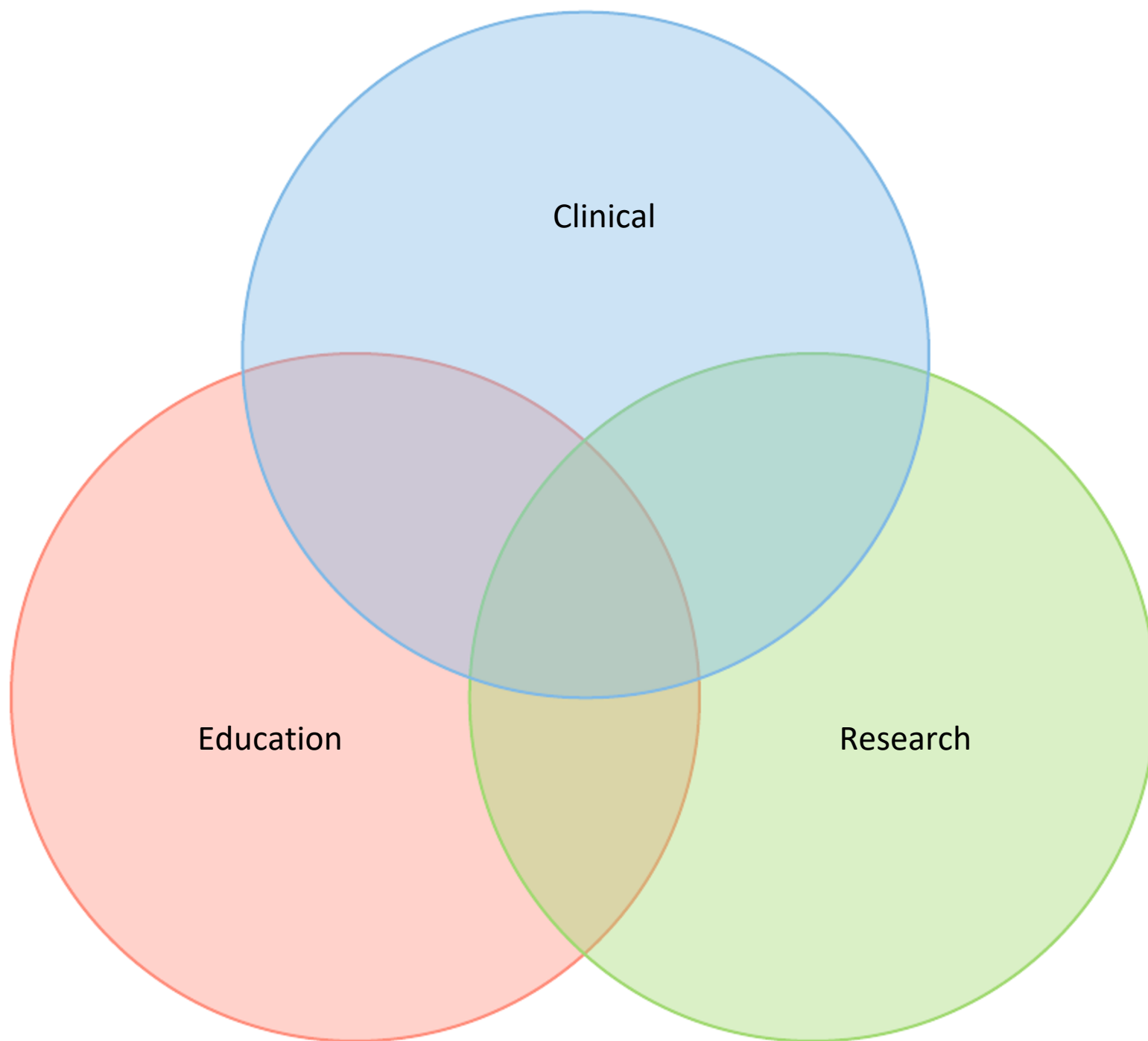


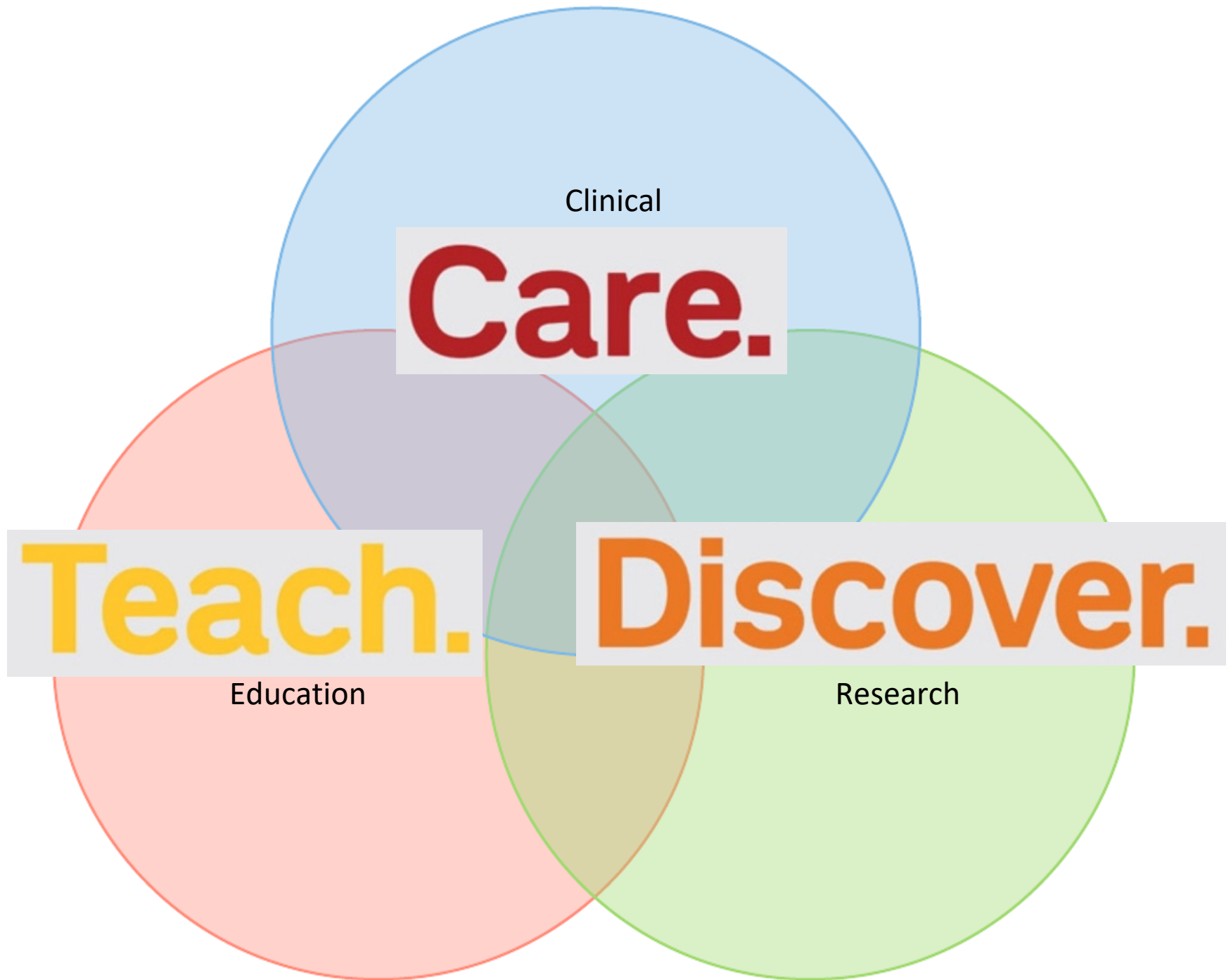
Converting Your Education Activities into Scholarship: Common Errors in Med Ed Research

