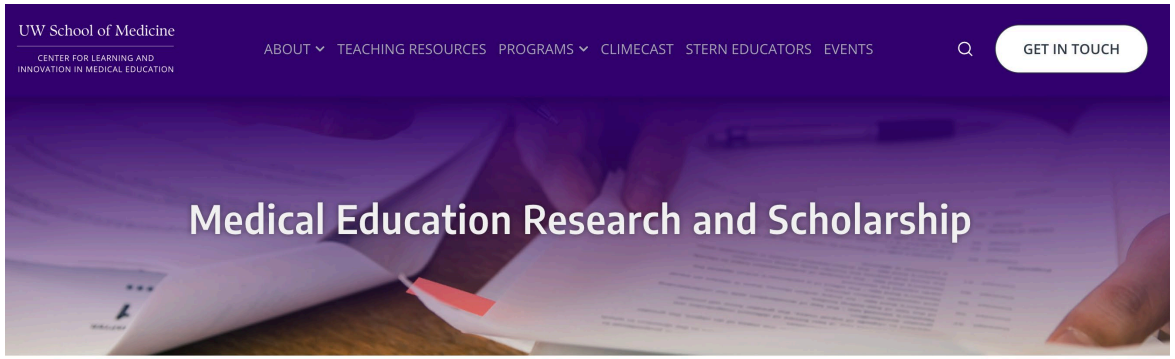


What do you do with an idea?: Working Backwards from Publication to Idea

CLIME TIME (Theory, Inquiry, and Methods in Education)

Justin L. Bullock

Objectives

- Describe the educational scholarship process from idea generation to publication
  - Explore why working backwards from publication to idea can be helpful
- Identify common challenges and pitfalls encountered throughout the scholarship process.
- Apply project management principles to their own educational scholarship projects.

https://youtu.be/Be8Uee102yk?si=3aikMedK86OyKbMR



Reasons you may want to share your idea:

Reasons you may want to share* your idea: *=Publication/Presentation/Dissemination

- Have a cool idea (innovation, research interest, etc)
- Have interesting findings
- How does one advance on each academic path:
  - Clinician
  - Clinician educator
  - Clinician scholar

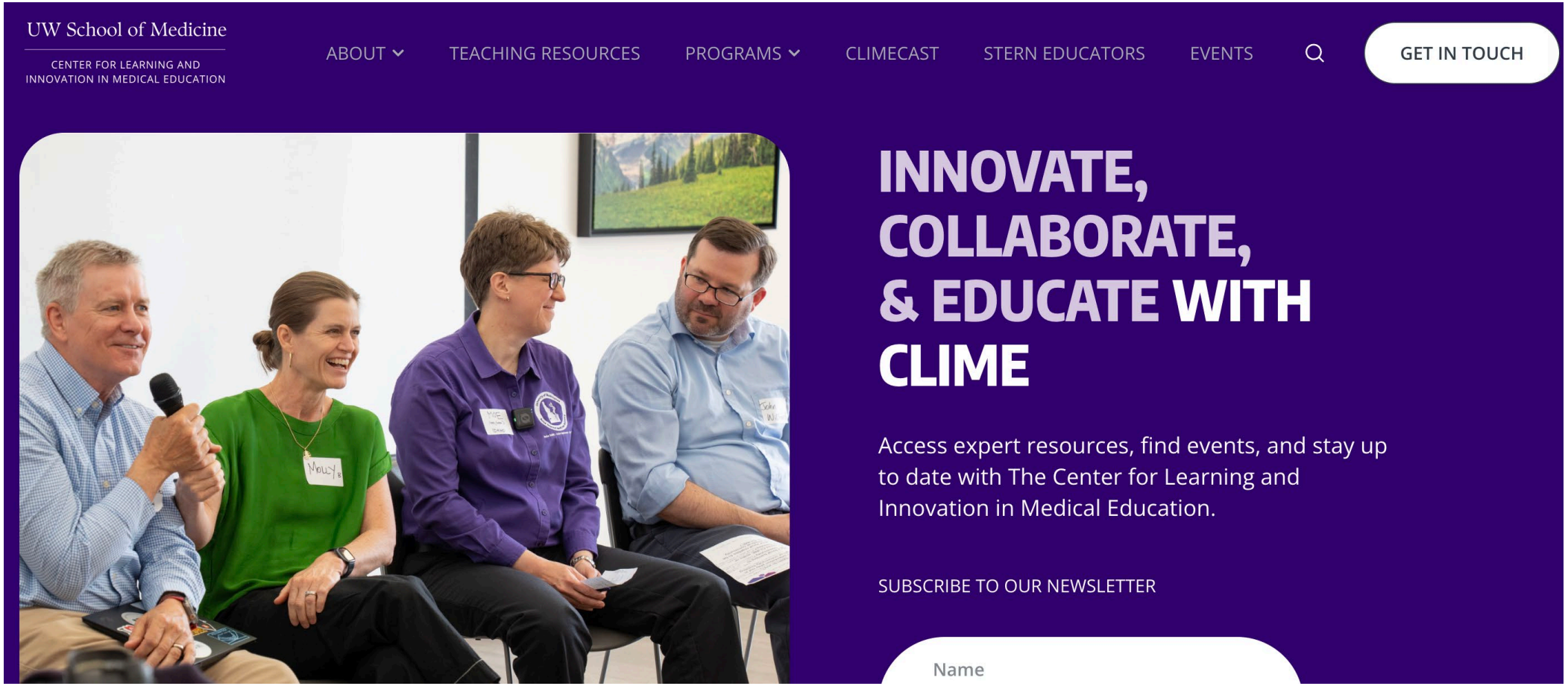
Where might you share your ideas?

