

Conference Proceedings

**Innovations in
Medical Education**

**Transforming Health Professions
Education through Innovation**

February 25-26, 2012

Hilton Pasadena Hotel
168 South Los Robles
Pasadena, California

Presented by
Division of Medical Education
and
Office of Continuing Medical Education

**Keck School of Medicine of USC
University of Southern California**

INNOVATIONS IN MEDICAL EDUCATION

Saturday, February 25, 2012

7:00 – 8:00 am	Continental Breakfast and Registration		
8:00 – 8:15 am	Welcome —Maurice Hitchcock, Director, Division of Medical Education, Educational Affairs, Keck School of Medicine of USC, University of Southern California <i>San Gabriel Ballroom</i>		
8:15 – 8:50 am		Session 1: Plenary Session <i>San Gabriel Ballroom</i> Introduction of Plenary Speaker: Dr. Henri Ford, Vice Dean, Educational Affairs Keck School of Medicine of USC, University of Southern California <h2 style="text-align: center;">A New Assessment Paradigm: Measuring Much More, But With a Lighter Touch</h2> Robert Galbraith, MD, MBA, FACP Center for Innovation, National Board of Medical Examiners	
9:00 – 10:30 am	Session 2: Graduate Medical Education Moderator: Rima Jubran <i>San Gabriel Ballroom</i> <ul style="list-style-type: none"> • Kimberly Moore Impact Of a Novel OB/GYN And Pharmacist-Developed Educational Intervention On Knowledge Regarding Emergency Contraception... • Richard Mink Can an Airway Program Improve Pediatric Resident Airway Skills? • Catherine Matheson The Views Of Junior and Senior Doctors Who Attended a Teaching and Assessing Clinical Skills Short Course ... • Carlyn Christensen-Szalanski Reap the Whirlwind: Using a Simulated Tornado Disaster As a Quality Improvement Project for Emergency Medicine Residents 	Session 3: Workshop (90 minutes) <i>San Marino Room</i> Finding and Working With a Mentor for Career Advancement William Anderson Maurice Hitchcock	Session 4: Workshop (90 minutes) <i>San Diego Room</i> Lessons from Neurobiology: What Medical Educators Should Know Lesley Hamilton Garrett Meyers
10:30 – 10:50	Break		
10:50 – 12:20 pm	Session 5: Undergraduate Medical Education Moderator: Julie Nyquist <i>San Gabriel Ballroom</i> <ul style="list-style-type: none"> • Vincent Biron Teaching Cricothyrotomy: A Multisensory Surgical Education Approach For Final Year Medical Students at U of Alberta • Sylvia Shaw Teaching Medical Students To Write Inpatient Orders: Educating The Millennium Gen... • Kelli Auerbach Beyond Comfort Zones: an Experiment In Art and Medical Education • Janet Trial Catering To the Consumer: Professional Formation As The "Hidden Curriculum" 	Session 6: 2 Workshop (40 minutes each) <i>San Marino Room</i> Working with Hybrid Simulation: The Ventriloscope® Denise Souder Win May <hr/> Presentations: How to Produce Useful Slides and Handouts Dixie Fisher Beverly Wood	Session 7: Workshop (90 minutes) <i>San Diego Room</i> Never Go Solo—The How And Why Of Effective Team Building Lavjay Butani Rima Jubran Andrea C. Pinnick Ann Spangler Ivan Wong

	<p>Session 5, continued</p> <ul style="list-style-type: none"> • Jane Rosenthal Motivation, Learning Strategies, and Academic Success Of First-Year Medical Students 		
12:20 – 1:40 pm	<p>Session 8: Complimentary Lunch for All Attendees <i>California Ballroom</i> <i>Acknowledgement of Masters of Academic Medicine and Faculty Development Fellows Graduates</i></p>		
1:40 – 3:10 pm	<p>Session 9: Technology and Simulation Moderator: Hans House <i>San Gabriel Ballroom</i></p> <ul style="list-style-type: none"> • Christopher Cook Moodle As a Platform to Deliver Accredited, Open-Access, Web-Based Training In Cardiovascular Magnetic Resonance Imaging • Dale Vincent Bingo Pro: A Game of Scholarship For Medical Residents • Nitin Gaikwad Crossword Puzzles: Self-Learning Tool In Pharmacology • Ivan Wong Developing a Model For Simulator Training and Evaluation Of Arthroscopic Skills • Theresa Woehrle Prior Knowledge of Case Scenario Does Not Affect OSCE Performance For Pre Clinical Students 	<p>Session 10: Leadership Fellows Workshop (90 minutes) <i>San Marino Room</i></p> <p>It's My Way or the Highway; How to Better Navigate Conflict</p> <p>Andrea Angelucci Christine Criscuolo Higgins Sarah Houssayni Syed Naqvi Sharon Obadia Luis Rigales</p>	<p>Session 11: Workshop (90 minutes) <i>San Diego Room</i></p> <p>The Egan Skilled Helper Model of Mentoring</p> <p>David Matheson Catherine Matheson</p>
3:10 – 3:30 pm	Break		
3:30 – 5:00 pm	<p>Session 12: Curriculum Innovations Moderator: Rich Mink <i>San Gabriel Ballroom</i></p> <ul style="list-style-type: none"> • Mojca Remskar Konia Comprehensive Curriculum of Transfusion Medicine Education With High-Fidelity Simulation • Peter Koopman A Balint Curriculum's Effect on Family Medicine Residents' Empathy and Psychological Skills Using Existing Validated Scales • Catherine Matheson Retention of Teaching Skills of Medical Practitioners After Attending Teaching Improvement Project Scheme and Teaching... • Mitzi D'aquila Putting the "Student" In "Student Case Presentation": The Integration of Peer Review In The Presentation Skills Workshop • Christopher Forest Teaching Cultural Competency: What Students Learn From Directed Service-Learning Activities • Junaid Khan How the Literature Guided the Concept of an Assessment Driven Integrated Learning Curriculum (ADIL) 	<p>Session 13: Workshop (90 minutes) <i>San Marino Room</i></p> <p>The Art of Critical Reflection: Using Feedback to Stimulate Reflective Capacity in Your Learners</p> <p>Lavjay Butani Albina Gogo Michele Long</p>	<p>Session 14: Workshop (90 minutes) <i>San Diego Room</i></p> <p>Dialogue: A Creative Writing Workshop For the Clinical Encounter Kelli Auerbach</p>
5:00 – 6:30 pm	<p>Session 15: Poster Session I — Meet the Authors Complimentary snacks and soft drinks Moderator: Dixie Fisher <i>Pasadena Room (Note: Titles that contain ellipses were shortened to preserve space. Please see abstract for full title.)</i></p> <p>Maryam Akbari The Relationship Between Medical Faculty Members' Spiritual Intelligence Quotient (SQ) and ...</p> <p>Ahmad Alawadhi Taking Evidence Into Practice</p> <p>Armaity Austin Introduction of Integrative Medicine curriculum at Keck School of Medicine at USC</p> <p>Marilyn Becker A Strategic Partnership Project to Advance Awareness & Equity of Medical Trainees with Invisible Disabilities</p> <p>Dorothy Brueggmann Assessment Of Medical Student Satisfaction And Performance After Case-Based Teaching....</p> <p>Alex Dubov Ethics of Caring as an Approach For Teaching Ethics In Medicine</p>		

Albina Gogo Developing Teaching Modules In an Outpatient Pediatric Residency Clinic
Danielle Hart Debriefing the Debriefers: Everything You Need To Know About Debriefing High Fidelity Case-Based Simulation
Christine Higgins Educating Women to Prevent Excessive Weight Gain in Pregnancy Through Patient-Centered Group Visits
Hans House Effective Communication In Patient Handoffs: A Workshop for Students and Residents
Mara Hover Assessing Core Clinical Competencies of Osteopathic Medical Students in Diverse Community Healthcare Settings
Sergio Infante Improving Dental Health in End Stage Renal Disease on Hemodialysis Patients who are Kidney Transplant ...
Jenny Jaque Creating an Assessment Tool to Evaluate and Coach Incoming Residents In Obstetrics and Gynecology
Abdul Satter Kahn Enhancing Empathy as a Result Of Reduction In Distress Through Trigger of Emotions By Feature Films ...
Junaid Khan Assessment-Driven Integrated Learning (ADIL): How the Literature Can Guide Curriculum Development
Diane Kirby The Impact of an Oral Health Anticipatory Guidance Video on Caregiver Knowledge and Pre-school Children's ...
Peter Koopman A Balint Curriculum's Effect on Family Medicine Residents Empathy and Psychological Skills
Kate Martin From The Classroom To The Community: Frontiers Of a Family Medicine Clerkship
Alicia Milan-Flannigan Will a new preconception care curriculum taught to family medicine residents improve the proportion ...
Seyd Naqvi Effects of Exercise Encouragement on Chronically Elevated Heart Rates
Victoria Niklas Development Of High Technology Simulations For Teaching and Evaluating Interpersonal and ...
Carlos O'Bryan-Becerra Breastfeeding Curriculum For Family Medicine Residents
Jane Oh Effects Of a Formal Sign-Out Curriculum Of Improving Handoffs Amongst Pediatric Interns
Rowena Pingul-Ravano Adaptive Design: The Learner-Leader-Teacher Model For Meeting Ideal Patient Care Needs
Seth Politano Residency Homework: Does a Structured Self-Learning Program Improve Performance By Residents On The ...
Luis Rigales Educating Family Medicine Residents to Provide Preventative Oral Health Care to Preschool Children in New ...
Vincent Rowe Psychosocial Aspects Underlying Dialysis Access Preference in Pediatric End-Stage Renal Disease Patients
Ann L Schultz Case-Based Learning as a Teaching Tool In Preparing Physician Assistant Students For Clinical Training
Sal Suau ECG Learning Module
Kenneth Thrasher Development of a Vascular Disease Risk Factor Management Curriculum for PGY 1 Residents
Sunita Vagha 'Capsulation' — A Condiment Added To the 'SPICES'
Chelsia Varner Transitioning Anesthesiology Residents To Practice
Stephanie Zia Crossing The Divide With 21st Century Digital Technology—Use Of a Transitions Module To Facilitate the ...