Kaushal Shah, MD

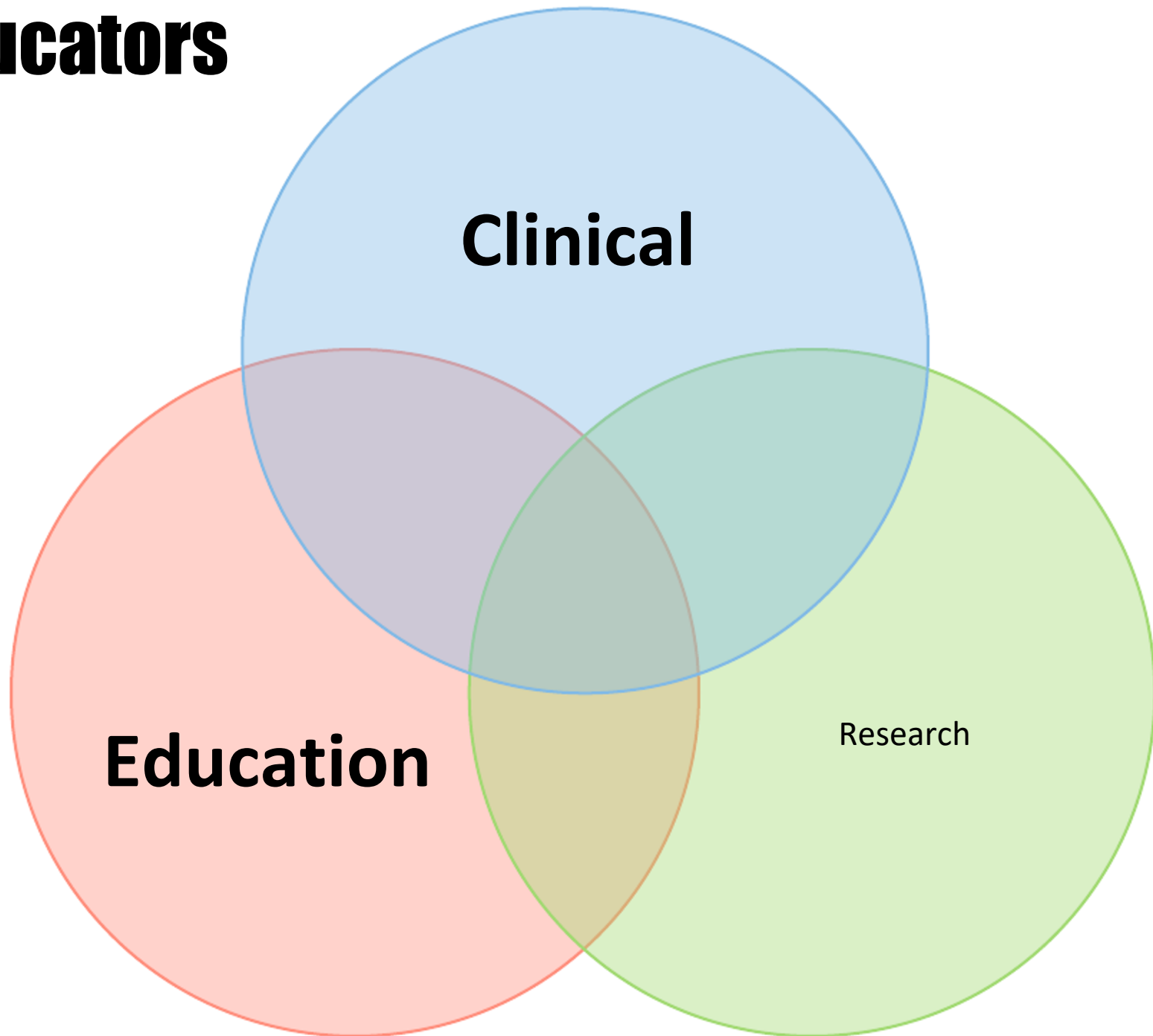
Vice Chair of Education, Department of Emergency Medicine