Tool: Identifying Opportunities for Dissemination

- JANE- Journal Author Name Estimator
  - https://jane.biosemantics.org/

- How to identify conferences to go to or present at?

At UW we have CLIME!



Learning: Problem-Gap-Hook

Perspect Med Educ (2015) 4:252–253
DOI 10.1007/s40037-015-0211-y

THE WRITER'S CRAFT

Joining a conversation: the problem/gap/hook heuristic

Lorelei Lingard

Tool: Claims Table

Impact of ST on patients	Stereotype threat leads to healthcare disparaties via HC avoidance, impaired communication, poorer adherence Varied stigmatized group members, for example, people who are overweight, those with chronic illnesses, and racial and sexual minorities, utilize health care services at lower rates and often have poorer physical and mental health than do their majority counterparts. Extending the psychological literature on identity safety cues to the medical context may improve stigmatized group members' health care utilization, visit satisfaction, adherence, and subsequent health	Aronson; Unhealthy Interactions: The Role of Stereotype Threat in Health Disparities. American Journal of Public Health | January 2013, Vol 103, No. 1 Cipollina Reducing Health Care Disparities Through Improving Trust: An Identity Safety Cues Intervention for Stigmatized Groups. 2019, Vol. 5, No. 4, 315–325
Impact of ST on learners	Short term Defenses to ST -Domain Avoidance, self-handicapping, disproving the stereotype, Disengagement Longterm Defernse to ST -Disidentification, identity bifurcation (They found that compared to those who had taken fewer math courses, those who had taken more showed significantly more evidence of "bifurcation," endorsing the nonstereotype-relevant female traits while eschewing the stereotype-relevant ones.)	**Steele: CONTENDING WITH GROUP IMAGE: THE PSYCHOLOGY OF STEREOTYPE AND SOCIAL IDENTITY THREAT. ADVANCES IN EXPERIMENTAL SOCIAL PSYCHOLOGY, VOL. 34**
Identity	Identity is a very complex term, it both is something that is unifying and distinguishing. -	Brubaker and Cooper. "Beyond Identity" Theory and Society 29: 1-47, 2000.
Intersectionality	Race/gender often treated as separate dimensions of analysis. Focus on the most privileged group members marginalizes those who are multiply burdened and obscures claims that cannot be understood as resulting from discrete sources of discrimination. The intersectional experience is greater than the sum of racism and sexism	**Crenshaw. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." UNIVERSITY OF CHICAGO LEGAL FORUM 1989**
	Stereotype threat is a situational threat. It arises from situational cues signaling that a	**Steele: CONTENDING WITH GROUP IMAGE:**



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August 25

241 {ENCORE} Setting Yourself Apart - The Superpower Of Academics



Your Unapologetic Career® Podcast >

▶ 39m

Researchers say yes to **people** as much as or more than they say yes to projects.

Time Budgeting

- Justin is a junior faculty and planning to apply for a **CLIME Small Grant**. He is working on writing a proposal. His mentor asks, do you think you can get this to me by the end of next week?

- How would you know on your own calendar?

