relative. Residents are to give "bad news" of poor neurologic prognosis and establish goals of care for patient. It is to be administered with an actor playing the standardized patient's relative and an examiner. The case scenario, instructions to examinee and examiner marking sheet are included. Data on twenty-five neurology residents is presented.

#### Citation

Smyth P, Sim V. Objective Structured Clinical Examination (OSCE) Station on Communicating Poor Prognosis to the Family in a Neurological Acute Care Setting, MedEdPORTAL Publications; 2014. Available from: https://www.mededportal.org/publication/9700 http://dx.doi.org/10.15766/mep 2374-8265.9700

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### Sexual History Taking Curriculum: Lecture and Standardized Patient Cases

Publication ID

9856

Published July 30, 2014 Version



### Special Clearance Required



### Description

An inclusive sexual history is critical to providing appropriate patient care and is one method to begin creating a practice that is inclusive of lesbian, gay, bisexual, and transgender (LGBT) patients. Here we package a sexual history taking curriculum that has been implemented since 2009 that includes faculty development materials, an introductory lecture, and four standardized patient cases. This session can be held at any point in the medical school curriculum after basic communications have been covered.

Download the Educational Summary Report.



#### Citation

Lee R, Loeb D, Butterfield A. Sexual History Taking Curriculum: Lecture and Standardized Patient Cases. MedEdPORTAL Publications; 2014. Available from: https://www.mededportal.org/publication/9856 http://dx.doi.org/10.15766/mep 2374-8265.9856

General Information

Authors & Co-Authors

Outcomes

Copyright

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#### Related Materials

#### Publications (5)

- An LGBTI-Inclusive Sexual History Taking Standardized Patient Case
- Advanced Communication Skills Cases

### Educational Objectives

### **ESR - Publication**



#### Sexual History Taking Curriculum: Lecture and Standardized **Patient Cases**

Rita Lee, MD, Danielle Loeb, MD, Austin Butterfield, MD

#### Abstract

This sexual history taking module engages medical students in discussion and practice with standardized patients in taking an inclusive (orientation- and gender-neutral) sexual history. An inclusive sexual history is critical to providing comprehensive patient care and an environment supportive of lesbian, gay, bisexual, and transgender (LGBT) patients. This case was developed for first- and second-year medical students who have had basic communication skills training. This session was designed to be delivered in one 40-minute large-group session followed by three 1-hour-long small-group sessions (with one third of the class participating in each session) with standardized patients. Four students per group is optimal. Faculty training should take approximately 30 minutes prior to the session as well as participation in the large-group session.

The materials associated with this publication include guidelines for faculty facilitators and students to prepare them for the large-group discussion and small-group practice sessions with standardized patients. Also included are four standardized patient cases, a slide presentation using an audience response system for the large-group session, and an evaluation form.

The average response to "Overall, this session was effective in improving my sexual history taking skills" has been 4.3 out of 5. Our communication needs assessment has shown a statistically significant improvement in those reporting increased importance, confidence, and performance of a sexual history between the first and second year of medical school (before and after the curriculum). In addition, students reported performing more components of the sexual history after the session. This sexual history taking module has been incorporated into our Foundations of Doctoring communications curriculum and has been rated as highly effective by learners. Performing an inclusive sexual history is critical to providing comprehensive patient care as well as providing an environment supportive of LGBT patients.

Please see the end of the Educational Summary Report for author-supplied information and links to peer reviewed digital content associated with this publication.

It is well known in the literature that health care providers do not routinely perform a complete sexual history.1,2 One of the most commonly cited reasons is lack of education and lack of comfort around how to do this. We recognized that our core communications curriculum did not include sexual history taking. Thus, this session was created to address this need and to allow students to practice a challenging communications skill

bian, gay, bisexual, and transgender (LGBT) patients use to

Lee R, Loeb D, Butterfield A. Sexual History Taking Curriculum: Lecture and Standardized Patient Cases. MedEdPORTAL Publications; 2014. Available from: https://www.mededportal.org/publication/9856 http://dx.doi.org/10.15766/ mep\_2374-8265.9856