Saturday, February 25, 2012

Plenary Session

Session 1 – San Gabriel Ballroom

8:15 - 8:50 am

A New Assessment Paradigm: Measuring Much More, But With a Lighter Touch

Robert Galbraith, MD, MBA, FACP

At the conclusion of the conference, the participant should be able to:

- State the different types of assessment – traditional vs. emerging
- List new types of measurement aimed at improving skills or behavior

If I Were King of Assessment

OR Way More Assessment
but with a Lighter Touch

The Winds of Change in Assessment

- Philosophy
 - Traditional – “high stakes, summative”
 - Emerging – “lower stakes, formative”
- Scope
 - Traditional – “narrow base, front-loaded in training”
 - Emerging – “broad base, across continuum”
- Methodologies and Construction
 - Traditional - “MCQ tests will do it for you”
 - Emerging - “What do you actually need”
- Vision
 - Traditional – “educating and assessing separately”
 - Emerging – “learning integrating education & assessment”

Traditional Philosophy “High Stakes, Summative”

- Tests standardized to group, in simulated settings
- High reliability (e.g. MCQ exams)
- Separated in time and place from education
- Emphasize factual knowledge, problem solving, some basic clinical skills
- Point-in-time testing primarily during training
- High stakes, summative
- Little feedback beyond a score
- Educators/ regulators main locus of accountability
- Minimal competence “floor”, high face validity

Emerging Philosophy
“Lower Stakes, Formative”

- Assessments tailored to individual and real-world
- Lower unit reliability, but aggregation possible
- Embedded in learning process
- Broadened base - skills (e.g. psychomotor), behaviors (e.g. professionalism, communications), clinical proficiency (processes of care, outcomes)
- Frequent sampling throughout training and career
- Lower stakes, more formative
- Abundant feedback, preferably with mentoring
- Individual is important locus of accountability
- Designed to drive continuing improvement

Traditional Scope: “Narrow Base, Front-Loaded in Training”

- Knowledge and reasoning
- Basic clinical skills
- Patient Management
- Testing primarily in medical students, residents

Emerging Scope: “Broadened Base”

- Psychomotor skills bucket
- “Physicianship” (people skills) bucket
 - Professionalism/ Communications skills
 - Cultural sensitivity/ leadership/ teamwork
- Clinical proficiency bucket
 - Processes of care/ outcomes
 - Decision-making
 - General Competency framework: Clinical care, Systems-based practice, practice-based learning and improvement
 - Facility with systems

Emerging Scope: “Across Continuum”

- Previously, practice years were assessment-free
- Then, recertification every 7-10 years with summative MCQ test (N.B. “grandfathering”)
- Now, Maintenance of Certification (MOC) based on competencies with formative and summative testing (N.B. discipline-based)
- Next, Maintenance of Licensure (MOL) based on actual practice

Methodologies and Construction

- Traditional
 - Have methodology (MCQ), Need to assess content competence in domain X, write MCQ questions in that domain, build test, get score, make inference
 - Subjectivity is never acceptable
- Emerging (Evidence-based assessment)
 - Need to make particular inference, what then needs to be tested, how will it be tested, and what data are needed?
 - Expert judgment is acceptable

Vision: From Educating and Assessing Separately to Integration into Learning

- Traditional Approach
 - Education and assessment are independent activities, and should be separated in time, delivery and place
- Emerging Approach
 - Education and assessment are contemporaneous aspects of the same learning goal.
 - Effective learning habits are taken on in medical school and maintained lifelong

Vision 2: Cycle of Continuous Improvement

- Healthcare professional logs on regularly
- Gets feedback that clearly illustrates
 - What they are doing (e.g. practice, and trends)
 - How they are doing (knowledge, psychomotor skills, behaviors, clinical proficiency)
 - Areas needing major improvement (individual and institutional priorities)
- Formulates improvement plan (including CME), executes, remeasures
- Reports out relevant data for MOC, ?MOL
- Repeats cycle
- Applicable to all major buckets of assessment

New Forms of Assessment

- Psychomotor skills (reasonably clean)
 - Biomechanical and virtual simulations
- “Physicianship” skills and behaviors (somewhat messy)
 - Virtual simulations
 - Multi-source feedback (MSF) from 360 degrees

New Forms of Assessment

- Clinical Proficiency (very messy)
 - “What am I doing?”
 - “How am I doing at it?”
 - “How can I improve?”

Knowledge Assessment in a Low Stakes, Formative World

- Geared to individual's practice, rather than standardized to group
- Self-assessment initiated by the learner ("just in time, just for me")
- Done any time, anywhere, on smart phone
- Options for pacing, tagging incorrect answers, providing links to appropriate elearning content
- Can be repeated *ad lib*

Biomechanical and Virtual Simulations

- Multiple measurement parameters/ data streams are available (this is a problem for summative assessment)
- Abundant feedback is available, and with or without supervision
- The simulation can be repeated until expected level of mastery is achieved (without patient harm or discomfort)

Clinical Proficiency in Real Settings

- Getting and using the Data
- Finding measures that drive improvement
- Getting attention of healthcare professionals
- Assuring that improvement occurs

Getting and Using the Data

- EHR
 - Most complete and accurate clinical data
 - Stored hierarchically by patient by transaction
 - Practices may cross several different installations
 - Difficult to manipulate in native system
 - Necessary to extract data into relational data base
- Claims Data
 - Perceived as inaccurate, and not timely
 - Missing much important clinical data
 - Beginning to be more available (e.g. CMS)

Finding Measures that Drive Improvement

- Most measures for processes, less for outcomes
- Measures change rapidly
- Measures may need to be aggregated
- Not all measures created equal
- Unclear how measures drive improvement
- Can promote responder fatigue, and gaming
- Nevertheless, a reasonable number are now available and attempts to validate are underway

Getting The Attention of Healthcare Professionals

- Maximize active engagement with data
 - Accuracy, timeliness, attribution
- Ensure feedback is actionable
- Consider mentorship (perhaps anonymous)
- Provide tools for planning and monitoring improvement
- Tie to professionalism
- Enable report-out and management for CME, MOC and ?MOL

Assuring that Improvement Occurs

- By disease, clinical problem, practice, etc.
- At all units of measurement
 - Individual/team
 - Department/ microsystem
 - Clinic/ hospital

Conclusions

- After a prolonged and singular focus on a “scientific” approach to education and assessment, the potential utility of including a “naturalistic” approach is being seriously examined for integrated learning
- The addition of lower stakes, formative approaches will greatly enrich the inferences available from high stakes, summative approaches, and should drive a new culture of continuous improvement

Saturday, February 25, 2012

Graduate Medical Education

Session 2 – San Gabriel Ballroom

9:00 - 10:30 am

Moderator: Rima Jubran

Impact of A Novel OB/GYN and Pharmacist Developed Educational Intervention on Knowledge Regarding Emergency Contraception of 1st year Politically Conservative Pharmacy Students

*Kimberly A Moore 1, Melissa Natavio 1, Hannah Moon 1, Mimi Lou 2, Kathleen A Johnson 2, Kathleen H Besinque 2, Penina Segall-Gutierrez 1

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Background/Need

Half of all pregnancies in the United States are unintended and carry socioeconomic and physical ramifications. The use of oral emergency contraception (OEC) can significantly reduce the rate of unintended pregnancies. Therefore, it is important that pharmacists be knowledgeable about OEC.

Purpose Statement

The purpose of this study is to determine whether there are differential changes in knowledge regarding OEC following a novel educational intervention designed by faculty in the Department of Obstetrics and Gynecology and School of Pharmacy among politically conservative first-year pharmacy students.

Intended Learners

First-Year Pharmacy Students

Methods

Over 2 days in their introduction to Public Health course, 1st year pharmacy students participated in a 2-hour didactic session followed by a 2-hour interactive role-playing workshop led by a team of family planning physicians and pharmacists. Pharmacy students completed a 33-item survey including 9 knowledge questions regarding OEC prior to ("pre"), immediately following ("post"), and 8 weeks ("8wks") after the educational intervention. Knowledge was assessed via true/false questions with the cumulative knowledge scores reported being the number of questions answered correctly. We used a sample size of convenience and set our significance at $p < 0.05$ adjusted for pairwise comparisons utilizing Fisher's exact test for dichotomous variables and repeat measures ANOVA for continuous variables.

Results

144 of 188 students completed all 3 surveys. Twenty-two of these students identified as politically conservative (PCS), while 120 identified as "other" (including moderate or liberal) and 2 students did not answer the political affiliation question. At baseline, the mean knowledge score was 4.4 and 5 among PCS and "other" students, respectively ($p = 0.026$). Immediately following the intervention, the mean knowledge score was 8.2 in both groups ($p = 0.9$). At 8 weeks, the mean knowledge score was 6.5 among PCS and 7.4 among "other" students ($p = 0.002$). Differences within group from pre to post, post to 8 weeks, and 8 weeks to baseline were statistically significantly different at all 3 time points in both groups ($p < 0.001$)

Conclusions/Discussion

While students who identified as politically conservative had lower baseline knowledge regarding emergency contraception, gains were seen from baseline in both politically conservative and "other"

students that were maintained above baseline at 8 weeks. Education regarding emergency contraception can improve factual medical knowledge among first year pharmacy students irrespective of political affiliation. Future studies should focus on the effects of curricular interventions for pharmacy students in clinical practice.

Can an Airway Program Improve Pediatric Resident Airway Skills?

*Richard Mink^{1,2,3}, Nicole Baier¹, Christopher Babbitt⁴, Khanh-Van Le-Bucklin^{4,5}, Esther An¹, Tom Kallay^{1,2,3}

¹Harbor-UCLA Medical Center; ²Los Angeles Biomedical Research Institute; ³University of California at Los Angeles; ⁴Miller Children's Hospital; ⁵University of California at Irvine
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Background/Need

By the end of their training, pediatric residents are expected to be competent in airway skills, including endotracheal intubation (ET). However, studies indicate that this is not the case. In order to improve airway proficiency, we created a program comprised of didactic sessions, simulation, an anesthesia rotation with supervised patient encounters and a test to reinforce knowledge.

Purpose Statement

The purpose of this study was to determine whether this program was effective in increasing pediatric trainee airway knowledge, skill and attitude and if so, were these improvements sustained.

Intended Learners

Pediatric Residency Program Directors

Methods

First year trainees from 2 different pediatric residencies were evaluated. One group (n=9) was exposed to the program, the other was not (n=12). Knowledge, skills and attitude were assessed in both groups in the middle of the 1st year of training (pre-course; PRE), at the start of the 2nd year (post-course; POST) and 6 months later (6POST). Previously validated measurement instruments included tests of airway knowledge (multiple-choice and case scenario questions; both scored as % correct), evaluation of bag-mask ventilation and ET performance (checklists; scored as % correct), and a confidence questionnaire (5-point Likert scale). Analyses used repeated measures ANOVA and Fisher's LSD. Data are mean±SD.

Results

The groups were similar ($p>0.05$) in all baseline assessments except those who did not take the course scored slightly better in multiple choice questions than those who did ($65.6\% \pm 10.2$ vs. $58.5\% \pm 9.9$, $p<0.05$). Program participants showed a greater improvement ($p<0.05$) in multiple choice questions (POST-PRE: $19.3\% \pm 12.2$ vs. $-2.2\% \pm 26.7$), ET (POST-PRE: $34.4\% \pm 13.5$ vs. $-5.3\% \pm 19.2$; 6POST-PRE: $30.3\% \pm 24.5$ vs. $-4.6\% \pm 23.4\%$) and greater airway confidence (POST-PRE: 1.1 ± 0.3 vs. -0.2 ± 0.7 ; 6POST-PRE: 1.5 ± 0.4 vs. 0.5 ± 0.5). Compared with PRE, both groups showed increases ($p<0.05$) in MCQ and confidence at 6POST. The effect size (Cohen's D) for all improvements was large.

Conclusions/Discussion

An airway skills program that uses multiple teaching methods can lead to sustained improvement in pediatric trainee airway knowledge, skills and attitude. Without formal airway training, pediatric residents showed an increase in knowledge and greater confidence but this was not associated with improved ET performance as was seen in course participants. This could contribute to a false sense of competency in airway skills.

The Views of Junior and Senior Doctors Who Attended a Teaching and Assessing Clinical Skills Short Course in Relation to Best Practice in Workplace-Based Assessments

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Background/Need

The completion of an e portfolio, including passing the required Workplace-Based Assessments (WPBAs) is a necessary condition to enter Specialty Training (residency) and to exit with a Certificate of Completion of Training which is needed in order to become a consultant (attending physician)

Purpose Statement

The aims and objectives were: to find out how WPBAs are conceptualised; to identify drivers and barriers to good/best practice; to investigate how good/best practice is conceptualised and how to maximise good practice.

Intended Learners

All those interested in workplace-based assessments

Methods

A total of 181 participants (Foundation and Specialty trainees and Consultants) took part in an online survey based on agreeing or disagreeing with 52 statements derived during brainstorming and ranking exercises undertaken during a short course on Teaching and Assessing Clinical Skills (TACS). Participants were also asked to share their views in respect to seven open-ended questions about WPBAs.