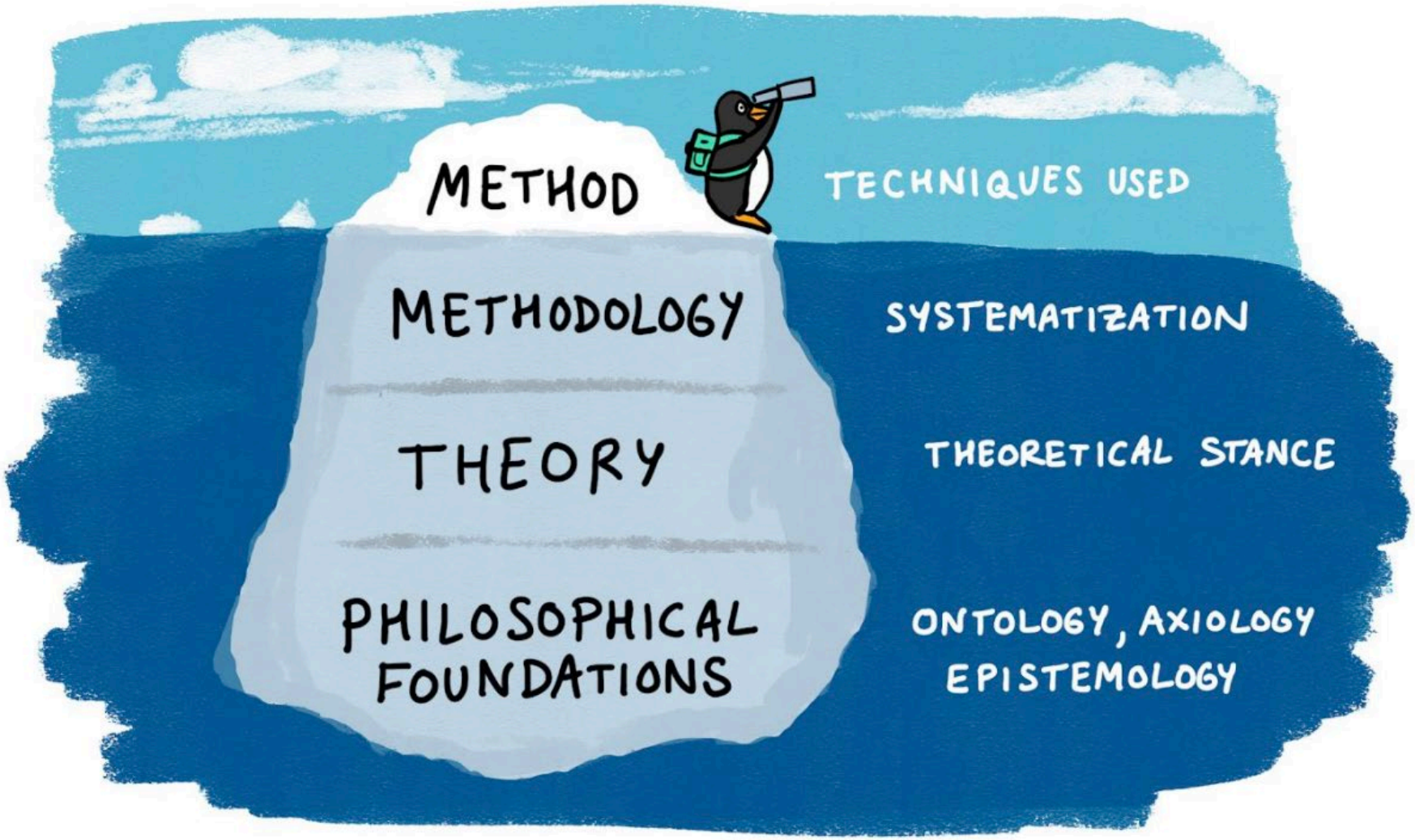
- Let’s go to Justin’s calendar

Time Budgeting

- Break tasks down into 1-2 hour activities
  - Do not write “draft proposal”. This is too vague
- You must somehow integrate breaks, travel time, email time into your schedule
- You can only budget the time you have available. If you are going to do work in evening, you get to directly control how much you are committing to.