Originally published on July 30, 2014

MedEdPORTAL Publications, 2014

recognize a health care provider as being LGBT-friendly.3 A secondary goal of this educational session was to improve student awareness of LGBT health disparities and to provide foundational skills in caring for LGBT patients, predominantly from a cultural standpoint. Most medical schools, including our own curriculum, provide minimal education on

In 2008, we conducted a needs assessment of our commu-In addition, an inclusive sexual history is one method les- nications curriculum. We found that while 87.7% of our students felt a sexual history was important, only 70.1% (p. < .0001) felt confident in conducting and 51.9% (p < .0001) routinely performed a sexual history. Of the students, 72% and 85% reported wanting to learn about and practice sexual history taking skills, respectively. Thus, this curriculum was developed to address this need.





along with this session.

who practice trading sex for housing. It is a difficult ses- ality issues that can arise when taking a sexual history. sion to conduct in a short period of time, especially as

case (see Appendix B: Sexual History Taking SP Rotation taking skills in practice. Sample 2). In addition, we began to include more content on the health issues facing LGBT and sexual minorities. Howev-Educational Objectives er, given time constraints, complete content on these topics By the end of this module, the learner will be able to: could not be included.

All appendices are considered EdPORTAL publication. Plation/9856 to download these f

Please note this publication is guarded behind a human credentials must be verified a health education institution of

Dr. Danielle Loeb is an assis

Dr. Austin Butterfield is a ser

University of Colorado School

Acknowledgments: None reports

Special Cleanunce/Restricted Aco

This publication does not include

1. Maheux B, Haley N

cians assess lifestyle

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1999-160(13)-1830-1

to assess sexually to

2000:18(2):109-114

2. Tao G. Irwin KL, Kar

References

These cases could be used with a variety of learners across the health professions, at the graduate medical education lev- 3. el, and potentially as continuing medical education as part of a communication skills building course. The greatest challenges are the time and cost associated with running such an Keywords

We chose the original cases based on our clinical experience and to provide exposure to a spectrum of sexuality and sex- Appendices ual behavior. A key issue we wanted to focus on was diversi- A. Sexual History Taking SP Rotation Sample 1.pdf ty, highlighting the important issues around stereotypes and B. Sexual History Taking SP Rotation Sample 2.pdf the fact that sexual behavior does not always correlate with C. Sexual History Taking SP Rotation Sample 3.pdf self-identification of sexual orientation. We did not include D. Sexual History Taking Lecture.pptx a transgender case because this was felt to be too complex an E. Sexual History Communication Session-Faculty issue given our time constraints. We did not feel we could adequately address the health issues and transition history F. Danni Allen Case pdf (hormonal and surgical) needed for students to be able to G. Daphny Chick.pdf perform this adequately.

Given more time and money, we would expand the curric- J. Sexual History Taking Session Evaluation Form.pdf ulum to include additional lectures, including overview of K. Instructions for Special Clearance Publications.pdf LGB health disparities, transgender health, sexual health is- L. Copyright License.pdf

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in one situation contraception is likely to be less of a concern, but both need a method of protection from STIs. health issues-heart disease, orthopedic issues, depression, Who even knows what a dental dam is and how to use it? medications, etc.), and creating an inclusive practice. The It would have been nice to get some of this information standardized patient cases should also be expanded to cover a broader diversity of sexual health issues that providers are This is an extremely important aspect of history taking, likely to see in practice such as a transgender man, a transan aspect that was reinforced during the introductory gender woman, a bisexual patient, a lesbian who is interested lecture; however, there was not enough time given to in becoming pregnant, or an older patient with either a carpracticing. Considering this is a safe environment to explore the students' comfort with this process and their have intercourse. This would enrich the learning experience. own biases there could have been more patients who reflect the spectrum of patients more accurately, and potenwould be reaction-inducing: MTF or homeless youth tially help with discussions around the ethics and confidenti-

patients in real life can take a long time to open up and From the evaluations we have received, an interview time of be comfortable talking about their problem in a deeper 15-20 minutes with 10-15 minutes of feedback/debrief for each case would be optimal. Ideally, each student would perform one interview and be exposed to three other cases—this In response to the feedback we received, the sessions were would allow the students to see a broader spectrum of genaltered to allow students more time to interview each patient der/sexual expression and a greater variety of sexual history