Disclosures

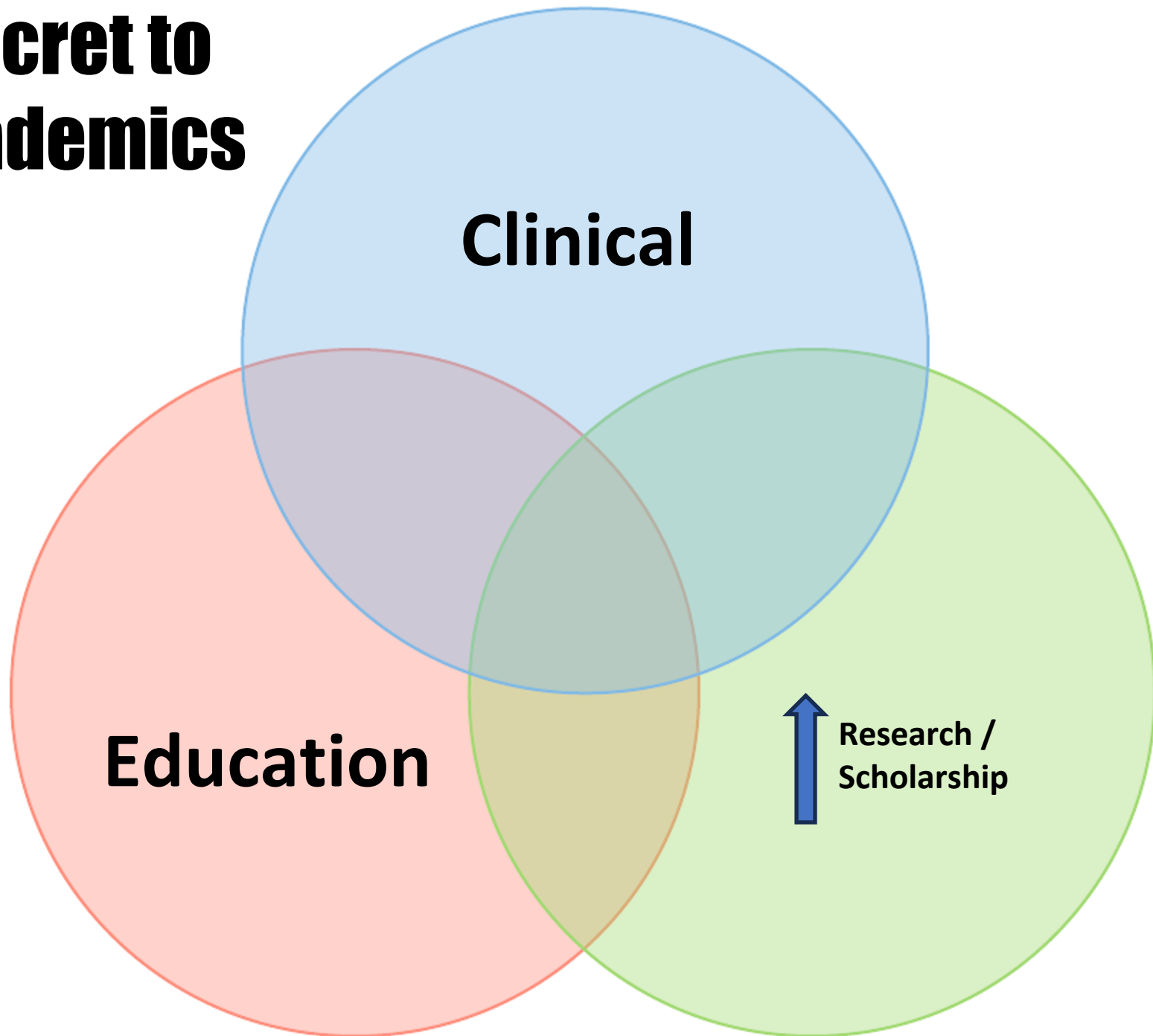




Educators



Secret to Academics





Reading Curriculum

BRIEF EDUCATIONAL ADVANCES

Development of a Case-based Reading Curriculum and Its Effect on Resident Reading

Anne M. Messman, MD
Ian Walker, DO

Sinai-Grace Hospital, Department of Emergency Medicine, Detroit, Michigan
Wayne State University, School of Medicine, Detroit, Michigan

Section Editor: Sally A. Santen, MD, PhD

Submission history: Submitted June 7, 2017; Revision received September 7, 2017; Accepted October 22, 2017

Electronically published December 5, 2017

Full text available through open access at http://escholarship.org/uc/uciem_westjem

DOI: 10.5811/westjem.2017.10.35117

Textbook reading plays a foundational role in a resident's knowledge base. Many residency programs place residents on identical reading schedules, regardless of the clinical work or rotation the resident is doing. We sought to develop a reading curriculum that takes into account the clinical work a resident is doing so their reading curriculum corresponds with their clinical work. Preliminary data suggests an increased amount of resident reading and an increased interest in reading as a result of this change to their reading curriculum. [West J Emerg Med. 2018;19(1)139-141.]

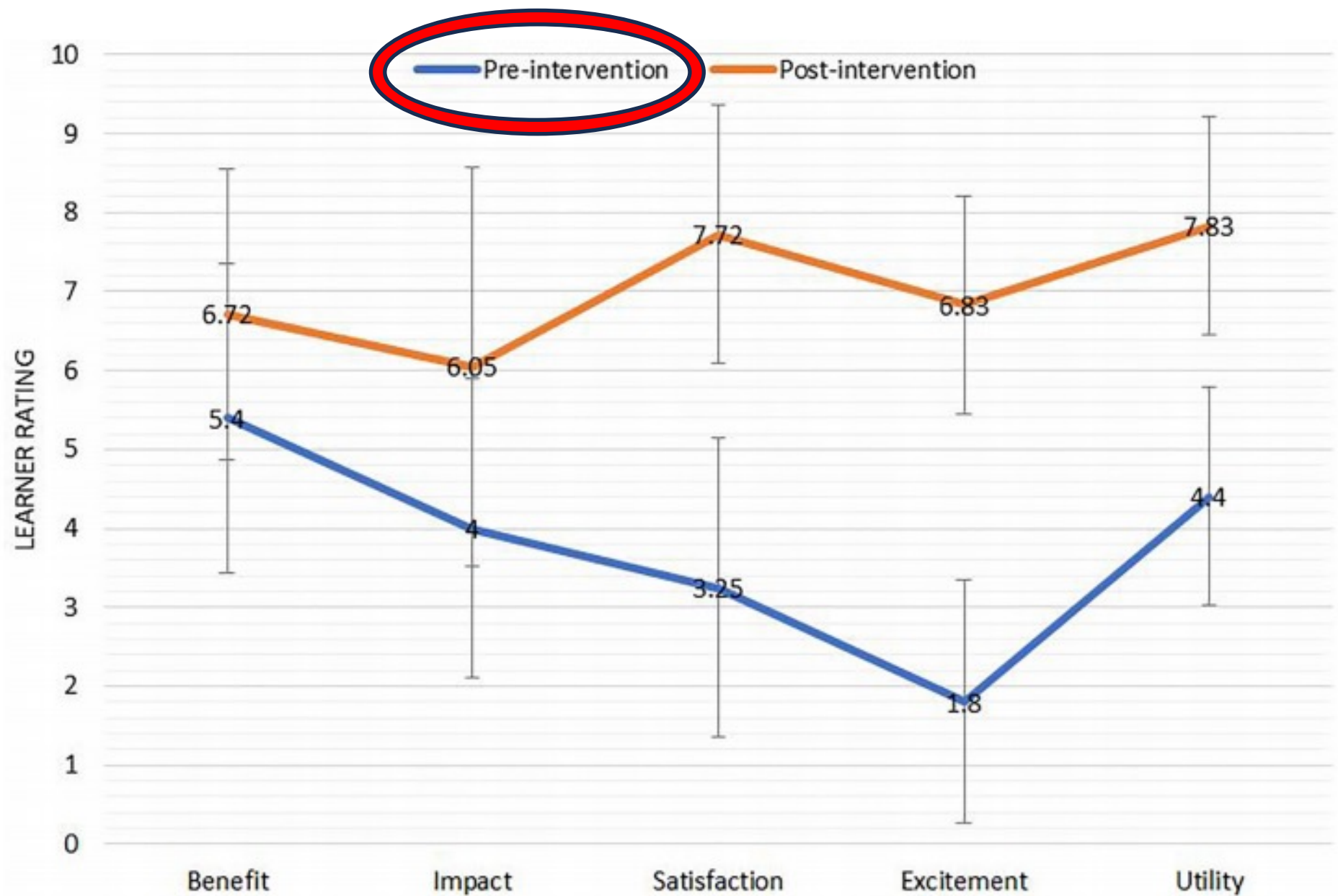
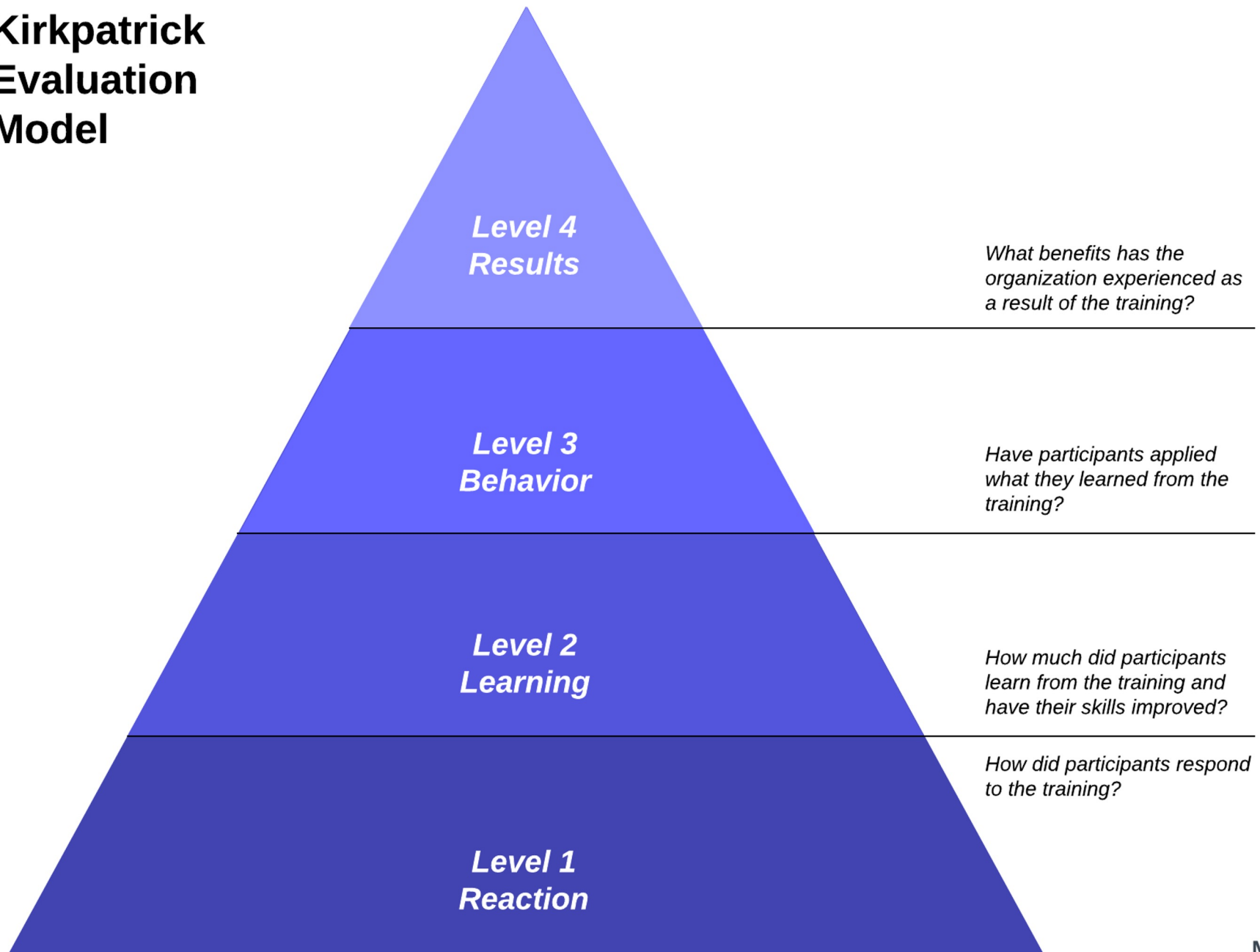