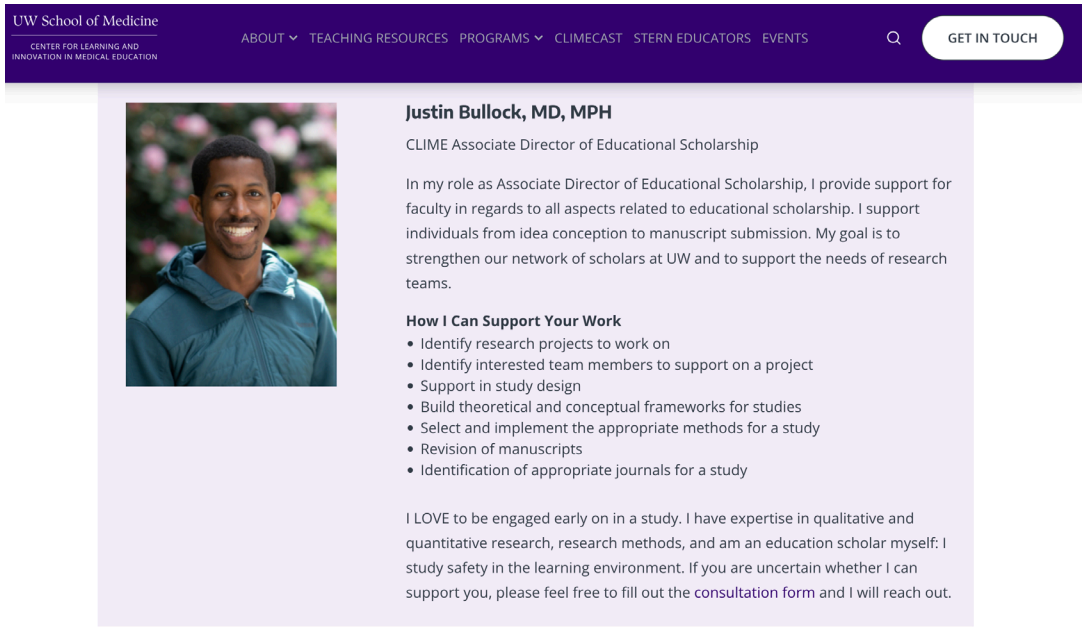
Now back to the proposal…

Okay so you have an idea…
How do you pick the methods for your study?



Varpio et al. Acad Med. 2020

We would LOVE to help you!!!!





What makes it hard to write?



December 2, 2025

Confronting Feelings Of Shame, Fear, And Guilt About Writing

Academic Writing Amplified >

▶ 28m

What makes it hard to write?

- Empty page
- Lack of confidence
- Time
- Not feeling confident
- Perfectionism
- Organizing ideas
- What new can I say? How to say it differently
- Not having enough data
- Unclear expectations
- Where you are going to submit

Project Management

	A	B	C	D	E	F	G	H	I	J
1	**Justin Project Title**	**Background Reading**	**Research Question + Methods**	**IRB**	**Funding**	**Collect Data**	**Analysis**	**Manuscript**	**Revision**	**GOAL**
2	Autoethnography of Identity safety (post qualitative)	X	X	X	X	X	X	O		
3	Longitudinal Study Identity Fit	x	x	x	x	X	X	X		
4	Longitudinal Study of Identity Safety in Subspecialty Fellows- Parenthood	O	O	X	X	X				

Tool: Work Backwards from Publication

- You have a survey study. You plan to send the survey to students at 3 medical schools. You have your IRB approved for a survey study at your institution but not the others.
- You are trying to create a timeline working backwards to have the paper ready for the special edition deadline (March 2027):
  - IRB approval at the other 2 schools (2-3 months)
  - Piloting and revising the study (1 month)
  - Delivering the study with 3 weekly reminders (1 month)
  - Cleaning the data (1 month)
  - Running the code to analyze the data (2 months)
  - Drafting the manuscript (3 months—this is your first paper)
  - Sending to a mentor to review the paper and then revise (1 month)