- Describe the rationale and steps for performing a gender- and orientation-neutral sexual history
- 2. Recognize the breadth of expression of sexuality and
- Practice performing a gender- and orientation-neutral

Sexual History, Communication Skills, LGBT, Standardized Patient Cases, Audience Response, Lectures

- Guide.pdf
- H. Edward Stone Case.pdf
- I. Gerald Walter (Walt) Moore.pdf



LGBT health in Colorado, http://www.one-colorado org/wp-content/uploads/2012/01/OneColorado\_ HealthSurveyResults pdf

- 4. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related con tent in undergraduate medical education. JAMA. 2011;306(9):971-977.
- 5. Nussbaum, MRH, Hamilton CD. The proactive sexual health history. Am Fam Physician. 2002;66(9):1705-

MedEdPORTAL Publications, 2014



# **Publications** Usage Reports

### MedEdPORTAL Publications Usage Report

www.mededportal.org

Date Report Generated: July 21, 2015

Publication Title: Got Ethics? Exploring the Value of Interprofessional Collaboration Through a Comparison of Discipline Specific Codes of Ethics

Publication Primary Author: Emily Akerson

Publication ID: 9331

Publication Date: January 30, 2013

Publication URL: https://www.mededportal.org/publication/9331

Publication Citation: Akerson E, Stewart A, Baldwin J, Gloeckner J, Bryson B, Cockley D. Got Ethics? Exploring the Value of Interprofessional

Collaboration Through a Comparison of Discipline Specific Codes of Ethics. MedEdPORTAL Publications; 2013. Available from:

https://www.mededportal.org/publication/9331 http://dx.doi.org/10.15766/mep\_2374-8265.9331

#### **Summary Usage Report:**

Total Number of Downloads: 227

Total Number of Unique Users Downloading: 200

Total Number of Unique Countries Downloading Publication: 15

Total Downloads for Teaching or Training: 152
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Total Downloads for Curriculum D

Total Downloads for Assessment

Total User Comments Posted: 1

**User Comments:** I used the students focused on translation students was appropriate and research ethics.

#### MedEdPORTAL Publications Detailed Usage Report:

The following usage data provides de-identified characteristics about every user that has downloaded your publication and their intentions for its use.

Date Downloaded	Primary Health Profession	Institution Affiliation	Country	Intended Audience	Reason(s) Downloaded
02/02/2013	Other	Concordia University of Wisconsin	United States of America	Educator	1.Teaching or Training
02/03/2013	Other	University of British Columbia	Canada	Faculty	Teaching or Training     Curriculum Development     Assessment and Evaluation
02/14/2013	Medical	Tzuchi University	Taiwan	Student	1.Teaching or Training
02/15/2013	Other	warren alpert medical school of brown university	United States of America	Faculty	1.Teaching or Training
02/15/2013	Medical	Maricopa Medical Center	United States of America	Faculty	1.Teaching or Training 3.Curriculum Development
02/26/2013	Other	Louisiana State University Health Sciences Center	United States of America	Faculty	1.Teaching or Training 2.Self Learning 1.Curriculum Development 4.Assessment and Evaluation

### **Publications Statistics**

- 50+ submissions/month
- Over 1,500 expert, nominated peer-reviewers
- 1,600 peer-reviewed publications currently available

- 1,000+ downloads weekly
- 196 countries
- All major health professions downloading



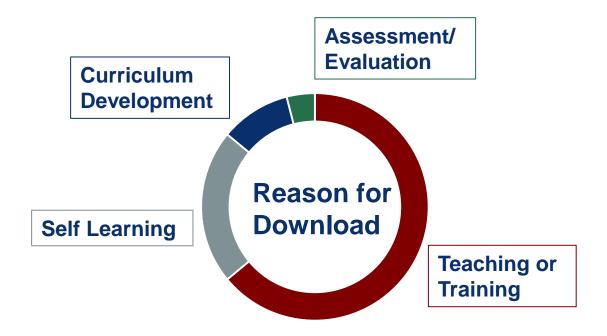
### **Publications Statistics**

### **Health professions downloading:**

69% Medical

22% Other/ Interprofesssional

8% Dental



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CaseMaker: A Template

for Production of Ecases for Pre-clinical and Clinical Medical Education

This teaching tool provides an understanding of the case report format, fosters basic medical knowledge across a wide range of topics, and incorporates education on refinement of the differential diagnosis based on the available medical data.