Figure. Learner ratings of the reading curriculum before and after the intervention. Average values are reported with error bars representing one standard deviation above and below the mean.

Kirkpatrick Evaluation Model



Error #1: Thinking it's not publishable!

BRIEF EDUCATIONAL ADVANCES

Development of a Case-based Reading Curriculum and Its Effect on Resident Reading

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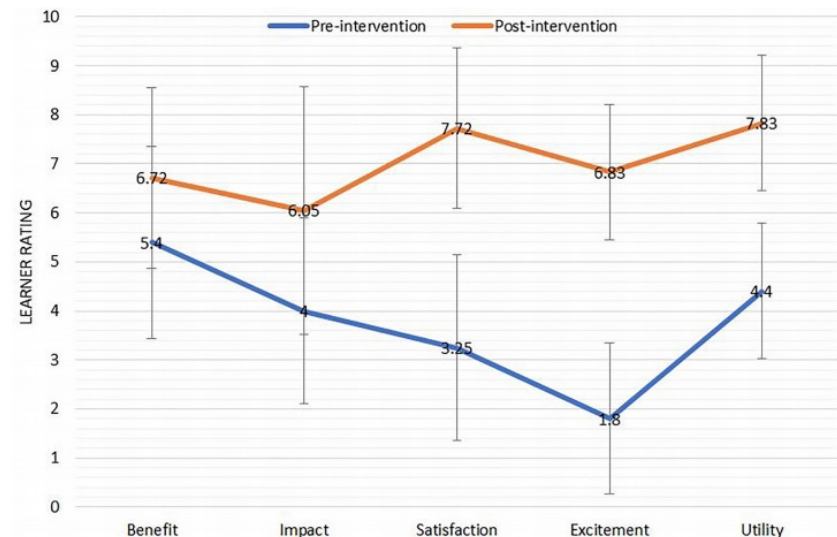


Figure. Learner ratings of the reading curriculum before and after the intervention. Average values are reported with error bars representing one standard deviation above and below the mean.

...but you have to plan ahead!

Enhancing Educational Scholarship Through Conceptual Frameworks: A Challenge and Roadmap for Medical Educators

Matthew W. Zackoff, MD; Francis J. Real, MD, MEd; Erika L. Abramson, MD, MEd; Su-Ting T. Li, MD, MPH; Melissa D. Klein, MD, MEd*; Maryellen E. Gusic, MD

From the Division of Critical Care Medicine, Department of Pediatrics (MW Zackoff), Division of General and Community Pediatrics (FJ Real, MD Klein), Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio; Division of Pediatrics, Department of Pediatrics, and Department of Healthcare Policy and Research, Weill Cornell Medical Center, New York, NY; Division of Pediatric Hospital Medicine, Department of Pediatrics, University of California, Davis (S-TT Li); Division of Medical Education, University of Virginia School of Medicine (ME Gusic), Charlottesville, Va

*Dr Klein and Dr Gusic contributed equally to this work as senior authors.

The authors have no conflicts of interest to disclose.

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Received for publication April 16, 2018; accepted August 4, 2018.



Conceptual Framework

Deliberate practice¹⁰

Automaticity and skill expertise¹¹

Cognitive load theory¹²

Self-directed learning¹³

Social cognitive theory¹⁴

Self-regulated learning¹⁵

Reflective practice¹⁶

Self-determination theory¹⁷

Experiential learning cycle¹⁸

Error #2: No conceptual framework



Adult learning
theory



Situational
learning



Problem-based
learning



Bloom's
Taxonomy



Literature Search!