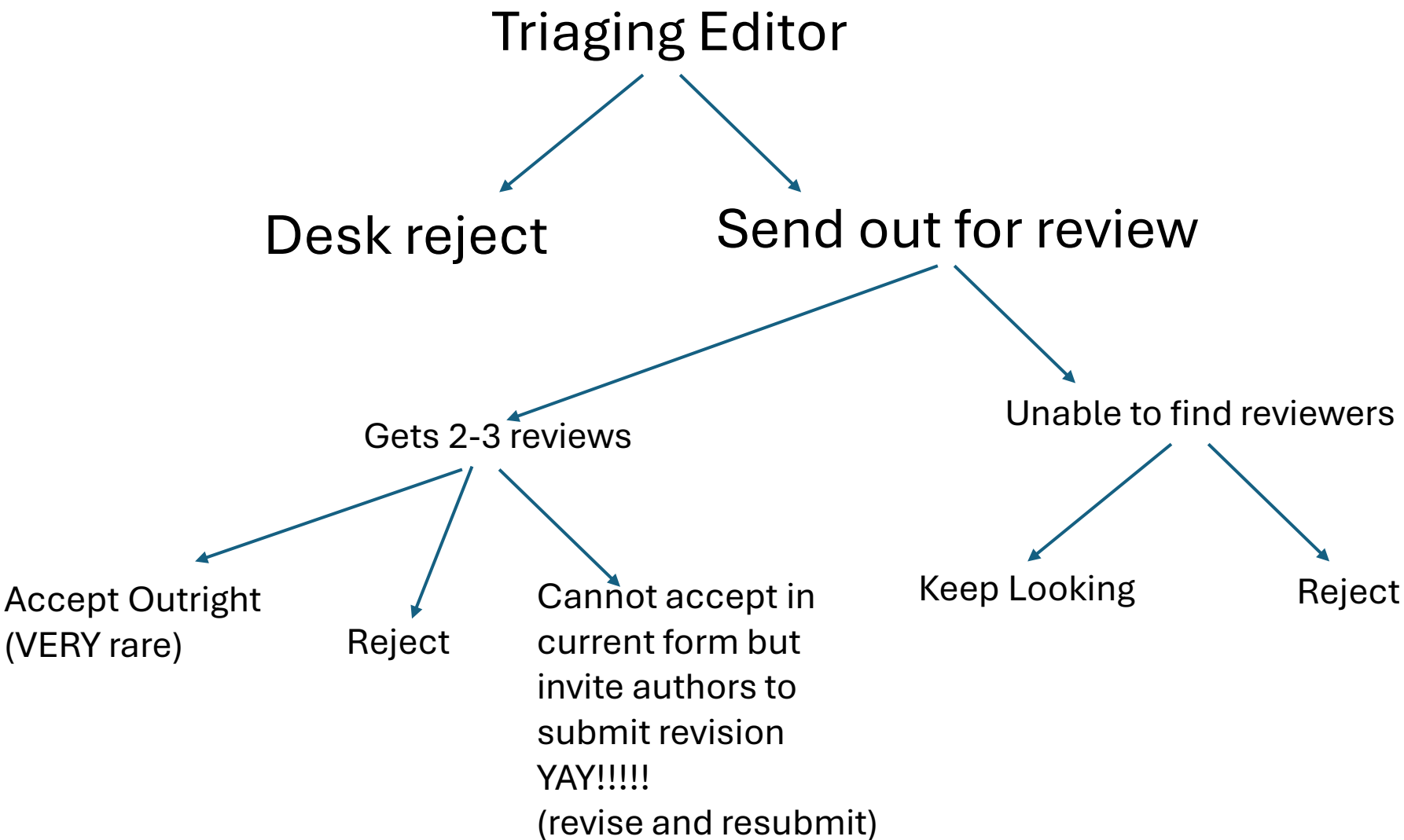
Tool: Use Busy Times Strategically!

- You are a hospitalist. Your busy periods come and go. You are currently working on the codebook for your qualitative study. Your team needs two people each to code 15 transcripts. You will code all of them and your three team members will code 5 transcripts each.
- How can you use your busy time strategically?