### Featured Resources

#### Latest

- The Bowman capsule of the glomerulus in the kidney (human, rat)
- Cholera in Haiti and the Modern "John Snow"
- Cartilage Formation

#### News

#### News & Updates

#### October 1, 2014

Medical Schools to Test Core EPAs Before Students Begin Residency

#### October 1, 2014

Curriculum Inventory in Context

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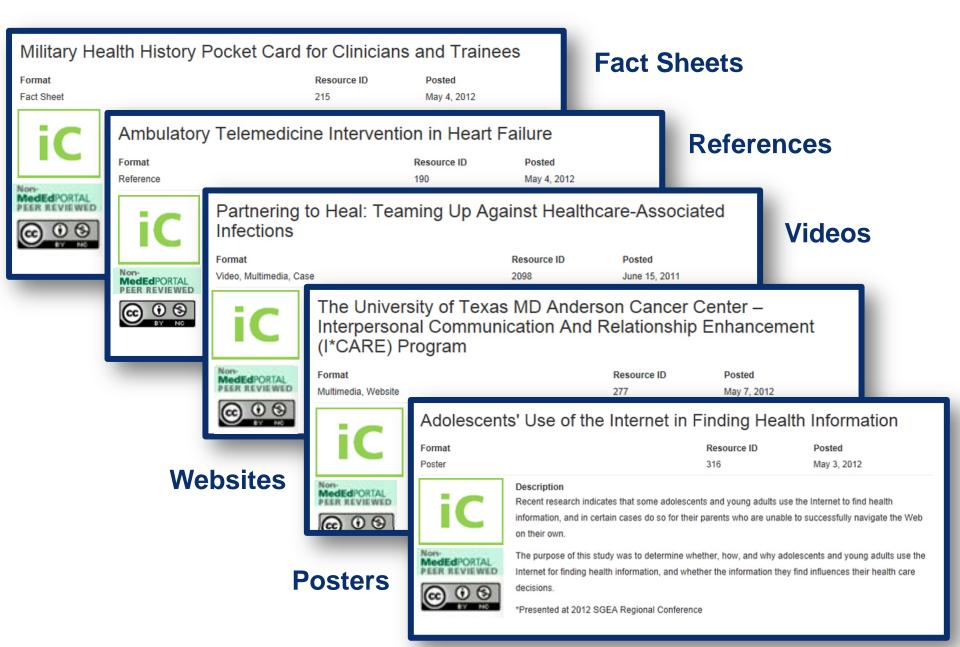
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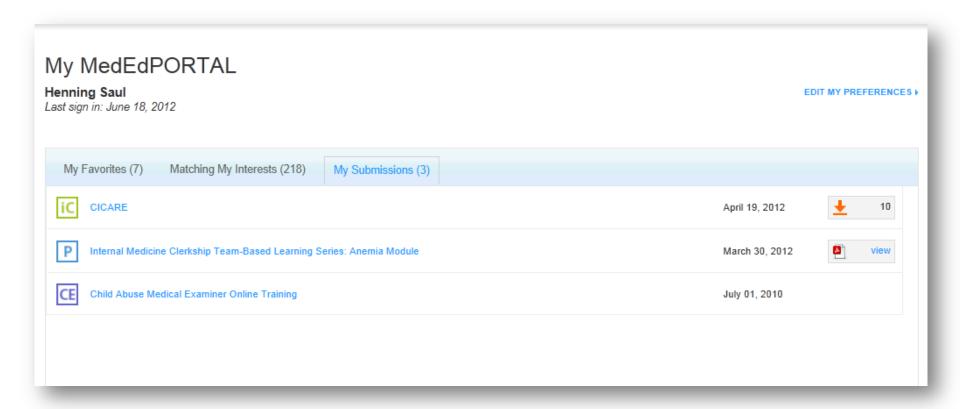


Pre-health

### iCollaborative Resources



# iCollaborative Usage



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### Reliability of Professional Volunteers Recruited for Clinical Trials

In any clinical research study the participants/subjects form one of the most critical components of the study. This retrospective analysis focuses on the various pros and cons of having local or out-of-state volunteers for clinical trials.