Results

Three quarters of the participants agreed that WPBAs provide a set of goals/curriculum. Over two thirds thought they were a valuable record of achievement, a way to receive constructive feedback with action points. Just over half thought that WPBAs improved clinical practice and encouraged the acquisition of clinical and practical skills and other useful skills. However, more than half the participants did not conceptualise WPBAs as valid and reliable. Two thirds considered WPBAs to be a source of stress and to be really assessing the ability in persuading someone to fill in form rather than clinical skills. Four fifth considered WPBAs to be tick-box exercises and only a snapshot of what trainees can do. Key drivers to best practice in WPBAs were positive assessors' attitudes, protected time, positive trainees' attitudes and meaningful feedback with action points. Key barriers were negative assessors' attitudes, lack of protected time, inadequate feedback and negative perceptions of WPBAs.

Conclusions/Discussion

Clinical and educational supervisors should be more approachable and available for WPBAs and for meetings, respond to emails and be more accessible for giving advice via email. Bookable slots for WPBAs offered by consultants. Trainees should be encouraged to be organised, self-motivated, and proactive and to book time with their educational and clinical supervisors. Training programmes should be audited and monitored to ensure that clinical supervisors and educational supervisors were discharging their responsibilities. Clinical and educational supervisors who obtained good feedback should get rewarded.

Reap the Whirlwind: Using a simulated Tornado Disaster as a Quality Improvement Project for Emergency Medicine Residents

*Carlyn Christensen-Szalanski, Michael P. Miller, and Hans R. House
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Background/Need

Section VI. A. 3. of the ACGME Common Program requirements requires that residents “are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.” Other program requirements include the need to teach interprofessional communication and interdisciplinary teamwork. Furthermore, the Model of Clinical Practice of Emergency Medicine (EM) calls for educating EM residents in disaster management, direct command, emergency preparedness, and process improvement. Combined with duty hour requirements, current service needs force the resident’s educational time to be a limited resource. We sought an educational innovation that could satisfy both the ACGME need for clinical quality improvement and the Model of Clinical Practice expectation for disaster management instruction, yet be completed within a single regularly scheduled weekly educational conference.

Purpose Statement

The purpose of this educational innovation is to practice the response to a mass-casualty incident and provide residents with a hands-on process improvement exercise. The input from the residents will be used to modify the equipment and strategic planning used in the hospital’s disaster plan.

Intended Learners

The intended learners are EM residents, although it could be adapted to any other residency involved in Disaster Preparedness.

Methods

The subject group consisted of 24 EM residents. They were given a didactic presentation on triage during a disaster. The group was then told a tornado has touched down in a populated area. They were given the description of 64 fictional victims and asked to sort each of the patients into one of four severity categories. The residents were divided into four small groups, one assigned to each triage category, and given a standard disaster emergency pack. The residents were asked to examine the contents of the bag, think about how they would need to care for their patients, and make suggestions for additions to the pack. Once they worked through the care of each simulated patient in their area, they returned to the large group to share their findings. The educational experience was evaluated by participants and by the list of suggested additions to the standard pack.

Overall, the residents rated the experience very highly (4.73 / 5). Comments included, “Great activity, good to get all the residents involved, good hands-on activity.” Each of the four groups made substantial recommendations for additions to the standard pack. The residents suggested a mean of 3.25 changes in medications to stock, 11.25 changes in expendable supplies, and 1.25 changes in reusable equipment. The material in the disaster packs will be changed significantly based on the results of this exercise.

Conclusions/Discussion

This was a useful exercise that resulted in useful and practical ideas from the residents. It was able to be completed in two hours from start to finish and involved the entire residency program. The residents found the material to be interesting and engaging, and the exercise has stimulated an atmosphere of proactive change in Emergency Department systems.

Saturday, February 25, 2012
Workshop

Session 3 – San Marino Room

9:00 -10:30 am

Finding and Working with a Mentor for Career Advancement

Maurice Hitchcock, Ed.D.1, William Anderson 2
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Workshop Rationale

Research over the past 50 years has repeatedly pointed to the importance of having a mentor to succeed as a faculty member in academic medicine. Recent works have gone so far as to conclude that it is difficult or impossible to succeed without a mentor. Most of our interventions to date have focused on providing mentoring programs for faculty. Few strategies have been aimed at junior faculty to help them locate and work with mentors.

Intended Audience

Junior faculty

Objectives

At the close of this workshop, participants will be able to: 1) describe strategies for finding a mentor or mentors; 2) explain methods for establishing a relationship with a mentor; and 3) plan ways for working with a mentor over time

Workshop Activities

Mini-Lecture on Mentoring: What we know about mentoring. Case Study: to plan strategies for finding a mentor, establishing a relationship with him/her, and working with him/her over time. Self-reflection: to apply the workshop skills to participants (focusing on next steps)

Take-home Tools

Individual 'Next-Steps' for finding and working with a mentor.

Saturday, February 25, 2012

Workshop

Session 4 – San Diego Room

9:00 - 10:30 am

Lessons from Neurobiology: What Medical Educators Should Know

Garrett Meyers, Lesley Hamilton
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Workshop Rationale

The neurobiology of learning is a rapidly expanding field - even neurobiologists note an inability to keep fully current in the field. As medical education evolves through innovation, research, and communication of best practices, an understanding of the changes occurring in learners' brains is a powerful tool for informing educators' efforts. This workshop outlines the most important principles emerging from the neurobiology of learning and memory, presented through active techniques which harness those same principles. Participants will link their current knowledge of educational best practices to these principles and compile strategies to assess, design, and implement learning sessions with maximal impact.

Intended Audience

Medical educators and learners at all levels.

Objectives

Upon completion of this workshop, participants will be able to: 1. Describe a model of how our brains learn 2. Discuss seven principles of neurobiology that directly relate to medical education 3. Design and implement active learning techniques that maximize benefits of these principles 4. Communicate the value of high-impact learning activities over traditional methods

Workshop Activities

Activities and teaching methods are utilized to both reinforce and illustrate workshop principles, and include: videos, think-write-share, small group discussion, large group discussion, learners taking on the teaching role, and brief periods of didactic input.

Take-home Tools

A list of educational techniques linked to the neurobiology of learning and memory will be generated by participants, compiled, and disseminated.

Saturday, February 25, 2012

Undergraduate Medical Education

Session 5 – San Gabriel Ballroom

10:50 am - 12:20 pm

Moderator: Julie Nyquist

Teaching Cricothyrotomy: A Multisensory Surgical Education Approach For Final Year Medical Students at the University of Alberta

*Vincent L. Biron, Matthew Harris, George Kurien, Chase Campbell, Pierre Lemelin, Dan Levy, Daniel A. O'Connell, David W.J. Côté and Khalid Ansari
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Background/Need

The ability to manage a patient with acute airway obstruction is a critical skill-set for any physician treating patients in an emergent or acute care setting. Otolaryngology and anesthesiology residents are well trained in surgical airway management, but not every medical school graduate will possess the knowledge and confidence to perform a rare, but potentially life-saving, cricothyrotomy on his/her own. However, a survey of American rural family physicians suggests that airway management and otolaryngologic surgical skills are paramount to their practices. Further, a recent study suggests that surgical cricothyrotomy produces faster intubation success rates and decreased complications compared to puncture cricothyrotomy when performed by inexperienced health care workers. There is a paucity of surgical airway teaching in most undergraduate medical education curriculums. As such, there is a need to develop and implement procedural skills teaching sessions that specifically improves confidence with cricothyrotomy.

Purpose Statement

This study sought to evaluate the efficacy of a multisensory teaching approach in imparting the necessary knowledge, technical skills, and confidence to perform a cricothyrotomy in a cohort of fourth year medical students.

Intended Learners

Final year medical students

Methods

One hundred and twenty students were recruited into the study. Subjects commenced by viewing an upper airway obstruction vodcast. Students subsequently observed an expert demonstration of cricothyrotomy on human cadavers. Following this, students were able to practice on cadaveric simulators guided by experts. The students' confidence was assessed with pre- and post- session confidence level questionnaires (CLQs). Thirty randomly selected students were then assessed with a post- objective skill assessment questionnaire (OSAQ). Finally, a multiple choice question exam was administered to test knowledge.

Results

Ninety-five percent of student subjects achieved a score of at least 80% on the knowledge exam. All sampled students were considered competent to perform cricothyrotomy as judged by two independent expert observers using the OSAQ instrument. There was a statistically significant improvement between the pre- and post- CLQ scores ($p < 0.001$). In keeping with current education theories on multisensory learning, qualitative feedback suggests a student preference for this teaching approach

Conclusions/Discussion

This study provides further evidence that a multisensory teaching intervention effectively improves the knowledge, skill, and confidence of 4th year medical students in performing cricothyrotomy.

Teaching Medical Students to Write Inpatient Orders: Educating the Millennium Generation

Sylvia J. Shaw, MD & Stefan Bughi, MD
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Background & Rationale

In the setting of a classroom, students are traditionally assessed on their knowledge of order writing. In a 2010 survey of medical students, we found that medical students struggle with the process of admission order writing. We found that only ~20% of medical students could recall the mnemonic when writing admission orders. We developed a novel method of using song and dance to help students recall the mnemonic using principles of brain science and modern teaching techniques that suggested the importance of having students control their educational experience. The purpose of this project was to compare the effect of teaching the mnemonic in a traditional way (chalk and board) with teaching the mnemonic in a novel way (song and dance).

Hypothesis

Teaching students a mnemonic using song and dance compared to teaching them with chalk and board, will result in greater recall of the mnemonic when writing admission orders.

Methods

This study included 3rd & 4th Year Medical Students (N=4-6/month) participating in a 4-week rotation as part of the primary care team of Ortho/Diabetes Service at RLANRC. A lecture was provided that reviewed the essentials of order writing using the mnemonic ADCVAANDISML (**a**dmitting service and location, **d**iagnosis, **c**ondition, **v**itals, **a**ctivity, **a**llergies, **n**ursing, **d**iet, **i**v fluids, **s**edatives, **m**edications, **l**abs). The mnemonic was taught in two different ways: 1) chalk and board and 2) song and dance.

Evaluation

Students were presented with a fictitious patient being admitted to the hospital, and were then asked to write orders using the mnemonic. Recall of mnemonics was evaluated by using the Rancho Order Admission Scale Tool (ROAST). Two faculty members independently rated the thoroughness of the orders using the ROAST instrument to determine how thoroughly the mnemonic was applied to writing orders for three case scenarios.

Discussion

This study is in progress. Challenges associated with developing a song and dance mnemonic will be presented, as well as early preliminary data.

Beyond Comfort Zones: An Experiment in Art and Medical Education

Kelli Auerbach

California Institute of the Arts; Brown University; Rhode Island School of Design;
University of Southern California

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Background

Medical schools occasionally bring students to museums in order to hone their observational and diagnostic skills. Art schools sometimes bring students to anatomy labs to further their study of the body. In the course "No Innocent Eye: Knowledge and Interpretation in Art and Medicine," fourteen art students from Rhode Island School of Design (RISD) and twelve medical students from Alpert Medical School at Brown University were brought together for a semester-long engagement of art and medicine, via the lens of literary craft. The course was co-taught by Kelli Auerbach (then a professor at RISD) and Dr. Jay Baruch (Alpert Medical School) in the spring of 2010. As medical schools seek to further implement innovative learning models involving art and writing, "No Innocent Eye" is an example of a successful interdisciplinary endeavor with tangible results.

Purpose

The talk will describe the course, its outcomes, and what this type of pedagogy suggests for future developments in medical education.