Feasible

Inter

ical

Relevant

Brief report

Text messaging versus email for emergency medicine residents' knowledge retention: a pilot comparison in the United States

Wirachin Hoonpongsimanont^{1*}, Miriam Kulkarni², Pedro Tomas-Domingo¹, Craig Anderson¹,
Denise McCormack², Khoa Tu³, Bharath Chakravarthy¹, Shahram Lotfipour¹

¹Department of Emergency Medicine, University of California, Irvine School of Medicine, Orange, CA, USA; ²Department of Emergency Medicine, Rutgers New Jersey Medical School, Newark, NJ, USA; ³Department of Emergency Medicine, Kern Medical Center, Bakersfield, CA, USA

Error #3: No early literature search

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New Curriculum!

International rotational program of emergency medicine residents to Mozambique
Introducing medical education program to a single hospital

Brief Research Report

Objective

There are several medical education needs especially in medically vulnerable places. Hospital Quelimane (HCQ) is a regional hospital in Quelimane, Mozambique.

Needs Assessment!

Emergency Medicine (EM) residents participated in our 2017–2018 rotational program to share medical knowledge with the local medical doctors and assess the demands of medical equipment skills and educational programs. We

accordance with the demands in the following areas: resuscitation, trauma, critical care, and radiology.

6-steps to Curriculum Development

1. Problem Identification and General Needs Assessment
2. Targeted Needs Assessment
3. Goals and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation and Feedback

Curriculum Development for Medical Education

.....

A Six-Step Approach



Edited by
David E. Kern, M.D., M.P.H.
Patricia A. Thomas, M.D.
Mark T. Hughes, M.D., M.A.

International Rotational Program of Emergency Medicine Residents to Mozambique: Introducing a Medical Education Program to a Single Hospital

Methods

Our program was from July 14, 2017 to August 31, 2018. The rotation program of four EM residents was conducted as a specialist deployment (Table 1). We initially focused on the medical education programs of HCQ and suggestions for long-term continuity, and we also considered the environmental conditions that can affect the quality and objectives of the education program itself. Our educational program was designed for the training of medical equipment operation and introduction of basic medical principles applicable to facilities such as the intensive care unit (ICU) and emergency room (ER), both departments being considered crucial, especially given the position of HCQ in Mozambique.

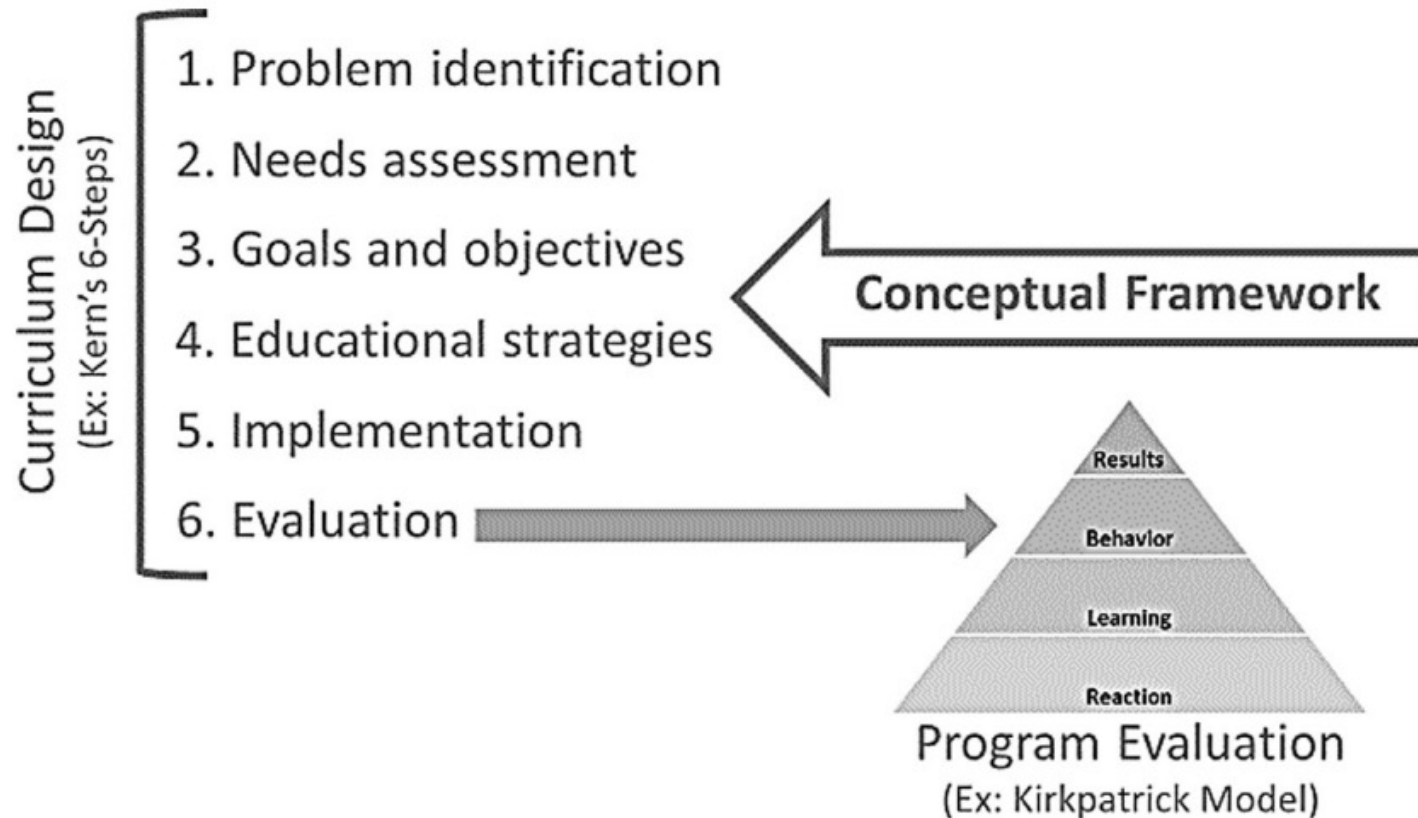
Before starting the program, we worked on the current physical capabilities of HCQ and assessed its human resources. The assessments were made through investigating the medical personnel and environment based on

Table 2 The Demands on the Emergency and Critical Care Capabilities of ER and ICU of HCQ

Physical Capabilities	Human Capabilities
Drug supplements	Electrocardiogram reading
Advanced airways	Emergency radiologic interpretation
Mechanical ventilators	Bedside ultrasonography
Laboratory results	Rapid sequence intubation
X-rays and computed tomography	Ventilator management
Ultrasonography	Cardiopulmonary resuscitation

current conditions of the wards, ICU, and ER. Details of the program are given in Table 2.

Error #4: No needs assessment



Pause and Re-cap



Everything is publishable!