#### Featured Activities

#### Latest

- Allergic Rhinitis
- Entecavir Plus Adefovir Combination Therapy Versus Lamivudine Add-On Adefovir for Lamivudine-Resistant Chronic Hepatitis B: A Meta-Analysis
- Navigating the Challenges of Clinical Diagnosis and

#### News

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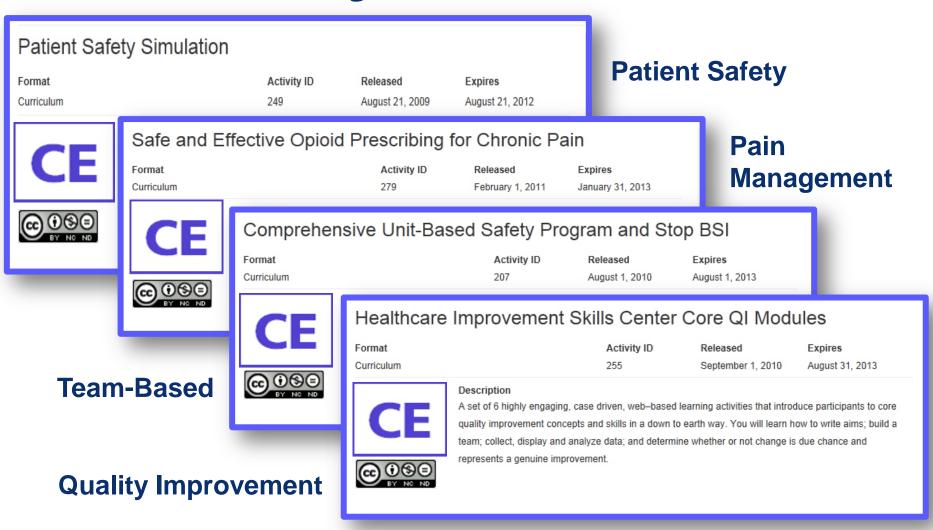
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### Pain Management - Assessing and Treating Neuropathic Pain

Activity ID

Released

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Authors & Co-Authors

1250 June 30, 2013 June 30, 2016



#### Description

Neuropathic pain is one of the most common types of pain, but it is often under-recognized and undertreated. It is defined by the International Association for the Study of Pain as pain "initiated or caused by a primary lesion or dysfunction in the nervous system."