Intended learners/audience

Medical educators; collaboration-seekers; curriculum developers; physicians; medical students

Description

Each week of the course was devoted to discussing a particular topic (such as pain, madness, elective amputation, death on display) and then participating in creative writing exercises that were in direct conversation with those topics. Students produced individual pieces of creative writing, hybrid works that combined writing and visual art, and collaborative projects in which an art student teamed up with a medical student to create an original piece of art. Other experiential activities during the semester included: a figure drawing session led by the art students; a session at the cadaver lab led by the medical students; and a session at Brown's Hay Library which houses an astonishing collection of early anatomy books.

Evaluation

Students provided written evaluations and oral feedback. In addition, evaluation is based on the quality and breadth of the artwork produced by the students, displayed at a gallery exhibition at RISD.

Impact on the field

"No Innocent Eye" was the first time that art students and medical students have been brought together in this way. The success of the course suggests compelling directions for innovations in medical education, as well as possibilities for collaborations between medical schools and art schools more broadly. A paper on the course is forthcoming in *Journal for Learning Through the Arts*.

Catering to the Consumer: Professional Formation as the ‘Hidden Curriculum’

Janet Trial EdD, Julie Nyquist PhD
Keck School of Medicine

Background/Need

Traditionally, professionalism curriculum in medical schools has been delivered in a ‘one size fits all’ continuous curriculum. Typically, topics are explored superficially, and faculty are frustrated in their attempt to teach more than basic content. Student evaluations of these curricula indicate a similar dissatisfaction with being herded ubiquitously through a standard curriculum that allowed very little in-depth exploration of the content presented.

Purpose Statement

The purpose of this study is to determine if it is possible to effectively teach the professional skills of: teamwork, peer feedback, leadership, portfolio development, self-directed learning, presentation skills, ethical debate, and self-care while making an in-depth exploration a single topic. The hypothesis is that that both faculty and students will perceive significant exposure/experience to professionalism skills while participating in a selective of their choice. Also hypothesized, students will be more satisfied with their participation in a required selective than with the traditional PPM curriculum. Lastly, faculty in from both new and traditional curricula will assess the curriculum as being effective in providing significant exposure to professional skills.

Intended Learners

Medical Educators UGM and GME

Methods

As part of the on-going course development for the Professionalism and the Practice of Medicine (PPM) course at a western medical school, second year students were required to participate in one 5 week/10 hour selective instead of the traditional longitudinal curriculum. The selective topic choices included Selective Medical Arts and Humanities, Information Technology’s Intersection with Medicine, Advanced Medical Ethics, Medicine and the Mind, The Future of Health Policy, Spirituality in Medicine, Face to Face: Exploring High Risk Patient Populations, Global Health, Advanced Medical Ethics. All selective faculty were required to incorporate the above professional skills into their lesson plans. Students were surveyed regarding their expectations and experiences with professional skills content as part of the ongoing assessment of course development. Additionally, both selective faculty and traditional faculty were surveyed regarding their perceptions of success in including the core content within their course.

Results

To Follow

Conclusions/Discussion

To Follow

Motivation, Learning Strategies, and Academic Success of First Year Medical Students

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Background/Need

The transition to medical school can be challenging for many students. For example, some students may struggle with adapting their learning strategies to the academic demands, and others may experience shifts in their motivation and expectations in the midst of exams and high expectations. Using of measures before the start of classes and at the end of the first year of medical school studies, this study explores the relationships among self-reported study strategies, motivational goals, and academic performance outcomes for medical students at a large, private medical school. Using these data, this study builds a model that might be used to identify potential threats to performance, implement interventions, and to enhance medical education during the crucial first-year transition to medical school.

Purpose Statement

The purpose of the study is to gain a better understanding of the interaction of students' goals, study strategies, and academic achievement outcomes as they transition to medical school. 1) Is there a difference in first year medical students' learning approaches at the beginning of the year and at the end of the year? 2) Which learning approach(es) is the strongest predictor of academic achievement outcomes for first year medical students? 4) Which motivational constructs best predict student learning approaches, academic achievement outcomes, and course repetition for first year medical students?

Intended Learners

Basic and clinical science faculty & curriculum support staff

Methods

Quantitative study. The surveys consist of self-report learning approaches survey (ASSIST) given in pre-/post- survey and a motivational survey (Achievement Goal Questionnaire, Elliott & Church, 2001 & Motivated Strategies for Learning Questionnaire, Pintrich et al, 1991). Objective academic performance measures (exam score data) were also collected.

Results

to follow

Conclusions/Discussion

to follow

Saturday, February 25, 2012

Workshops

Session 6 – San Marino Room

10:50 am - 12:20 pm

(40 minutes each)

Working with Hybrid Simulation: The Ventriloscope®

Denise Souder, EdD, Win May, MD, PhD
University of Southern California, Los Angeles, California

Background

Standardized/simulated patients (SPs) can accurately portray clinical scenarios, but often lack realistic physical findings. Normal and abnormal cardiac, pulmonary, and abdominal sounds in SPs can be achieved through the use of a Ventriloscope®, a simulated stethoscope. SPs can control the sounds, which the students hear in the simulated stethoscope. This use of hybrid human and mechanical simulators increases realism and allows students to hear cardiac, pulmonary, and abdominal sounds, which are case-appropriate. The relevant knowledge obtained from the hybrid simulation helps learners think in problem representations, make inferences, and relate information for drawing better conclusions.¹

Intended Outcomes

Workshop participants will be able to:

- Describe the benefits of hybrid simulation;
- Experience the Ventriloscope® from the student perspective using cardiac and pulmonary case scenarios;
- Identify potential uses of hybrid simulation in their institution's current curriculum

¹ National Research Council. Committee on Developments in the Science of Learning. . (2000). *How People Learn, Brain, Mind, Experience, and School*. Bransford, J. D., Brown, A.L., and Cocking, Rodney R., (Eds.). Washington, D.C.: National Academy Press.

How to Produce Great Slides and Handouts

Dixie Fisher, PhD, Beverly Wood, MD, PhD
USC, Keck School of Medicine

Workshop rationale:

Conference and lecture presentations that are remembered have three things in common—interactive pauses, great slides, and effective handouts. Handouts represent a key component of any presentation because they allow the presenter to relax and focus on connecting with the audience. Great slides avoid bullet point boredom and command attention. This workshop will focus on how to design good slides and handouts.

Intended audience: Anyone who uses slides and handouts for presentations.

Objectives:

At the completion of this workshop attendees will be better able to

1. Produce slides that command attention and improve retention
2. Develop handouts that “complement” the presentation

Workshop activities:

Presenters will provide several short didactic talks that will 1) identify why slides and handouts are not synonymous in content or design, and 2) list the advantages to presenters and listeners of using well-designed slides and handouts. Participants will be shown examples of good and bad presentation slides and, in small groups, be asked to participate in a “do-over” of a slide. Participants are welcome to bring a slide they would like to improve. Participants will discuss the “best time” to distribute handouts—before, during, or after a presentation.

Take home tools:

Handout: key concepts for developing slides and handouts that will enhance any presentation.

Saturday, February 25, 2012

Workshop

Session 7 – San Diego Room

10:50 am - 12:20 pm

Never Go Solo – the How and Why of Effective Team Building

Lavjay Butani, Rima Jubran, Andrea C. Pinnick, Ann Spangler, Ivan Wong

Workshop Rationale

Effective teams bring increased efficiency, improved work quality, enhanced creativity and heightened motivation. Yet, all too often, the best-intentioned efforts fail if adequate attention is not directed to effective team formation and functioning. This workshop will demonstrate how to build strong and effective teams.

Intended Audience

Junior and senior faculty interested in effective team building at their institutions for clinical care and networking

Objectives

1. List differences between ‘teams’ and groups of people 2. Analyze teams at their own institutions with respect to their strengths and weaknesses 3. Describe steps that are necessary to take to build a successful team, and 4. Value the importance of a team charter for effective team functioning

Workshop Activities

Time Line Activity 0:00-10:00 Introductions and review of objectives 10:00-20:00 How teams differ from groups of people; Large group facilitation (objective 1) 20:00-40:00 Characteristics of effective & dysfunctional teams; Small groups using affinity mapping and dot voting, (objective 2) 40:00-55:00 Synthesize small group results into Lencioni/Huszco framework Discuss team charter& ‘elevator speech’ concepts Didactic (Hand out worksheet for developing team charter) (objective 3) 55:00 – 75:00 Creation of team charter and elevator speech; Think pair share (objective 4) 75:00-85:00 Sharing of team charter and elevator speech; Large group Facilitation (objective 4) 85-90 Wrap Up Commitment to change/act

Take-home Tools

1. Handout on characteristics of effective and dysfunctional teams 2. Worksheet to develop team charter

Saturday, February 25, 2012

Technology and Simulation

Session 9 – San Gabriel Ballroom

1:40 - 3:10 pm

Moderator: Hans House

Moodle as a Platform to Deliver Accredited, Open Access, Web-based Training in Cardiovascular Magnetic Resonance (CMR) Imaging

Christopher Cook 1, Andrew Flett 2, James Moon 2.
1 University College London; 2 The Heart Hospital, London.
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Background

CMR provides a safe, non-invasive technique to diagnose and evaluate cardiovascular disease. It is a rapidly developing field, and the level of interest from clinicians wanting to train in CMR continues to grow at an unprecedented rate. Formal training and accreditation involves attachment with a dedicated CMR unit and development of skills in reporting CMR scans. Unfortunately, access to these facilities is limited, particularly in lesser economically developed countries and regions where CMR remains an emerging clinical tool. There is, thus, a significant shortage of training opportunities, and the demand for learning far outstrips supply.

Purpose

To deliver freely accessible, web-based training in CMR to a global audience, to provide accreditation by the Society for Cardiovascular Magnetic Resonance (SCMR), and to provide students with certification contributing towards formal Level 1, 2 and 3 training in CMR.

Intended learners/audience

Cardiologists, radiologists, radiographers and anybody interested in learning about CMR

Description

Using Moodle (Modular-Object-Oriented-Dynamic-Learning-Environment) as a platform, www.training.scmr.org delivers a comprehensive overview of CMR across a curriculum of 10 lessons. Students are provided access to high-quality video lectures delivered by international experts and over 35 full data-set CMR scans. Scans are hosted using WebPAX technology, using an ultra-realistic interface identical to the picture archiving and communication systems (PACS) used in hospitals across the world. Students are able to manipulate the CMR scans as if they were in control of an MRI machine. Learning and progression is mediated by over 150 single best answer style questions. Certification and accreditation is achieved once all lessons are completed to the pass mark standard.

Evaluation

Since its launch in June 2011, www.training.scmr.org has a growing population of over 320 registered users and has received almost 40,000 hits. There have been two formal rounds of course feedback, coordinated from trainees across two leading CMR centres. Changes have been made to the course in response to the feedback gathered. Funding has been secured for further course development.

Impact on the field

For the first time, training and accreditation in CMR has been made freely accessible to all. There has been a particularly high uptake of subscription from students in countries where CMR is less readily available. Based on peer-reviewed feedback, www.training.scmr.org is a powerful and robust educational tool.

Bingo Pro: A Game of Scholarship for Medical Residents

Dale Vincent
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Background

Games are infrequently used in healthcare education despite research that demonstrates their effectiveness in teaching skills and transferring those skills to other settings.

Purpose

We created a game to teach the domains of scholarship of master teachers and clinician educators in medicine. The game also provides a substrate for coaching residents on how to plan and advance their careers.

Intended learners/audience

Medical students, interns, and residents

Description

This game of bingo consists of a 5x5 grid. The horizontal axis is formed by the domains of scholarship for the clinician educator derived from the AAIM report on Master Teachers and Clinician Educators: Application, Discovery, Integration and Teaching. An additional domain of Mentoring was added, forming the word ADMIT (“ADMIT to the profession”). The vertical axis is formed by the elements of the Shewhart quality improvement cycle, FOCUS PDSA: Focus, Plan, Do, Study, Act. An additional element of Disseminate was added. Eighty-one “chips” consist of activities that represent the ADMIT/PDSA scheme. Learners in the audience pick numbers from a bowl. The number is activated on an automated bingo grid, which plays music and has visual effects. The grid was created using Keynote (©Apple, Inc.).