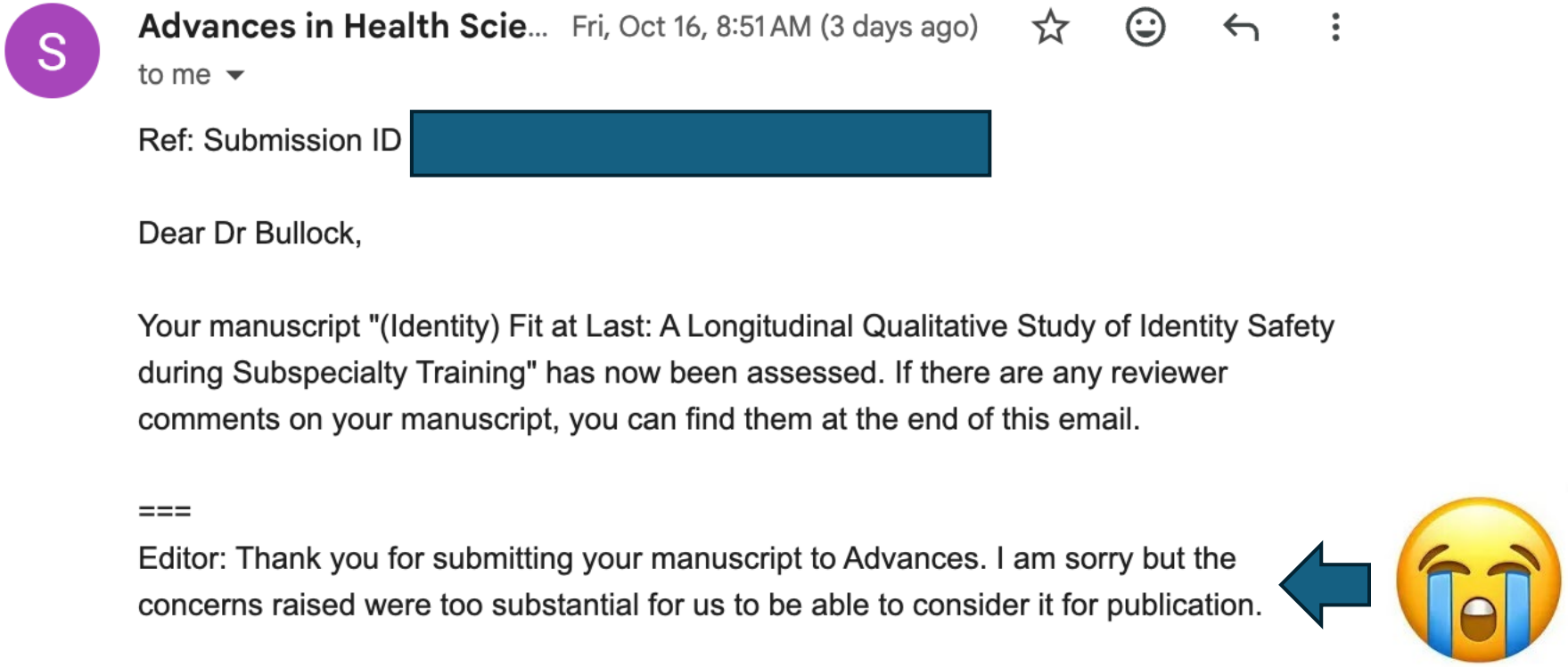
Tool: Getting a Paper Ready for Publication

- Having a trusted colleague who is not on your team review your paper
- Medical Education Co-Lab
  - Monthly medical education works in progress session
  - Can present a project you have been thinking about, a survey or interview guide you want feedback on, or a whole workshop, grant or paper
  - Low stakes and supportive group to help advance your medical education scholarship.
  - Email Dr. Addie McClintock- ahearst@uw.edu

What happens when you submit to a journal?



Reject :(--->
Read Feedback if you got it
Put it down for a week
TRY AGAIN!!!!!!!!



S

Advances in Health Scie... Fri, Oct 16, 8:51 AM (3 days ago)

to me

Ref: Submission ID [redacted]

Dear Dr Bullock,

Your manuscript "(Identity) Fit at Last: A Longitudinal Qualitative Study of Identity Safety during Subspecialty Training" has now been assessed. If there are any reviewer comments on your manuscript, you can find them at the end of this email.