General Information

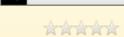
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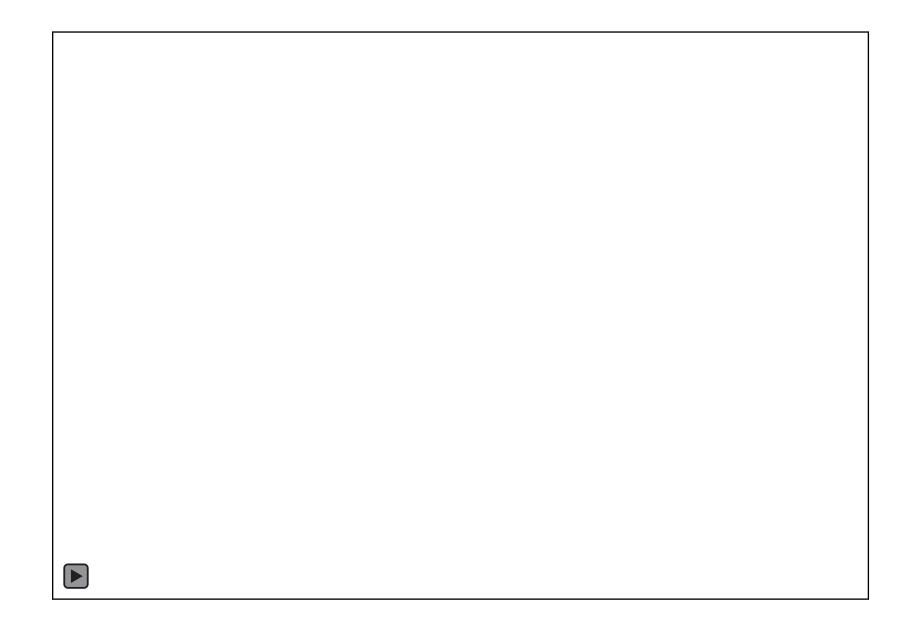
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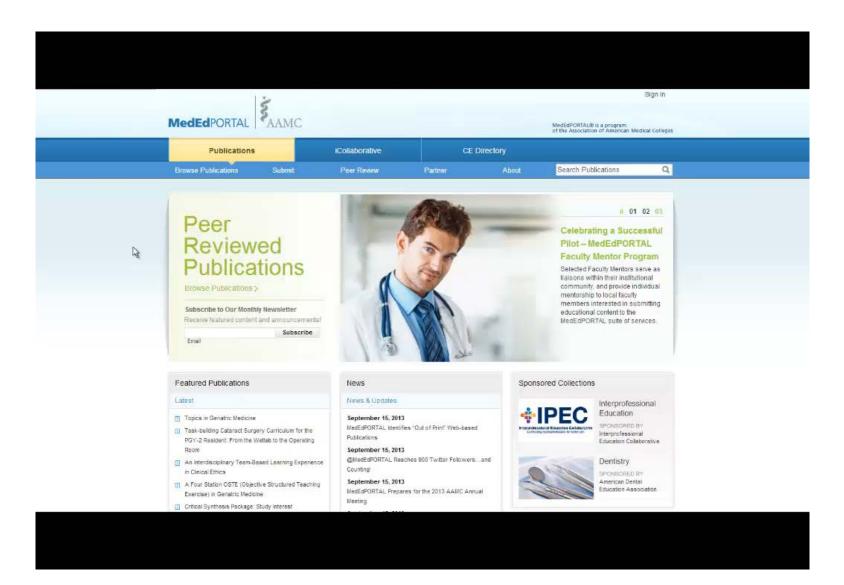
Continuing Education (5)

Diagram Pain Management - Barriers to Pain

### Demo: MedEdPORTAL blank search



# Demo: MedEdPORTAL keyword search



	<b>Publications</b>	iCollaborative	CE Directory
Purpose	Recognize and advance educational scholarship  Access peer reviewed, proven educational tools	Share innovative approaches to transforming health care education  Collaborate on tools in development	Promote certified online continuing education activities
Standards	Stand alone module  Clear learning objectives  Classroom tested  Ready for implementation  Copyright/patient privacy compliance	Copyright/patient privacy compliance	Accredited Online learning format Created by faculty/staff at a non-profit health institution
Features	Peer Reviewed  Author usage reports  Formal citation for scholarly credit  Special clearance assessment tools  Published indefinitely	5 star rating Threaded commentary Three year expiration	Quick, searchable by content area  Access online learning outside home institution/specialty  Removed when expired
MEP Peer Reviewed	Yes	No	No
Formal Citation	Yes	No	No

### **Publications Submission Process**

Step 1: Preparing your submission

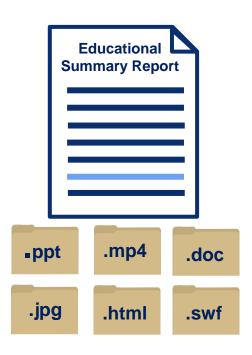
# **Packaging Your Submission**

- 1. Generalizable material (i.e. size, content)
- 2. Stand alone learning module
- 3. Educational Summary Report

### **Your Website**

**Submission** 

### **Your Submission**

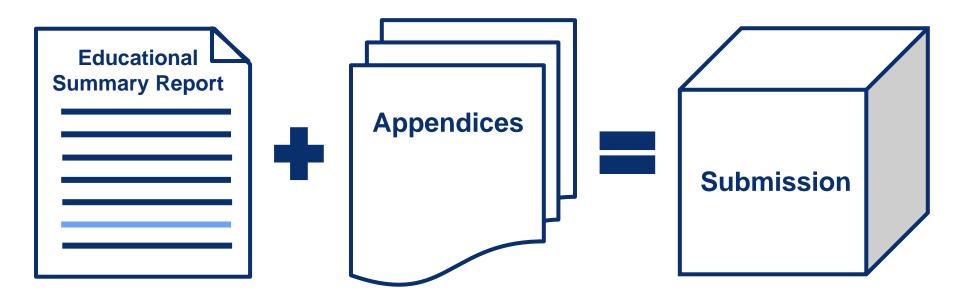


I. Title

Submission

- II. Abstract
- **III. Educational Objectives**
- IV. Introduction
- V. Methods
- VI. Results
- VII. Discussion
- VIII. References
- IX. Appendices

- **☐** Word Document
- ☐ 10 pt, Calibri
- Bold Headings
- ☐ 1" margins



### **Publications Submission Process**

Step 2: Staff Editors help ensure Submission Standards are met.

