Introduction May 2019- “Really Good Stuff”

The submissions to “Really Good Stuff” continue to increase in both quantity and quality. That fact means that selecting the stuff that is really good is both more interesting and a much greater challenge than when the section first appeared. The reviews received for the reports are critical in selecting the reports that will be published, as well as those that are not accepted and I thank all of you who take your time to provide such useful information and insights.

I have been most fortunate to work again with a trio of individuals who are serving this year as interns with *Medical Education.* As has been the custom in years past, I’ve asked each of them to provide their perspective on the experience working with the selection of “Really Good Stuff” reports. Sara Mortaz Hejri suggests that it will be interesting to discover which of the “Really Good Stuff” reports were ultimately published as full papers. The editor, Kevin Eva, has offered me the chance to explore that question in a future issue of this journal.

I want to express my sincere gratitude for the many contributions the editorial interns have made to this issue of “Really Good Stuff”. As you will see from reading their perspectives, I learned a great deal from them and I know you will too.

Paul Crampton

‘Really Good Stuff’ (RGS) is a fantastic opportunity to publish and showcase a short piece of work in a world-leading medical education journal. Articles often accepted in *Medical Education* are conceptually grounded but given the 500 word count this is clearly not viable, hence RGS allows authors to raise awareness of small scale developmental projects which may be of practical significance to a wide audience. Additionally, RGS provides a very accessible format which may help clinical educators and those new to medical education research to demonstrate their work is original and valuable to the field. I found many of the articles I reviewed written by those who were clearly passionate about medical education and keen to spread the news of their innovations.

The three key components of RGS: 1) problem addressed 2) what was tried, and 3) lessons learned are difficult to sufficiently address within the articles, with the focus often swaying between establishing a clear educational issue and how the initiative tackled such issues. There is the important selection of the permissible one golden reference that needs to be used shrewdly; often cited when establishing the issue, but occasionally highlighting implications. RGS tends to present specific innovations in local contexts but those articles I found of most interest were those which provoked thoughts on how relevant, transferable and applicable the innovation was to other situations. Whether it be how this initiative would relate to other disciplinary subjects, learning settings or learner samples, there is much to be learned from this journal format.

Following on from Hautz’s comments when reviewing for RGS previously,1 the age of technology advancements and the i-toy continues to be of interest, but establishing links to educational issues and how technology may enhance education remains imperative. Similarly, articles tackling clinical issues also need to have an educational focus beyond the introduction of teaching on the latest topic ‘x’. Here the global readership of *Medical Education* must be considered, as something new in one context may not be necessarily new in another. The lessons learned therefore should capture meaningful messages from both the perspective of developing the innovation and the learners. A p-value with a small sample size is unlikely to be accepted if there is little reflection from the authors, or other ways to consider what was learned. The range of articles this year across topics was of great interest and I hope leads to lots of inspiration for the readers.

Reference

1Anderson, M.B., Ryan, A., Hautz, W. and Zhimin, J., 2018. Really Good Stuff Lessons learned through innovation in medical education A peer-reviewed collection of short reports from around the world on innovative approaches to medical education Introduction.

**Sara Mortaz Hejri, *Tehran University of Medical Sciences, Iran***

The internship, in general, and the opportunity to review some of the RGS submissions, in particular, have been exciting and enlightening experiences for me. The RGS format is absolutely different from other types of submissions; and, as someone who has been on either side, I can pronounce that this notion holds true for both the *writer* and *the reviewer*.

Anyone who would like to write RGSs, is advised to follow the authors’ guideline. The previous interns also raised important points which are truly helpful. All of their tips really resonate with what I experienced during my previous publication of two RGSs, but, perhaps the most remarkable item is that drafting the whole idea in just 500 words, instead of for example 3500 words, is more challenging than you might imagine. Being concise, especially on a subject we are passionate about, is tough. This reminds me of a saying, attributed to Woodrow Wilson, about the preparation time needed for speeches of varying lengths. “If I am to speak ten minutes, I need a week for preparation; if fifteen minutes, three days; if half an hour, two days; if an hour, I am ready now!”

With regard to reviewing the submissions, although I had previously reviewed full-length manuscripts for *Medical Education*, I found the recent experience unique: Here, the reviewer is supposed to arrive at a conclusion based on limited amount of information provided within the condensed format of RGS, which actually allows for little detail. In addition, the educational scholarships are supposed to be novel in terms of idea or design, yet we should evaluate their importance and applicability for general readership of the journal, and see if they can meaningfully contribute to the field. Furthermore, at the same time that we are thrilled by the innovation and really expect the authors’ efforts to be fruitful, we encourage the authors to reflect more on areas that were less effective or satisfactory.

As a final word, I was thinking it would be interesting if we could find out what proportion of the RGSs will eventually find their way into the world of original papers, and get the opportunity to be published as full articles. Even more importantly, I am wondering, how many will result in sustainable changes and permanent developments within the educational programs.

**Yu-Che Chang, Chang Gung Memorial Hospital, Linkou, Taiwan**

It has been my pleasure being invited as an editorial intern to review a lot of short structured reports in *Really Good Stuff*. *Really Good Stuff* defines the “newness” or “significant insight gained through the educational innovation” as a major or critical criteria for publication. This is an effective and novel way for the readers to acquire new knowledge and for them to be enriched and nourished in the development of their scholarship in medical education.

“The less the better” seems to be an ideal guide for preparing the structured reports which also maximizes the capacity for sharing timely or real-world translational medical education research. Conversely, *Really Good Stuff* has also brought challenges to *authors* and *reviewers*. I found that the authors presented the innovative ideas by addressing *what problem was tackled* and *what was attempted to tackle the problems*. Instead of demonstrating their success or research outcome, the authors are expected to present *what lessons were learned* or *what critical insight was gained.* The authors inevitably rack their brain to portray an image of innovation for the readers and reviewers. Even so, in the course of my review process, I still found that some reports did not successfully fit the RGS organizational structure. I also noticed a lot of variance or discrepancy between review comments, which illustrated the challenges of judgements for reviewers and final decision making for the editor as they need to draw the outline of the image being portrayed by the author based upon the limited capacity the structured report enchased.

Traditionally, it takes a long time for authors to get published in medical education research, due to that the quality or reliability of the research process and outcomes has to be thoroughly checked. Personally, I think having “newness” as the key focus of RGS - presents RGS with the potential to facilitate timely propagation of educational innovation, providing novel experience of scholastic implementation in medical education community. While RGS is not concerned only about evidence as a major contribution to medical education journal, I believe that the impact of articles published in RGS is expected to be followed and explored.