Evaluation

Evaluation has been based on informal observation. The game has been played in one 45-minute session for 22 medical students, interns, and residents, and the list of “bingo chips” has been integrated into quarterly counseling. During the game, three senior residents in attendance scored a “bingo.” Medical students received few or no chips. The chips chosen by residents as goals during their counseling sessions have mirrored their level of training. For example, new interns have primarily chosen mentoring and teaching activities as six-month goals.

Impact on the field

The game transforms an important abstract concept into an Active Learning experience by using a familiar game motif and friendly competition. When used for coaching, the game makes it easy to discuss professional advancement by creating a framework for remembering “what counts.” In informal conversations, a reference to a “bingo chip” instantly reinforces a learner’s goal or accomplishment. The bingo chips can be easily integrated into Individual Learning Plans for coaching. In this game, the learner holds the chips, and “Bingo” is a win for the individual as well as for the profession.

Crossword Puzzles: Self-learning tool in Pharmacology

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Introduction

Pharmacology is considered as 'Volatile Subject' in phase II of Indian medical curriculum (II MBBS) because students often find difficult to remember and recall drug names. We evaluated the usefulness of crossword puzzles as self-learning tool to help students in and pharmacology students to remember drug names. We also measured the students' satisfaction with this learning method.

Methods

This was an open-labelled, randomised, two arm interventional study, conducted in II MBBS students (N = 70), randomly selected and assigned to two groups A (N = 35) and B (N = 35). Two self-learning modules containing crossword puzzles with Antihypertensive and Anti-epileptic drugs terms were prepared and pre-validated. Hard copies of both crossword puzzles were administered to Group A (Intervention group) on two different occasions. One hour time was permitted to solve a puzzle. Students were allowed to refer to their text-books. Group B (Control group) underwent the self-learning module without the crossword puzzles. In both groups, knowledge pre-test and post-test was administered. Students' perceptions of the crossword puzzles were assessed using a pre-validated 10-item questionnaire. Responses of items 1-8 were recorded using a 5-point Likert scale. Responses of item 9 were recorded on 10-point rating scale while item 10 was an open ended question.

Results

Crossword completion index was 92.86%. In group A, mean pre-test score was 6.09 while mean post-test score was 12.89 ($p < 0.05$). In group B, mean pre-test and post-test scores were 6.03 and 9.74, respectively. The significant difference ($p < 0.001$) was observed between post-test scores of both groups. Learning effectiveness index in group A was 52.68% while in group B it was 38.09%. Response rate for questionnaire was 100%. 71.43% of students strongly agreed that crossword puzzles enhanced their knowledge of antihypertensive and anti-epileptic drugs and helped them to remember and recall the drug names. 60% students found it challenging and good problem solving activity and 85.71% students opined that it was good self-learning activity with recreation.

Conclusions

Test scores improved when crossword puzzles, designed to improve retention of drug names, were incorporated in pharmacology students' self-study modules. Students rated the crossword puzzles as challenging and effective self-learning tool. Students' acceptability for the crossword puzzles further favours its usefulness as self-learning tool. Such activity in small groups facilitates active learning and can be used as an effective tool for 'recreational learning'.

Developing a Model for Simulator Training and Evaluation of Arthroscopic Skills

*Ivan Wong, David Newman, Matthew Denkers, and Forough Farrokhyar
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Background

Knot tying is vital for the performance of advanced arthroscopy; this skill greatly diversifies the clinical scenarios that can be approached. Simulator training offers a safe, inexpensive, humanistic, and replicable means of acquiring and honing this skill prior to encountering patients. However, objective evaluation of competency is crucial to the development of any curriculum.

Purpose

The purpose of this study was to develop a simulator-teaching model for knot tying and objectively evaluate the acquired skills of surgical trainees.

Intended learners/audience

Surgical Trainees

Description

Surgical trainees were enrolled in an observational study (Phase I, n=32). Subjects viewed an instructional video and pretested on a novel knot-tying simulator by attempting to tie three arthroscopic SMC knots in 10 minutes. Each knot was objectively scored based on a previously published formula (Derossis et al 1998). Subjects were assessed twice with intermittent practice and feedback during a 90-minute lab session. This experiment was repeated 6 months later to determine retention of acquired skills (Phase II, n=25). The mean proficiency score with standard deviation and mean difference with 95% confidence intervals (CI) are reported; a generalized linear regression model was used for analysis.

Evaluation

Expert derived proficiency score (489) was used as the standard for competency. Phase I, the mean proficiency score of 32 trainees was 67 (119), 239 (201) and 334 (140) at baseline, assessment 1 and assessment 2, respectively. The mean proficiency score of 334 (140) was significantly lower than expert proficiency score (-155 (95% CI: -205.5, -104.5), $p<.001$). After a 6-month interval (Phase II), these skills were not retained. The mean proficiency score difference from Phase I assessment 2 to Phase II baseline was -222.8 (95% CI: -302.7, -142.9, $p<.001$). At Phase II, the mean proficiency score of 25 trainees increased from 110 (138) at baseline to 362(118) at assessment 1 and 408 (99) at assessment 2. The mean proficiency score was significantly lower than expert proficiency score (-81 (95% CI: -122, -41), $p<.001$). Adjusting for year of residency, gender, age, previous experience and phase I and II training model, the simulator training model ($p<.001$) and year of residency ($p=.004$) were the best predictors of proficiency scores improvement.

Impact on the field

Simulator training models have a place in orthopaedic education for teaching basic arthroscopic skills. However, frequent practice is necessary to ensure retention of acquired skills.

Prior Knowledge of Case Scenario Does Not Affect OSCE Performance in Pre Clinical Students

*Theresa Woehrle, Moreen Logan, Jo Marie Reilly
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Background/Need

The Objective Structured Clinical Examination is an established and validated means of measuring clinical skills. As with all examinations, exam security is an important element in curriculum planning with the supposition that, if students are aware of the nature of the case, they will focus their studying thus decreasing the validity of the exam as a sampling of clinical skills. Previous studies exploring OSCE security found variable affects in controlled and uncontrolled environments^{1, 2}. Little is known about the affect of prior knowledge of cases on pre-clinical students. Students at Keck School of Medicine at USC take a four case OSCE at the end of year II which they must pass to be promotable to year III. Because of the short interval between end of Year II and start of year III, in 2011 we tested one of the 4 cases three weeks before the others to identify and remediate students who perform poorly in the OSCE format before they complete the remaining 3 cases. Students were told the early OSCE case would be a case of dizziness. 1. De Champlain AF, MacMillan MK, Margolis MJ, et al. Modeling the effects of security breaches on students' performances on a large-scale standardized patient examination. Acad Med. 1999 Oct;74(10 Suppl):S49-51. 2. Niehaus AH, DaRosa DA, Markwell SJ, Folse R. Is test security a concern when OSCE stations are repeated across clerkship rotations? Acad Med. 1996 Mar;71(3):287-9.

Purpose Statement

Prior knowledge of case scenario and proximity to curriculum content will positively affect student performance on Objective Structured Clinic Exam in pre-clinical students.

Intended Learners

Preclinical medical students

Methods

All year II medical students were required to attend a one-week small group course on dizziness in both 2010 and 2011 which was unchanged between years. In 2010, the four case OSCE, which included a dizziness case, occurred approximately 3 weeks after the dizziness curriculum was delivered. The case was rated by clinical skills faculty using a standardized checklist. In 2011 all students took the single dizziness case on the day after concluding the small group curriculum. The OSCE case and the rating checklist were identical to the 2010 dizziness case.

Results

2010: 167 students completed the dizziness OSCE case. Mean score on history was 85.52% (sd=9.59) Mean score on physical exam was 91.37% (sd= 7.29) 2011: 175 students completed the dizziness OSCE case. Mean score on history was 85.57 % (sd=8.68) mean Physical exam was 90.38% (sd=7.58)

Conclusions/Discussion

Student prior knowledge of OSCE station presenting scenario does not appear to make a difference in performance. Proximity to clinical reasoning and content review also does not appear to impact clinical skills evaluation

Saturday, February 25, 2012

Leadership Fellows Workshop

Session 10 – San Marino Room

1:40 - 3:10 pm

It's My Way or the Highway; How to Better Navigate Conflict

Andrea Angelucci, MD; USC Keck School of Medicine
Christine Criscuolo Higgins MD; CHRISTUS Santa Rosa Family Medicine Residency
Sarah Houssayni MD; Christi Family Medicine Residency
Syed Naqvi MD; AT Still University, School of Osteopathic Medicine in Arizona
Sharon Obadia, DO; AT Still University, School of Osteopathic Medicine in Arizona
Luis Rigales MD; Northern New Mexico Family Medicine Residency
USC Faculty Leadership Fellowship

Rationale

The ability to negotiate is the single most important element of implementing your career design and achieving your destination.

Description

Participants will be exposed to examples of workplace conflict and engage in discussions about why conflict occurs. They will interact in small groups to learn the steps to successful skills negotiation and conflict resolution.

Intended audience

Health care professionals.

Learner outcome objectives

1. Identify why conflict occurs.
2. Explain how inference affects behaviors and actions.
3. Demonstrate ways to diffuse anger.
4. Define the six steps of negotiation management.
5. Develop a pre-negotiation planning strategy.

Methods of Teaching

Methods of teaching will include modeling conflict occurrence through role-playing, an interactive Power Point discussion, personal and think-pair-share exercises, and a summative group discussion.

Take home tools

Conflict resolution skills, anger-diffusion techniques, and methods for planning for future negotiation.

Saturday, February 25, 2012

Workshop

Session 11 – San Diego Room

1:40 - 3:10 pm

The Egan Skilled Helper Model of Mentoring

*David Matheson 1, 2, *Catherine Matheson 1
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Workshop Rationale

Mentoring exists in many forms and many formats. The Egan Skilled Helper model is an approach which uses a structured conversation in order to help mentees move towards recognizing their own problems and then developing strategies for moving towards solving them. Egan's is a three-stage model which is centered on empowering the mentee to enable them to identify, delineate and better define the issues or problems they have in order to be able to see how to move forward with them. It is a dynamic, task-focused approach whose goals are to help people 'to manage their problems in living more effectively and develop unused opportunities more fully', and to 'help people become better at helping themselves in their everyday lives.' (Egan G. 'The Skilled Helper', 1998, p7-8). The mentee's own agenda is central and the model seeks to move him/her towards action leading to outcomes which they choose and value. The fundamental basis to the Egan approach is the Socratic ideal whereby one possesses the answers to one's problems and the role of the mentor is to help the mentee develop the insight necessary to see and recognize their solutions. The Egan approach is being used very successfully in residency training and in supporting attending physicians and surgeons in the East Midlands, UK.