Conceptual framework



Literature search



Needs assessment



JAMAevidence

USERS' GUIDES — TO THE — MEDICAL LITERATURE

A MANUAL FOR
EVIDENCE-BASED CLINICAL PRACTICE

SECOND EDITION



Gordon Guyatt, MD • Drummond Rennie, MD
Maureen O. Meade, MD • Deborah J. Cook, MD

Error #5: Focusing on the learning



Don't focus on the learning

I tested learners before my teaching
I taught them something
I tested them after this and showed improvement

(we already assumed this will happen)



Focus on the behavior, the process, or the system of learning

Model a new curriculum
Observe different behaviors from the learners
Describe how an environment can be more suited for learning

**BERLIN QUESTIONNAIRE
EVIDENCE-BASED MEDICINE**

SET A

☒ Prior to ☐ After EBM-workshop

NAME:

NUMBER:

GROUP:

Age: years

Sex:

☐ Female☐ Male

Previous education (chose one)

☐ Medical school ☐ Dentist☐ Additional degree (Public health)☐ Have read a book on EBM☐ Previous participation in a course☐ Previous participation in a workshop☐ Have already served as tutor

Self-rating of EBM-knowledge

☐ None at all ☐ Little

Years since graduation from university

The Berlin Questionnaire – Set A

Page 10 of 11

QUESTION 14:

In the German language medical literature, the so-called „floating thrombus“ in deep vein thrombosis is particularly feared because of its presumed higher risk of embolism. You want to know whether patients with a floating thrombus have a higher risk of pulmonary embolism than patients with a adherent thrombus.

1. This is a question about prognosis
2. This is a question about side effects
3. This question is best assessed using a case control design
4. This question is best assessed using a cohort design
5. This question is best assessed in a randomised controlled trial

Error #6: Not using a validated tool



Medical Science Educator (2018) 28:497–501
<https://doi.org/10.1007/s40670-018-0575-9>

ORIGINAL RESEARCH



Introduction of a Novel Evidence-Based Medicine Curriculum in Emergency Medicine

Suzanne Bentley¹ • Benjamin H. Slovis² • Kaushal Shah³



Can a checklist improve
ECG interpretation?

ECG Checklist Study

- Conceptual framework?
- Literature search
- Validated tool? 10-question test.
- N=60 residents

Checklists have long been used to reduce error in fields such as air-line travel. More recently, medicine has adopted checklists in an effort to improve safety [4]. However, the majority of studies have evaluated the use of checklists in procedural skills rather than cognitive skills. There is a small body of literature demonstrating that checklists can reduce error in diagnosis. Diagnostic checklists help to broaden the dif-

ECG Checklist Study

- Conceptual framework?
- Literature search
- Validated tool?
- N=60 residents

2.2. Tool development

We reviewed the literature and used expert consensus to develop a checklist of clinically important syncope-related pathology commonly seen and diagnosed on ECGs.

Experts consisted of practicing attending emergency physicians; they developed a list of relevant syncope-related diagnoses on ECG and reviewed the final list for inclusion in the study. (See [Table 1](#))

Based on the checklist, we developed a test of ten ECGs with syncope-related pathology and clinical vignettes from ECG Wave-Maven [11]. ECG Wave-Maven is an internet-based electrocardiography self-assessment program for clinicians that is open source [12].

ECG Checklist Study

- Conceptual framework?
- Literature search?
- Validation test.
- Participants

Power Calculation!

ECG Checklist Study

- Conceptual framework?
- Literature search?
- Validated tool?
- N=60 residents

2.7. Statistical analysis

We calculated a sample size of 49 participants in each arm to detect a 22% difference in mean test scores as we determined that a greater than two question difference in scores would be a meaningful difference. Dichotomous variables were analyzed using Fisher's exact tests using a two-tailed p-value.

Ethical approval was obtained by the institutional review board.

ARTICLE IN PRESS

YAJEM-58157; No of Pages 4

American Journal of Emergency Medicine xxx (xxxx) xxx



Contents lists available at [ScienceDirect](#)

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journal homepage: www.elsevier.com/locate/ajem



A checklist manifesto: Can a checklist of common diagnoses improve accuracy in ECG interpretation?

Jillian Nickerson, MD, MS*, Emily S. Taub, MD, Kaushal Shah, MD

Mount Sinai School of Medicine, Department of Emergency Medicine, New York University, United States of America

Error #7: Not using a statistician



Reasons Reviewers Reject and Accept Manuscripts: The Strengths and Weaknesses in Medical Education Reports

Georges Bordage, MD, PhD



Table 1. Top 10 reasons why manuscripts were rejected in Academic Medicine.¹⁹

-
1. Inappropriate or incomplete statistics
 2. Overinterpretation of the results
 3. Inappropriate or suboptimal instrumentation
 4. Sample too small or biased
 5. Text difficult to follow
 6. Insufficient problem statement
 7. Inaccurate or inconsistent data reported
 8. Incomplete, inaccurate, or outdated review of the literature
 9. Insufficient data presented
 10. Defective tables or figures
-

Re-cap Again

- Planned ahead
- Conceptual framework
- Literature search
- Needs assessment
- Validated data instrument
- Focused on process of learning
- Statistician





Thank you very for submitting your scholarly work to Academic Medicine. I am reaching out to you today to let you know that your manuscript, "The Impact of a Medical Education Research Faculty Development Program on Career Development Through the Lens of Social Cognitive Career Theory" (manuscript #AcadMed-D-20-02587), **will not be considered further for publication by our journal.**

Rejected – Now What?

—

1. Don't lose faith

2. Review Feedback

3. Ask Mentor

4. Journal Finder Apps

5. Phone a (millennial) Friend

Thank you very for submitting your scholarly work to Academic Medicine. I am reaching out to you today to let you know that your manuscript, "The Impact of a Medical Education Research Faculty Development Program on Career Development Through the Lens of Social Cognitive Career Theory" (manuscript #AcadMed-D-20-02587), **will not be considered further for publication by our journal.**

I appreciate that this news is disappointing. Although **we are not able to provide specific feedback** about your manuscript, please keep in mind that a number of factors contribute to the decision to publish an article in Academic Medicine.

Rejected – Now What?

—

1. Don't lose faith
2. Review Feedback
- 3. Ask Mentor**
4. Journal Finder Apps
5. Phone a (millennial) Friend

Rejected – Now What?

—

1. Don't lose faith
2. Review Feedback
3. Ask Mentor
- 4. Journal Finder Apps**
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Personalized recommendation

Our journal matching technology finds relevant journals based on your manuscript details

Over 2,500 journals

Search all Springer and BMC journals to find the most suitable journal for your manuscript

Author choice

Easily compare relevant journals to find the best place for publication

Enter your manuscript details to see a list of journals most suitable for your research.

Manuscript title

Test Characteristics of Cushing Reflex for Predicting Cerebral Hemorrhage

Manuscript text

Objective: Despite being a well-known phenomenon, the Cushing Reflex is not well characterized in the medical literature. Our aim was to determine the test characteristics of Cushing Reflex for predicting intracranial hemorrhage in trauma patients.

Method: This is a retrospective study of adult trauma patients ≥ 18 years old entered in the trauma registry at a level 1 trauma center in NYC between January 2019 and November 2020. The trauma registry is a standardized database of patients maintained by trained trauma registrars and includes all patients arriving to the emergency department who meet criteria for trauma activation. Specific data elements were obtained (including demographics, ED vitals, ED diagnosis, head CT findings and disposition) and stored in a secure database. The single research assistant was trained to identify patients with diagnoses consistent with intracranial hemorrhage. Cushing reflex was defined in this study as systolic blood pressure of >140 mmHg and a pulse rate of under 70 bpm. Standard statistical methods were utilized to calculate test characteristics. The study was approved by the institutional IRB.