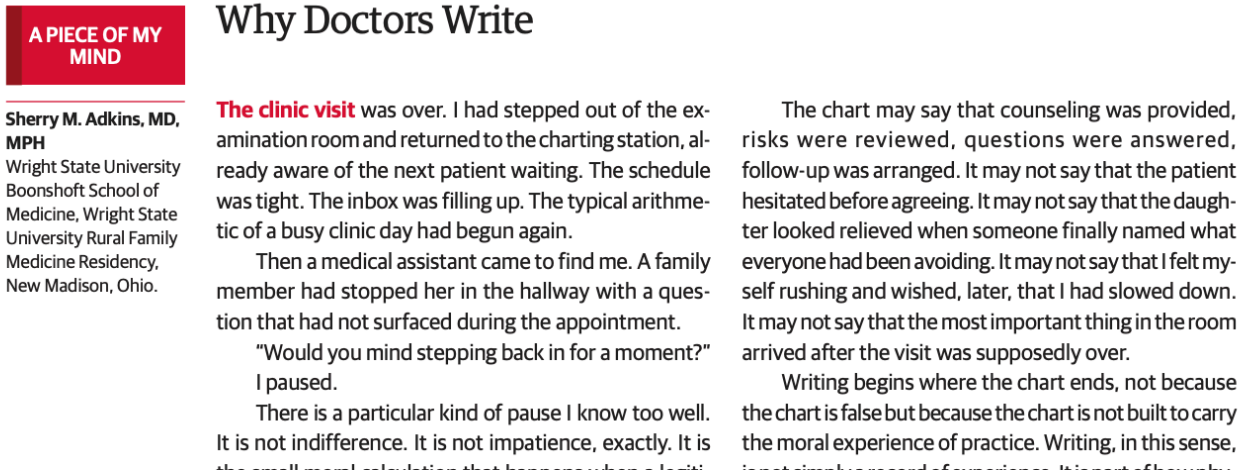
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Editor: Thank you for submitting your manuscript to Advances. I am sorry but the concerns raised were too substantial for us to be able to consider it for publication.

Final Tool: Picking the Correct Journal

- For commentaries: have they published something similar recently→ Consider another journal

- For research: have they published something similar recently? →Consider this journal



A PIECE OF MY MIND

Why Doctors Write

Sherry M. Adkins, MD, MPH
Wright State University Boonshoft School of Medicine, Wright State University Rural Family Medicine Residency, New Madison, Ohio.

The clinic visit was over. I had stepped out of the examination room and returned to the charting station, already aware of the next patient waiting. The schedule was tight. The inbox was filling up. The typical arithmetic of a busy clinic day had begun again.

Then a medical assistant came to find me. A family member had stopped her in the hallway with a question that had not surfaced during the appointment.

"Would you mind stepping back in for a moment?"

I paused.

There is a particular kind of pause I know too well. It is not indifference. It is not impatience, exactly. It is

The chart may say that counseling was provided, risks were reviewed, questions were answered, follow-up was arranged. It may not say that the patient hesitated before agreeing. It may not say that the daughter looked relieved when someone finally named what everyone had been avoiding. It may not say that I felt myself rushing and wished, later, that I had slowed down. It may not say that the most important thing in the room arrived after the visit was supposedly over.

Writing begins where the chart ends, not because the chart is false but because the chart is not built to carry the moral experience of practice. Writing, in this sense,



Professional identity formation in health professions education: conceptual foundations and a pragmatic approach

Reflections | Open access | Published: 30 July 2026

(2026) Cite this article

You have full access to this open access article

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Workshop

- Please think of a project that you are currently working on or would like to be working on
- Please find a deadline:
  - AAIM submission
  - SGIM or regional SGIM
  - AAMC Conference, Dec 7, 2026
  - Subspecialty Conference
  - CLIME Small Grant ~ March 2027
  - Some other deadline
- Make a list of major activities, between now and deadline
- For first major activity, break into 1-2hr blocks

Evaluation

Up next

CLIME Time: Introduction to Survey Design
With Justin Bullock, MD, MPH



Tuesday, November 17, 2026
12:00pm – 1:30pm (PT)
11:00am – 12:30pm (AKT)
1:00pm – 2:30pm (MT)

Zoom

Advanced: Critical Discourse Analysis: Analyzing What is Said and What is Not Said

Rabia Khan, PhD, MS

Dec 10, 2026
12:00pm – 1:30pm (PT)
11:00am – 12:30pm (AKT)
1:00pm – 2:30pm (MT)

Advanced: Longitudinal Qualitative Research

Dorene Balmer, PhD

February 11, 2027
12:00pm – 1:30pm (PT)
11:00am – 12:30pm (AKT)
1:00pm – 2:30pm (MT)

Introduction to Qualitative Methods

Justin Bullock, MD, MPH

March 18, 2027
12:00pm – 1:30pm (PT)
11:00am – 12:30pm (AKT)
1:00pm – 2:30pm (MT)

Advanced: Introduction to Phenomenology: Using Rich Pictures

Annie Cravero, MD & Justin Bullock, MD, MPH

February 11, 2027
12:00pm – 1:30pm (PT)
11:00am – 12:30pm (AKT)
1:00pm – 2:30pm (MT)