Intended Audience

All healthcare professionals and medical educators

Objectives

1 To discuss coaching and mentoring as helping relationships, 2 To introduce the Skilled Helper Mentoring model, 3 To identify right and wrong ways of mentoring, 4 To be able to use the Egan approach to support mentees with issues

Workshop Activities

1 Large and small group discussion of mentoring and coaching, 2 Video samples of mentoring, 3 Discussion and evaluation of video samples, 4 Asking the right questions, 5 Discussion of advantages and disadvantages of the Egan approach

Take-home Tools

An outline of the Egan Skilled Helper model of mentoring

Saturday, February 25, 2012
Curriculum Innovation

Session 12 – San Gabriel Ballroom

3:30 - 5:00 pm

Moderator: Richard Mink

**Comprehensive Curriculum of Transfusion Medicine Education
with High-Fidelity Simulation**

*Mojca Remskar Konia, MD, **Benjamin Rioux-Masse, MD, FRCPC

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Medicine and Pathology, University of Minnesota, Minneapolis, MN; CHUM, University of Montreal,
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Background/Need

The number of transfusion medicine education hours during the whole undergraduate medical education in North America is limited to as few as 4 hours or less in over 77% of programs (Karp, 2011). One study indicated that PGY-1 residents at their institutions lack knowledge to safely administer blood products: 82% could not define TRALI, 24% wouldn't stop a transfusion with fever, only 5-6% knew the risk of HIV or hepatitis C transmission, and 0% knew indications for irradiation (O'Brien, 2010). This is worrisome, because risks and costs of blood transfusions are significant (24 million units transfused per year in the United States) and because junior residents are usually the ones prescribing blood products and the first to be called when reactions occur (FDA report, 2010).

Purpose Statement

We wanted to demonstrate that an intense course with multiple teaching modalities has short and long-term impact on knowledge of transfusion medicine.

Intended Learners

We, therefore, designed a simulation-based transfusion medicine course for senior medical students and junior residents.

Methods

Three-hour sessions were offered in the simulation laboratory. We used a convenience sample of learners (medical students during anesthesiology rotation at UMN, future or current general surgery interns at UMN) who participated in: 1) power point presentation (PPT); 2) simulation session; 3) debriefing session; 4) pre- and/or post-test with multiple-choice questions (MCQ). We tested participants prior to any educational activity (Group I); after PPT with lecture only (Group II); after PPT with lecture + simulation session (Group III); or after pre-test + PPT with lecture + simulation session (Group IV). Preliminary short-term results of a pilot group of students are shown.

Results

Eighteen participants were enrolled so far: group I included 5 participants, group II 5, Group III 8 and Group IV 5. The results of MCQ test were significantly different between groups ($p=0.003$). Group I was significantly different from Groups II, III and IV ($p<0.03$; 26 [95% CI, 13 to 39] vs. 60 [95% CI, 36 to 84], 65 [95% CI, 52 to 77] and 70 [95% CI, 59 to 81]).

Conclusions/Discussion

A three-hour intense simulation-based educational activity of transfusion medicine on average significantly improves performance on MCQ test. Even though not statistically significant, we observed a trend towards improved short-term retention of the educational material with combination of two or more educational modalities. Reported preliminary results included small numbers of students and do not include long-term results. Increased numbers of participants and long-term results, which are in progress, will allow us to better evaluate the effectiveness of our proposed curriculum.

A Balint Curriculum's Effect on Family Medicine Residents Empathy and Psychological Skills

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Objective

To quantify the effect of a Balint curriculum on Family Medicine Residents' Empathy and Psychological Skills using existing validated scales.

Background

The ability of a physician to self-evaluate and reflect on the physician-patient relationship in a thoughtful manner and to have a set of psychological skills with which to evaluate the emotional dynamics of that relationship are skills that improve a physician's ability to provide patient-centered care. Interpersonal & Communication Skills, Patient Care, and Professionalism (ACGME Competencies) are enhanced by development of such skills. Family Medicine Residents often lack confidence and understanding of these skills. This skill deficit is thought to be due in part to a lack of formal training, along with limited time for effective reflection. Balint Group training purports to provide this training.

Using Balint groups improved psychological skills in residents in several specialties, and a 2001 survey found that 50% of Family Medicine residencies included Balint Groups as a component of their residency curriculum. A study comparing a Family Medicine residency with Balint training to one without in a similar geographic location showed residents who were Balint trained scored higher on a scale examining self-reported psychological skills. The effect of Balint training on improving Physician Empathy is less supported by the literature but has only been examined in Family Medicine residents retrospectively after training was completed. Residents' sense of well-being and satisfaction with their career choice was shown to improve after Balint Group training.

In 2010, The University of Missouri Family Medicine Residency initiated a Balint group for the first time for first year residents and transitional year students (4th year medical students at the University of Missouri committing to the Family Medicine program). The group, structured in a classically defined Balint format, was led by both a Family Medicine clinician and behavioral science faculty member and was structured around spontaneous case reporting from memory. Attendance was voluntary.

Purpose

In 2011, a unique opportunity arose to study four groups of residents with differing levels of exposure to Balint training: 1) First year non-transitional residents just starting Balint training, 2) First year transitional residents now entering their second year of exposure, 3) Second year residents who had one year of exposure but are not now attending Balint training, and 4) Third year residents who have had no Balint exposure. Based on a review of the literature, this dynamic of differing Balint exposure of current residents in the same residency has never been studied. Therefore this is a unique opportunity to study the effects of Balint training within a single residency program.

Method

We will administer the Jefferson Physician Empathy Scale and the Psychological Medicine Inventory to all Years 1-3 residents who volunteer to be in the study. These instruments were used in similar studies and will take approximately 30 minutes to complete jointly. Data will be collected during 2011 and again in 12-18 months on the same cohort of residents.

Evaluation

Scores will be correlated with amount of time exposed to Balint training.

Retention of Teaching Skills of Medical Practitioners after Attending Teaching Improvement Project Scheme and Teaching and Assessing Clinical Skills – A Longitudinal Evaluation

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Background/Need

Since the late 1990s short teacher training courses have become an important part of the professional development of medical practitioners in the UK. Since 2005 there has been an ever increasing demand for short courses from medical graduates on their first year of postgraduate training, residents and attending physicians.

Purpose Statement

As relatively little is known of the impact of such courses on the attitudes towards teaching and of the retention of the teaching competencies that these courses aimed to achieve, the present study aims to gain a better knowledge and understanding of the lasting impact of the Nottingham University TIPS and TACS courses.

Intended Learners

All those interested in short teacher training courses for healthcare practitioners

Methods

More than two hundred participants were surveyed before these courses in the form a pre-TIPS or pre-TACS questionnaire. They were asked to rate themselves against each competency. After the course ended the participants was given an identical post-TIPS or post-TACS questionnaire. They were also asked to fill in a course evaluation form asking them the extent to which these courses gave a good understanding of teaching and learning theory, developed their interest and competencies in teaching. Several months after they attended these courses the participants were again given an identical post-TIPS or post-TACS questionnaire. They were also asked to describe what they had learnt from the courses, how they had put the TIPS and TACS competencies into practice and how they felt their teaching has improved and whether and how they felt those whom they taught had benefitted.

Results

Preliminary results show that participants felt they had significantly increased their TIPS and TACS competencies. Course evaluation shows a high level ratings in terms of gaining a good understanding of teaching and learning theory and developing their interest and competencies in teaching. Data is still being analyzed and full results and discussion will be available at the time of the IME conference.

Conclusions/Discussion

It appears the participants have benefitted from these courses and significantly increased their competencies both in the short and in the long term. Full conclusions to follow.

Putting the “Student” in “Student” Case Presentation: The Integration of Peer Review in the Presentation Skills Workshop

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Background

The capability of a student to conduct an interview, perform a physical exam and apply clinical reasoning is gathered from their case presentation. Case presentation is fundamental in the clinical teaching and evaluation of students, especially in physician assistant education. According to the ARC-PA Accreditation competencies, PA students must demonstrate interpersonal and communication skills. One effective strategy is case presentation; however, effectively teaching these presentation skills can be a challenge. Studies of traditional case presentations to preceptors have shown that students focus mainly on factual information and seldom express their clinical reasoning. (Irby DM, Acad Med. 1995) Further studies have shown that adding cooperative learning cases improved the students’ impressions of peer-to-peer learning and increased student engagement in the learning process. (Alexander, BJ, J Physician Assist Educ, 2008). Preceptors have expressed concern about the presentation skills of our students, either through their evaluations or during site visits. Also, students ask for additional preparation and resources to deliver an adequate case presentation.

Purpose

To improve the case presentation skills of PA students through the implementation of a skills workshop that incorporates student presentation and peer review

Intended learners/audience

Physician Assistant students

Description

This workshop will use learner presentation, group discussion and peer evaluation as methods for this 2-hour skills workshop. The session’s format includes initially briefing the large group, followed by placing the 45 students into 9 small groups. A written form will be given to each student, providing feedback on each presentation. Each student will be given 5 minutes to present his/her case. At completion, the students will rejoin as a large group for debriefing. At the end of this workshop, learners should be able to formulate and deliver a case presentation, use the SOAP format to create case presentation and assist their peers in making such presentations, and integrate these presentation skills into the clinical setting, improving the oral presentation given to the preceptor.

Evaluation

Peer assessments will be completed by each student after the activity. These peer assessment forms will be used to examine the kinds of feedback provided by peers, including the learner reaction and the learner knowledge as reflected in how they rated each other. Each student will complete a commitment to act, and then we will follow-up six weeks later to see what changes they made.

Impact on the field

To encourage peer teaching within the Case Presentation Skills Workshop, and to increase incorporating group-based learning in PA education.

Teaching Cultural Competency: What Students Learn From Directed Service-Learning Activities

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Background/Need

Service learning is often used to promote citizenship and civic responsibility. Its effect on student retention has been explored, however, the impact and role of student service learning in physician assistant curricula on professionalism and cultural competency is not well reported. Students intending to work any area of medicine can benefit from a brief experiential learning curriculum focused on acquiring cultural competence in a self-identified area of need.

Purpose Statement

The goal of this study was to examine learning outcomes of a brief immersion curriculum based on analysis of themes identified in students' reflective writing assignments. The goal of the course module was for the students to identify areas of potential stereotyping and bias, face areas of self-identified discomfort, grow in empathy, and learn the value of listening and mutual respect for persons.

Intended Learners

Medical educators teaching cultural competency, program directors, curriculum coordinators

Methods

The service-learning curriculum (12 to 16 hours) was embedded within a first-year one-semester Behavioral Science course in an urban primary care-based physician assistant program. Students (3 successive cohorts, n=39, 43, 50) were assigned in pairs to community sites for special populations for 2 half-day sessions after completing a baseline questionnaire/inventory identifying own learning needs, and practice with a skills-based patient interview. Required individual reflective writing and group peer presentations were qualitatively analyzed to derive major learning themes using a previously validated approach, to inform future curriculum development.

Results

PRELIMINARY RESULTS: All students completed the pre-site assignment questionnaire and post-assignment reflective journals. Top assigned sites involved ex-gang members, drug and alcohol rehabilitation program attendees, the homeless, disadvantaged adolescents, victims of domestic violence and seniors. Dominant themes were: change in personal biases against patients; increased comfort with caring for unfamiliar underserved populations; and positive attitude toward volunteerism. Post-assignment classroom peer presentations of student experiences reflected similar common themes across different experiences. Frequency tables for themes and sample student writings will be presented.

Conclusions/Discussion

FINAL CONCLUSIONS TO FOLLOW Anticipated conclusion based on preliminary analysis: A brief immersion service-learning curriculum customized to student-identified areas of discomfort with patient populations increased self-reported confidence for future care of underserved and disadvantaged patients; facilitated a safe environment for recognition of and reflection on personal biases and was well-received by students. Service learning can be built into existing

curricula to involve community sites and patient populations served by individual training programs, and to prepare students for future clerkships.

How the Literature Guided the Concept of an Assessment Driven Integrated Learning Curriculum (ADIL)

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Background

A review of the literature provided ample evidence that assessment can drive learning. However, for assessment to drive learning in the right direction, it needs to fulfill certain criteria including reliability, validity, specification of educational outcomes, feasibility, acceptability to stakeholders, and cost-effectiveness. Assessment has the greatest effect as a driving force in learning if it is authentic, context relevant, and samples widely. The results of an extensive literature review on assessment-driven learning led us to propose a “model” medical school curriculum called Assessment Directed Medical Education (ADME) Curriculum using Assessment Driven Integrated Learning (ADIL).