Results: Of the 938 non-duplicate patients identified in the trauma registry, 73.1% were male and the mean age was 49.6 (range 18-101). 140 (14.9% [95%CI:12.8-17.4]) patients had an intracranial hemorrhage and 35 (3.7% [95%CI=2.7-5.2]) patients met the criteria for presence of a Cushing reflex. Of the 35 patients who had Cushing reflex present, 14 of them had an intracranial hemorrhage (positive predictive value = 40% [95%CI: 25.5-56.5]). Of these 140

Subject area

Medicine & Public Health

[+ Refine your recommendations](#)

Suggest journals

European Journal of Trauma and Emergency Surgery

OA S

3.693
Impact factor

40 days
First decision (average)

30%
Acceptance rate



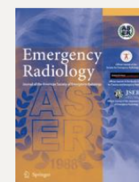
Emergency Radiology

OA S

-
Impact factor

30 days
First decision (average)

38%
Acceptance rate



Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

OA

2.953
Impact factor

43 days
First decision (average)

24%
Acceptance rate



World Journal of Emergency Surgery

OA

5.469
Impact factor

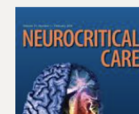
12 days
First decision (average)

14%
Acceptance rate



Neurocritical Care

OA S





Paper title

Workplace Learning in a Pandemic: Finding the New Normal

Paper abstract

[Don't have an abstract?](#)

The COVID pandemic has brought unique and prolonged unpredictability to emergency departments (Lorenzen et al 2021). Learner capacity and environmental resources can vary day to day, shift to shift, and even hour to hour. As waves of COVID variants cause closures of in-person didactics, the workplace has become the only in-person educational opportunity for learners, raising the stakes for workplace based learning and teaching (Waseem 2022: <https://escholarship.org/uc/item/5s11g49s>).

In the ideal state, the learner is engaged, i.e. a learner who possesses effective learning strategies and whose involvement persists despite workplace challenges (Padgett et al, 2019). It is imperative that supervisors are armed with effective and adaptive strategies to augment engagement and learning. It can be extrapolated that strategies to enhance engagement and competency can pay dividends in terms of quality of patient care.

We propose an approach to workplace learning that considers the constraints of the learner's skill set/competency level, learner engagement (impacted by burnout, individual well-being, intrinsic motivation), and environmental resources (patient mix/acuity, ancillary staffing). By combining social cognitive theory and educational methods outlined by the cognitive apprenticeship model, we created a framework to optimize workplace learning and education.

Maximum 5,000 characters

Keywords

Workplace Learning

Medical Education

Social Cognitive Theory

Field of research

Medicine

Health Professions

Select field of research

Journal of Taibah University Medical Sciences

OA ISSN: 1658-3612



Text match score



Top matching keywords

Medical Education



CiteScore

1.7



Impact Factor

—

Acceptance rate

11%



Time to 1st decision

3 weeks

Time to publication

21 weeks

Obesity Medicine

OA S ISSN: 2451-8476



Text match score



Top matching keywords

Social Cognitive Theory



CiteScore

1.5



Impact Factor

—

Acceptance rate

22%



Time to 1st decision

4 weeks

Time to publication

4 weeks

Medical Journal Armed Forces India

S ISSN: 0377-1237



Text match score



Top matching keywords

Medical Education



CiteScore

1.5



Impact Factor

—

Acceptance rate

26%



Time to 1st decision

6 weeks

Time to publication

33 weeks

☒ FIND MATCHING JOURNALS

☐ FIND JOURNAL BY TITLE

Enter your manuscript information • Both fields are required

Manuscript title

Workplace Learning in a Pandemic: Finding the New Normal

Manuscript abstract

The COVID pandemic has brought unique and prolonged unpredictability to emergency departments (Lorenzen et al 2021). Learner capacity and environmental resources can vary day to day, shift to shift, and even hour to hour. As waves of COVID variants cause closures of in-person didactics, the workplace has become the only in-person educational opportunity for learners, raising the stakes for workplace based learning and teaching (Waseem 2022: <https://escholarship.org/uc/item/5s11g49s>).

1192 of 3000 characters

Matching strength: **Strong** 

FIND

**British Journal of Educational Technology***British Educational Research Association*

Edited By:

Carina Girvan, Sara Hennessy, Manolis Mavrikis, Sara Price, Niall Winters

Impact Factor

NA

ISI Ranking

NA

Open access

Optional

Relevance

[SUBMIT TO THIS JOURNAL](#)**Medical Education***Association for the Study of Medical Education*

Edited By:

Kevin W. Eva

Impact Factor

NA

ISI Ranking

NA

Open access

Optional

Relevance

[SUBMIT TO THIS JOURNAL](#)**Industrial Relations Journal***Brian Towers*

Edited By:

Peter Nolan

Impact Factor

NA

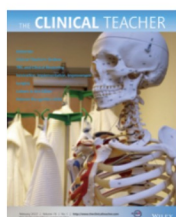
ISI Ranking

NA

Open access

Optional

Relevance

[SUBMIT TO THIS JOURNAL](#)**The Clinical Teacher***Association for the Study of Medical Education*

Edited By:

Jill Thistlethwaite

Impact Factor

NA

ISI Ranking

NA

Open access

Optional

Relevance

[SUBMIT TO THIS JOURNAL](#)**Journal of Computer Assisted Learning**

Edited By:

Paul A. Kirschner and Liesbeth Kester

Impact Factor

3.862

ISI Ranking

NA

Open access

Optional

Relevance

[SUBMIT TO THIS JOURNAL](#)**New Directions for Teaching and Learning**[SUBMIT TO THIS JOURNAL](#)



AAMC-Regional Groups on Educational Affairs (GEA)

Medical Education Scholarship, Research and Evaluation Section

Annotated Bibliography of Journals for Educational Scholarship

Revised July 2019

Coordinated by:

SGEA (Southern Group on Educational Affairs) in collaboration with NEGEA, WGEA and CGEA.

Compiled by:

Andrea Berry, MPA

University of Central Florida College of Medicine

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Academic Emergency Medicine Education & Training

- Society for Academic Emergency Medicine, John Wiley & Sons, Inc., Publisher
- Published Quarterly, Online only
- Susan Promes, MD (Editor)
- Peer-Reviewed
- Indexed in PubMed via PMC deposit (NLM) and SCOPUS (Elsevier)
- [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2472-5390](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2472-5390)

Description: *Academic Emergency Medicine Education and Training* is the official educational journal of the Society for Academic Emergency Medicine.

AEM E&T publishes peer-reviewed information relevant to education and training in emergency medicine.

Topics: New questions or problems in emergency medicine education, original educational scholarship, educational case reports, personal narratives, writings about transitions for med student/resident/fellow/attending/researcher

Types of Manuscripts: Original contributions, brief contributions, New Ideas in B-E-D-side teaching, Education Case Reports and Conferences, Commentary and Perspectives, Book Media Reviews and Canvas/Transitions

Audience: Physicians, nurses, students, and advanced practice providers, residents, fellows.