## **Copyright Concerns**

MedEdPORTAL staff screen each submission for potential third-party materials.

What % of submissions contain copyright issues?



# Public Domain vs. Publicly Accessible

- No/Expired copyright
- Author released material
- Federal government websites

VS.



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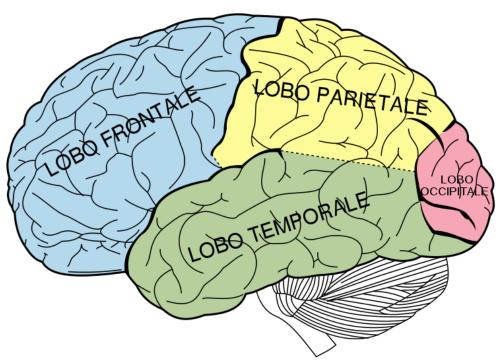


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# Some doctors join Facebook, Twitter; others wary

Updated 7/7/2010 11:54 PM

By Rita Rubin, USA TODAY

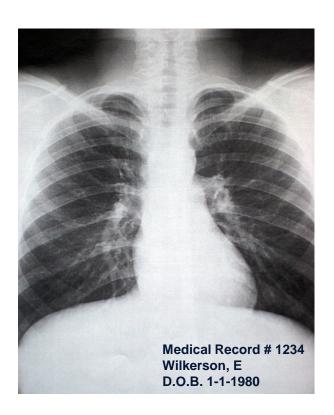


By Mei-Chun Jau

Jeff Livingston uses his iPad to show infomation from his OB/GYN practice's Facebook page to patient Dulce Martinez and her mother, Anastacia, in an exam room in Irving. Texas.



Photo Source: www.telegraph.co.uk/health/healthnews/10208422/Girl-nine-told-to-walk-off-broken-leg-by-doctor.html



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### **Publications Submission Process**

Step 3: Submission is reviewed by:

- 2 Expert Peer Reviewers
- 1 Content Associate Editor
- The Editor-in-Chief

"Scholarship Assessed"
Criteria
Clear Goals

**Submission** 

Adequate preparation

**Appropriate methods** 

Significant results

**Effective presentation** 

Reflective critique

Scholarship criteria for accommodating "educational products," a non-traditional form of scholarship.

Peer

Review

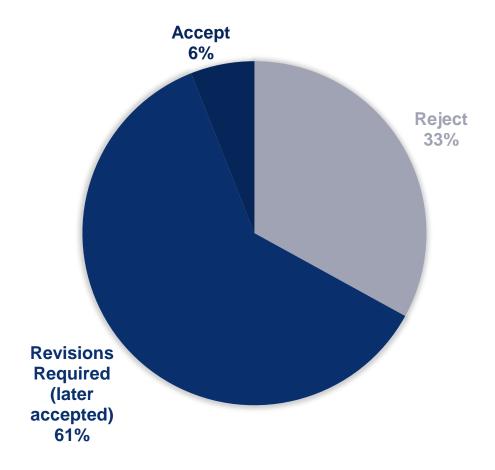
# **Publications** Rejection Reasons

- Insufficient educational context (not generalizable)
- Mismatch of educational objectives and instructional content
- 3. Does not contribute to the field (e.g. superficial, reference materials)
- 4. Failure to adequately address revisions



### **Publications Statistics: Cumulative**

**Submission** 



### **Publications Submission Process**

Step 4: Publication

# **Publications** Special Clearance



Access restricted to instructors and designated persons.

- Assessment tools
- Standardized Patient cases
- OSCE
- Exam materials

### MedEdPORTAL Publications









**Questions?** 

Thank you!