Purpose

Present the evidence underlying the proposed ADME/ADIL model curriculum and receive feedback on the feasibility of the concept.

Methods

We developed a “model” curriculum that primarily assesses students during patient encounters (supervised simulated and real-patient encounters) from day one of their medical education. These “real-life” assessments provide a more authentic evaluation of student learning in cognitive, psychomotor, and affective domains. The complete concept paper will be made available at the 2012 Innovations in Medical Education Conference.

Discussion

We expect that implementation of the ADME/ADIL curriculum will, in the long-term, improve health care delivery by producing a more competent and self-directed healthcare professional. Use of simulated and actual patient encounters for teaching and evaluation of skills and behaviors across all years of medical training may better prepare students for clinical practice. Future research studies will explore the impact of the ADME/ADIL curriculum at various stages of medical school training and during residency.

Saturday, February 25, 2012

Workshop

Session 13 – San Marino Room

3:30 - 5:00 pm

**The Art of Critical Reflection:
Using Feedback to Stimulate Reflective Capacity in Your Learners**

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Workshop Rationale

The ability to reflect critically on clinical experiences remains a challenge, especially for the new generation of learners. The literature supports that enhancement of professional formation can be aided by the nurturing of reflective capacity. This can only be achieved by educator knowledge and expertise on how to stimulate critical reflection in learners. This workshop will review reflective capacity and train participants in how to process learner reflections on clinical experiences, including 1) evaluating the depth of reflections, and 2) identifying feedback to take learners to a higher reflective level.

Intended Audience

Educators interested in stimulating reflection in learners-senior medical students, residents and fellows

Objectives

1. Explain how critical reflection differs from reflection 2. Value the importance of giving formative feedback to learners to enhance their reflective capacity 3. Analyze reflective writings to assess depth of reflective capacity 4. Demonstrate facility in the use of provided worksheets to stimulate critical reflection

Workshop Activities

0:00- 5:00 Introductions and review of objectives 5:00- 15:00 Role of reflection in medical education (brief didactic- Kolb's learning theory, summary of studies showing benefits of reflective capacity, components of critical reflection) (Objective 1 and 2) Hand out worksheet #1 for evaluation of reflective capacity 15:00-35:00 Analysis of sample reflective writings using worksheet #1 (Facilitated large group discussion) (Objective 3) 35-60 How to give feedback on reflections to stimulate critical reflection (Think pair share using sample writings + Brief didactic) (objective 4) Hand out worksheet #2 for articulation of feedback on reflective capacity 60:00 – 80:00 Evaluating and articulating feedback on learner reflections using worksheets 1 & 2, and report back (Small group activity, role play) (objective 4) 80:00-90:00 Wrap-up Commitment to change/act

Take-home Tools

1) Worksheet to help evaluate depth of reflection in learner reflective writings 2) Worksheet to guide educators in articulating feedback on learner reflections

Saturday, February 25, 2012 Workshop

Session 14 – San Diego Room

3:30 - 5:00 pm

Dialogue: A Creative Writing Workshop for the Clinical Encounter

Kelli Auerbach

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Workshop Rationale

Dialogue is a pivotal component of the clinical encounter. Dialogue is also one of the primary techniques used in creative writing. To create evocative written dialogue requires an attention to subtext, ambiguity, character, point of view and narrative tension. Medical practitioners must grapple with similar realities when communicating with patients and trying to diagnose ailments. Yet dialogue remains one of the most elusive, complex and difficult techniques to master, in both arenas. Understanding the mechanics of dialogue can be a powerful way to deepen an awareness of how dialogue functions in the clinical realm, thereby giving physicians and medical students tangible tools to be more astute and effective listeners. Through creative writing exercises and a non-threatening acting exercise, this workshop will highlight some of the main elements of dialogue – subtext, obstacles, objectives, conflict, tactics, stakes, gesture and point of view – and explore how they relate to the clinical context.

Intended Audience

Medical educators; curriculum developers; physicians; medical students

Objectives

1. To gain insight into new ways to communicate more effectively with patients, their families and colleagues. 2. To gain insight into the assumptions and speech-styles that participants bring to the clinical encounter. 3. To explore how dialogue techniques can encourage participants to reflect on their own actions and reactions in clinical contexts. 4. To understand how using creative writing concepts can help shed light on what patients are saying as well as what they're not, and how perspective and point of view are ubiquitous even in situations that are ostensibly objective.

Workshop Activities

Participants will be asked, before the workshop, to briefly eavesdrop on a conversation between two or three people, and write down everything they notice – if/how the people use grammar, questions, slang, interruptions, etc. Part 1: group discussion of the eavesdropping exercise (20 min). Part 2: lecture/discussion on the mechanics of dialogue (20 min). Part 3: acting exercise related to subtext (15 min). Part 4: creative writing exercise related to subtext (25 min). Part 5: group discussion on the workshop and its relevancy to clinical practice (10 min).

Take-home Tools

Participants will receive a sheet detailing the concepts covered in the workshop, and examples for how the concepts can be employed in medical settings.

Pre-workshop assignment: At some point in the days leading up to the workshop, please briefly eavesdrop on a conversation between two or three people, and write down everything you notice - if/how the people you eavesdrop on use grammar, questions, slang, interruptions, etc

Saturday, February 25, 2012
Poster Session I – Meet the Authors

Session 15 – Pasadena Room

5:00 - 6:30 pm

Moderator: Dixie Fisher

The Relationship between Medical Faculty Members' Spiritual Intelligence-Quotient (SQ) and Self-Assessed Teaching Competency in Iran

Akbari Lakeh Maryam*, Karimi Moonaghi Hossein, Makarem Abbas, Esmaili Habib Allah, Ebrahimi Mahdi, Ashoori Ahmad
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Background

Finding and applying all factors affecting teaching ability is important in improving the quality of higher education. Recently, promotion of spiritual intelligence has been introduced as a factor in improving the quality of working life and performance of employees. This study aimed to determine a) the level of spiritual intelligence of teaching faculty, b) the level of teaching competencies, c) and the relationship between spiritual intelligence and teaching competency. We also sought to determine the relationship between faculty demographic characteristics and spiritual intelligence.

Method

This is an applied descriptive - correlational study with 160 Medical Faculty members as subjects (32 basic science faculty members and 128 clinical science faculty members) that were selected based on stratified probability sampling. King's modified Spiritual intelligence questionnaire (SQ) and a University of Alabama teaching competency self-assessment instrument (ATC) were used to collect data. The data were analyzed using descriptive statistics, Spearman correlation, student unpaired t test, two-way ANOVA, Mann-Whitney, Kruskal-wallis, Friedman and chi-square. Level of significance for all tests was set at 0.05.

Results

The mean of all scores on the SQ was (63.0±1.2). Minimum and maximum of SQ scores were 28 and 87, respectively. There was no significant difference between SQ scores of basic science and clinical faculty members ($p=0.7$, $t=0.4$). Maximum score of SQ was for critical existential thinking and the minimum score was for Conscious state expansion. There was a significant difference between dimensions of SQ scores in faculty members ($p<0.001$). The median score of the ATC was 92.0, with a minimum of 39.0 and maximum of 112.0; and the most powerful competency was classroom management. There was a significant relationship between spiritual intelligence and teaching competency ($r_s=0.31$, $p<0.001$). There were significant differences in SQ scores depending on marital status, gender, age, and terminal degree. There were substantial differences in teaching competency scores depending on academic degree, adult education competencies, and marital status.

Conclusion

Because we found a significant relationship between spiritual intelligence and teaching competency, studies exploring the nature of this relationship are warranted. Other factors that affected SQ scores, such as marital status, gender, age, and degree, also need further study.

Taking Evidence into Practice

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Background

There is a gap between what prosthodontic residents learn from the literature and how they apply it.

Purpose

To use prosthodontic resident case presentation in combination with literature review, commitment to change, and follow-up to increase resident application of relevant research to patient care decisions.

Intended learners/audience

2nd and 3rd year Prosthodontics residents - 12 residents.

Description

Class will be held weekly for 90-120 minutes, will last for 7 months, and will include 9 topics. It will include case presentations, group discussion and commitment to change after each topic.

Pre-test - Hendricson et al 2011. Quiz at each session. Case presentations. Participation in discussions. Questionnaires. Reflections of the topics.

Prosthodontic residents will be able to directly incorporate evidence into their daily decision-making in practice. There is a gap between what prosthodontic residents learn from the literature and how they apply it, which leads to variation in clinical decision-making (1). Most studies of "journal clubs" focus only on knowledge gained and appraisal skills (2). This study will focus on how the knowledge is applied in the practice setting. This intervention will incorporate active engagement of the residents in their own learning, make use of the principle of "repetition and revisiting" each topic in multiple sessions as well as using the technique of "commitment to change" to help ensure that the concepts learned are then put into practice (3). Methods: The learners are the 2nd and 3rd year residents in prosthodontics (n=12) at the Ostrow School of Dentistry. Learner outcome objectives include: 1) discuss how to select best evidence for application in the practice; 2) describe how specific evidence was applied to patient care and 3) discuss barriers to best practices. The course will last for 30 weeks with weekly classroom sessions lasting from 90 to 120 minutes. There will be three 10-week cycles. During each cycle three topics will be presented (3 weeks each). The sessions will adopt the recommendations in the review article of Deenadayalan et al. (2). At the end of each session, learners will complete a commitment form stating how they will use what was learned in practice. These 9 sessions will then be followed by a 10th session where each learner brings a case demonstrating how a concept was used in clinic. Barriers to implementation of the commitments will also be discussed.

Evaluation

Evaluation: A tool developed by Hendricson et al. will be used as a pre-test to determine readiness for this course (1). During each session, there will be a quiz on the articles of the day to assess knowledge. Participation and case presentations (2-3 per resident) will be assessed by the course director using a standard rating form. Residents will provide information about usefulness of the course. Comparisons will be made between the commitments made each week and cases brought to the three case-based sessions to demonstrate implementation of learning.

References

1. Hendricson W. D., Rugh J. D., Hatch J. P., Stark D. L., Deahl T., Wallmann E. R. Validation of an instrument to assess evidence-based practice knowledge, attitudes, access, and confidence in the dental environment. *J. Dent. Educ.* 2011 Feb; 75(2):131-44.
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3. Friedlander MJ, Andrews L, Armstrong EG, Aschenbrenner C, Kass JS, Ogden P, Schwartzstein R, Viggiano TR. What can medical education learn from the neurobiology of learning? *Acad Med.* 2011 Apr; 86(4): 415-20.

Introduction of Integrative Medicine Curriculum at Keck School of Medicine at USC

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Purpose

To educate medical students at KSOM of USC in Integrative Medicine (IM). The curriculum is aimed at teaching students about diversity, accessibility, safety, ethical, clinical, scientific and evidenced-based issues of various modalities of Integrative Medicine.

Background

In 2001, fifteen medical schools received funding to implement a Complementary and Alternative Medicine (CAM) curriculum. Key barriers identified by the Journal of Academic Medicine in 2007 included finding the time and space to implement CAM in an already full medical school curriculum, faculty development, accessibility to resources, and long term sustainability. Since then, medical schools across the country are increasingly recognizing the importance of exposing future physicians to Integrative Medicine. In the fall of 2011, the Keck School of Medicine of the University of Southern California introduced its first selective course, providing the basis for a proposed four-year trajectory that would introduce students to Integrative Medicine in order to fully prepare them as practitioners and future leaders in the field of medicine. The objectives of the IM curriculum are:

- 1) To increase student knowledge of Integrative Medicine in recognition of the role that CAM/IM services play in our healthcare system
- 2) Learn CAM evidenced-based approaches to evaluate and care for multicultural patients
- 3) To train/find faculty to teach this content at the medical school level

Objective

To introduce an Integrative Medicine curriculum at the Keck School of Medicine of USC.