MedEdPORTAL - Supports Open Access

- Association of American Medical Colleges, Publisher
- Published Continuously
- Grace C. Huang, MD (Editor-in-Chief)
- Peer-Reviewed
- Indexed by MEDLINE
- <https://www.mededportal.org/>

Description: *MedEdPORTAL* is an open-access journal of teaching and learning resources in the health professions published by the Association of American Medical Colleges, in partnership with the American Dental Education Association. *MedEdPORTAL* publications are stand-alone, complete teaching or learning modules that have been implemented and evaluated.

Topics: generalizable teaching or assessment materials that have been designed for and implemented with medical or dental trainees or practitioners (e.g., professional school, residency, faculty development, continuing professional development) with the aim of helping to improve patient care.

Current collections include: Opioids education; Diversity, Inclusion, and Health Equity; Lifestyle Medicine.

Types of Manuscripts: Original Publications, Letters to the Editor

Audience: Health professions educators, trainees, and practitioners.

Rejected – Now What?

—

1. Don't lose faith
2. Review Feedback
3. Ask Mentor
4. Journal Finder Apps
- 5. Phone a (millennial) Friend**



some might suggest). The key symptom headings – the single episode of prolonged vertigo, recurrent vertigo and dizziness, positional vertigo, chronic dizziness, and dizziness and imbalance in the elderly – encompass a surprisingly broad sweep of neurological and general medical practice in succinct and practical form. A brief general section on treatment concludes the book. The authors manage to keep the harassed clinician firmly in view throughout, and successfully resist the temptation to stray into esoterica (no mean feat considering their formidable accumulated erudition and experience). The text is supplemented by useful tables and the illustrations are on the whole clear and occasionally surprising (who could have expected to encounter a medieval excruciation in the middle of a down-to-earth discussion of psychogenic dizziness?). Each chapter concludes with a section, 'What to do if you don't have a clue' which seems set to salvage many an ill-fated outpatient appointment. The enclosed CD is a particular strength of the book; it really does amplify the text and stands alone as a teaching aid in what remains a richly clinical enclave of internal medicine.

Perhaps the single most refreshing thing about this book is the unpretentious and accessible style with which it is written. Bronstein and Lempert make their subject engaging and humane. If not exactly Shakespearean, their book is nonetheless a worthy addition to the canon on this often baffling and too often mysterious symptom. Hippocrates would be proud to own it.

JASON WARREN
Dementia Research Centre
Institute of Neurology
Queen Square, London

letters TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and sent by e-mail to: Clinicalmedicine@rcplondon.ac.uk

Response to personal viewpoint on revalidation

Editor – Goddard and Cunliffe liken their experience of assessment for certification in colonoscopy to procedures which may be used in revalidation (*Clin Med Jun 2007* pp 304–5). They end their letter with the comment that, 'Revalidation will not be good news for everyone, but everyone should be better for it. Really?'

Firstly, nobody yet knows for certain what revalidation will involve – indeed doubts have already been cast on its legality in respect of doctors now on its legal register. Secondly, if revalidation is to mean anything, it presumably could mean potentially the loss of a doctor's livelihood. I suggest that this risk would be considerably more stressful than failing colonoscopy certification, notwithstanding the blow to the authors' pride, and the delay in establishing their trust's screening programme that would result. Thirdly, how many of us, or our patients, would genuinely benefit from our (effectively) re-sitting our Royal College diploma on a five-yearly basis for the rest of our working lives, particularly as we grow older, and more experienced/specialised?

There are many unanswered questions in relation to revalidation, but above all, should like to see some hard evidence as to its real value. Or is it just another management concept that does not need testing before its wholesale imposition?

I accept that some form of periodic reassessment of medical staff may be

desirable, but I consider Goddard and Cunliffe's largely uncritical welcome of revalidation both premature and naïve.

IAN FLETCHER
Consultant Anaesthetist
Newcastle upon Tyne Hospitals
NHS Foundation Trust

The future of coronary heart disease prevention

THROWBACK: To celebrate 25 years in print, we've pulled a classic cover

EMERGENCY PHYSICIAN MONTHLY

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NIGHT SHIFT No Better Friend

by Mark Plaster, MD

This weekend, I finally found a mark on this left hemisphere and it was right on the nose. The man who was now sitting in the advertisement office watching the replay smiled as a guest security alarm. As the known news physician for the US Naval Academy boxing team, I'd seen this more than a few times and I had to suppress a sideways "well" on the nose. In the deck, I saw the two cops in the room gone appearing to be at the security

continued on page 23

Four West Virginia C Sue The Joint Commis

Suit alleges that JCAHO's misrepresentation of opioid risks contributed to West Virginia's opioid crisis.

By William Sullivan, DO, JD
& Logan Plaster

On November 2, 2017, four of us filed suit against the Joint Commission over the organization's past management misdeeds. The suit is a decade of public anger in the organization may have played a role in the crisis.

IS TRAMADOL THE NEW OXY?

high risk for abuse & addiction

suboptimal pain relief

serious drug-drug interactions

dangerous side effects and withdrawal



IN THIS ISSUE



Think twice before hitting 'reply all' *Vol 24*
Hyperammonemia: Is it time to stop it?

WILEY

FEATURES: UTIs and Estrogens: The Overlooked Link Vol 24 No 1
FEATURES: Echocardiography for Hemodynamic Optimization Vol 24 No 1
SPONSORED: Spontaneous Cervical Artery Dissection Vol 24 No 1

ACEP Now
The Official Voice of Emergency Medicine

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

PLUS: ACEP Goes Overboard on the Participation of No Surgeons Act Vol 24 No 12

CRISIS EMERGENCY Department Challenges in a Long Pandemic

HOW CRISIS STANDARDS OF CARE AND A NURSING SHORTAGE ARE STRESSING AN ALREADY-STRESSED HEALTH CARE SYSTEM

Practicing Medicine in the Fast Lane

When I thought I was a little bit of a hero at my first hospital, there was a lot of talk about building a culture of patient safety and emphasis on how the organization wanted to reach that goal. As part of that effort, we were all asked to read the book *Why Hospitals Should Fly*.

Now, I'm here at Air Force Medical Center for over a decade. I'm a graduate of the US Air Force Academy. I was named an airman recipient and the culture of safety that permeates our work. I deeply moved into the book. I only made it a few pages.

THE PHAROS

ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY

WINTER 2021

COVID-19 SPECIAL SECTION pp. 31-39

Medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities.

— Edward Taylor

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Scholarship = Currency!

Don't go it alone.



Conclusions

“All education can become scholarship
– just add rigor!”

- ❖ Focus on the process/method
- ❖ Conceptual framework
- ❖ Needs assessment
- ❖ Literature search
- ❖ Validated tools
- ❖ Statistician
- ❖ Rejection is transient



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Clinical Anesthesiology



Shira Sachs, MD
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EDITORIAL

Getting Published in Medical Education: Overcoming Barriers to Scholarly Production

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