Intended learners

Medical Students

(In the future, students in the School of Pharmacy).

Methods

Qualitative Study: educational inquiry interviews of key stakeholders of the medical school curriculum to identify resources, challenges and barriers for implementation of IM curriculum at KSOM.

Identify a "Key Champion" to develop and execute vision.

Support from Deans Office.

Buy-in from Course directors of Clerkships, Curriculum committee, faculty and students.

Expected outcomes

First Year: general info on CAM domains integrated into the Introduction to Clinical Medicine course.

Second Year: IM selective as part of the Professionalism and the Practice of Medicine course

Third Year: introduce EBM aspects CAM modalities in clinical rotations

Fourth Year: Elective rotation with KSOM Faculty and local Practitioners

References

- 1 Sierpina, et al., Barriers, Strategies, and Lessons Learned from Complementary and Alternative Medicine Curricular Initiatives, Academic Medicine, Issue: Volume 82(10), October 2007, pp 946-950
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A Strategic Partnership Project to Advance Awareness and Equity of Medical Trainees with Invisible Disabilities

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Background

All medical schools face the realities of responding to medical trainees who experience difficulty progressing through training and/or are failing to reach their full potential. Such challenges may, at times, be related to disability issues. The issues may be associated specifically with the trainee and/or related to factors in the training environment that further compound the situation.

Purpose

With support from the Marcus Fund for Faculty Education, we sought to (1) further enhance the quality of the University of Minnesota's learning/training environment for medical trainees with invisible disabilities (e.g., psychiatric, attention and learning disabilities), and (2) work toward the development of "best practices" in providing models of inclusion for medical trainees with invisible disabilities.

Intended learners/audience

UME and GME administration, faculty, staff and medical trainees.

Description

The University of Minnesota's Medical School and Disability Services have a history of creating accessible learning environments for medical students and residents with disabilities. In 2009, with support from the Marcus Fund, a three-year project was undertaken to increase awareness and create welcoming and inclusive learning environments for all medical trainees (medical students, residents, and fellows) including those with invisible disabilities. This presentation summarizes findings from data collection about experiences and perceptions of invisible disabilities and familiarity with resources to inform the development of innovative training curricula and educational resources for faculty training. Data were collected through an online survey (1,058 respondents) and eight focus groups with medical students, residents and fellows, and UME and GME faculty/staff/administration.

Evaluation

Evaluation data on completed training activities will be provided.

Impact on the field

This work provides information on the range of issues and needs associated with creating welcoming and inclusive training environments for qualified medical trainees with invisible disabilities, and gives direction on addressing disability issues and meeting needs while maintaining the standards of the essential components of medical training.

Assessment of Medical Student Satisfaction and Performance After Case-based Teaching Education in the Field of Gynecology

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Background

As a complementing addition to classical lectures, case based teaching (CBT) is widely used to stimulate the acquisition of knowledge, skills, and professional attitude of medical students. Additionally, this educational method stimulates active participation and learning in a small group. Students have reported that CBT improves their ability in clinical reasoning, diagnostic interpretation, and logical thinking. Both educators and students have expressed high satisfaction with CBT.

Need

In the field of OB/GYN, no studies have been reported that assessed the satisfaction of medical students and the improvement of their clinical performance using CBT education.

Purpose

The purpose of this study is to explore whether medical students feel better prepared and show improved performance in the OB/GYN Objective Structured Clinical Examination (OSCE) when taught using CBT, compared to how they performed before this teaching method was introduced.

Intended Learner Level

We developed a case-based workshop specifically tailored to 3rd and 4th year medical students, which will be taught during their clinical rotation in the Department of OB/GYN at USC/LAC.

Methods

The students will experience 3 sessions lasting 90 minutes each. High yield topics of OB/GYN will be presented in carefully worded vignettes. Students will develop assessments of patients based on possible differential diagnoses, and justified and reasonable plans for further diagnostic steps and treatment.

After completion of their 3-week rotation, students will take an OSCE, which will be used to measure their patient data gathering, clinical problem-solving, and technical skills. These scores will then be compared with average OSCE scores obtained from the control group. The control group includes students from previous rotations who did not experience the case-based teaching.

After the OSCE, students will receive a questionnaire by email that contains 10 questions to assess their perception of the relevance of the workshop sessions and their satisfaction with the teaching methods.

Expected Results

We hypothesize that CBT will lead to better skills and performance of the students in the OSCE and that they will report high satisfaction with the CBT method.

Ethics of Caring as an Approach for Teaching Ethics in Medicine

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Background

Ethics education in medical schools is concerned not only with knowledge and skills but also with attitudes, values and behaviors of future doctors. The overarching goal of ethics curricula has always been to train more compassionate physicians. This is especially important in the light of recent studies that documented a negative progression in developing empathy and care in medical students over the course of their studies. Most of the medical ethics classes teach future doctors ways of solving ethical dilemmas by weighing and judging on ethical principles. There is a need for an approach to teaching medical ethics that would integrate the traditional focus on autonomy and justice but from the relational perspective of ethics of caring. By moving focus from principlist reasoning to the doctor's responsibility for the individual patient, one creates more opportunities for students to reflect on the meaning and purpose of their work.

Purpose

The goal of this study is to better understand the role and place for ethics of caring in ethics education. Ethics of caring frames moral reasoning of students in relational terms, helping them to find meaning to their profession in the relationships they foster with their patients.

Intended learners/audience

Medical Ethics Instructors and Curriculum Designers

Description

The paper offers three ways in which caring aspect of medical education can be retained in medical ethics curricula. First, it emphasizes the importance of case-based ethics curriculum with collaborative component as the main instructional approach. It contrasts the more traditional use of ethics scenarios in written assignments with the small-group case studies and shows how this collaborative teaching may help students to improve their moral sensitivity and ethical analysis skills. Second, in addition to group problem solving, the use and benefits of collaborative learning were discussed. The collaborative teaching methods such as movie discussions, role playing, cooperative group projects and peer-grading are suggested to be used in teaching medical ethics. These methods improve moral reasoning, motivation to learn and ability to solve problems cooperatively. Third, the mentoring model is viewed as a form of instruction that successfully facilitates moral development and moral sensitivity in students. The increased amount of bedside teaching is believed to improve role modeling and professional ethics.

This paper will present a discussion of ethics of care as it is understood in the bioethics literature as the framework for discussing the specific steps mentioned. Some obstacles for introducing ethics of caring in curricula will be discussed, such as the conflict between care and autonomy, as well as care and justice. Ethics of caring introduced in decision-making and education is believed to promote a deeper integration of ethical principles. It fosters moral sensitivity in medical students that should be one of the main objectives of medical ethics education.

Developing Teaching Modules in an Outpatient Pediatric Residency Clinic

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Background

In a survey of recent graduates of the Pediatric Residency Program at the University of California Davis, 31% rated the training in outpatient pediatrics as “poor” to “acceptable” in preparation for practice as a general pediatrician. Teaching of general pediatric topics at UC Davis occurs during a daily noon conference. With no formal Continuity Clinic curriculum, teaching in these clinics has been inconsistent. If residents in Continuity Clinic could access teaching modules immediately before seeing patients, they may be better able to apply this knowledge to patient care through deliberate practice.

Purpose Statement

Web-based pediatric teaching modules will be developed and provided to residents at the beginning of each Continuity Clinic to ensure standardized educational content at each clinic site. These modules are intended to improve the knowledge base of the pediatric residents and improve patient care.

Intended Learners

Pediatric Residents of the University of California, Davis.

Description

Modules will consist of outpatient general pediatric topics. Each module will be twenty minutes long and all will be structured similarly. Modules will contain a five-question pretest, case-based scenarios to stimulate critical thinking and discussion, and a five-question posttest. Questions will be randomly selected from a 20-question Pediatric Review Education Program question bank related to the topic. When applicable, an article will be attached for further independent study. Prior to seeing patients in Continuity Clinic, residents and their faculty attending will review the module together. Every week the same module will be reviewed in each clinic, with the topic changing weekly. A review of topics covered and patients seen will occur every fourth week. Modules will also be available to residents for independent self-learning.

Evaluation

Knowledge improvement will be assessed by differences in pretest and post-test scores for each module. Residents' problem solving skills will be assessed by the clinic attending using Structured Clinical Observation following each module. The clinic attendings and myself will perform a chart review after the module. The chart review will assess the resident's data gathering, problem solving, and ability to arrive at a differential and documentation. The chart documentation will be reviewed for proper diagnosis, treatment, and follow-up.

Impact on the Field

The Pediatric Department has agreed to institute these modules starting June 2012. We predict that using these teaching modules routinely and consistently at each Continuity Clinic will improve the residents' knowledge and the care of their patients.

Debriefing the Debriefers: Everything You Need to Know About Debriefing High Fidelity Case Based Simulation

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Background

The literature on optimal debriefing practice in medical simulation is sparse (Raemer et al, 2011), and the literature on training debriefers is even less well developed. Although instructor training courses are provided, Dieckmann et al (2009) found that what are thought to be optimal debriefing techniques are not often carried out in practice. A consensus group from the International Meeting on Simulation in Healthcare in 2011 stated that future research should explore the efficacy of current debriefing training on the quality of debriefing and learner outcomes and identify the optimal frequency for retraining (Raemer et al, 2011). This innovation will provide initial instruction along with periodic deliberate practice (also known as double loop learning) to examine that question.

Purpose

We will use guided and deliberate practice (Ericsson KA et al, 1993) to train new simulation center instructors in the art of “debriefing” learners.

New simulation instructors at Hennepin County Medical Center (Physicians, Nurses, EMS personnel, etc.)

Intended learners/audience

All prospective new instructors in our newly opened simulation center at Hennepin County Medical Center will receive initial simulation training, including an overview of simulation theory and practice, and debriefing training with multi-modal participatory sessions and opportunities for guided practice.

Description

We will randomly assign the first 30 participants to either the ongoing training group, or the control group. The “training group” will receive additional one-to-one instruction after their first five (5) assigned simulation center “debriefing” sessions with their own learners. Each session will be videotaped. The trainer will then meet with the “subject” to review their tape, oversee their completion of a self-assessment, and discuss the “subject’s” plan for future improvement.

Evaluation

Quantitative and qualitative data will be collected, and will include Kirkpatrick’s levels 1-4. A checklist will be completed by the “trainer” after the first 5 feedback-associated debriefing sessions, reflecting how many of the suggested debriefing techniques were adhered to during actual debriefing encounters, and how many of the ‘actions to avoid’ were used. This will be compared to the control group of debriefers who received the initial course, but not the ongoing feedback. Written pre-tests & post-tests, self-rated competence and confidence questionnaires, and student ratings of debriefing sessions will also be compared between groups. Reassessments will occur at 6 and 12-months to examine skill decay and investigate the optimal time interval prior to retraining.

Impact on the field

It is hoped that our model of initial interactive training along with deliberate practice opportunities will be impactful, will start to answer the questions about optimal training and retraining of debriefing instructors, and will provide a successful model for training at other simulation centers.

Educating Women to Prevent Excessive Weight Gain in Pregnancy Through Patient-Centered Group Visits

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Background

Healthy People 2020, a compendium of health goals for Americans, has designated healthy pregnant women as a key public health goal. Among the objectives are increasing the number of pregnant women who attend prepared childbirth classes and the number of mothers who achieve recommended weight gain during their pregnancies. Inappropriate weight gain is associated with adverse maternal-fetal outcomes. Currently, over half of U.S. women exceed the IOM guidelines, as do many of the women in our Family Medicine clinic. Using prenatal group visits, our clinic will attempt to prevent excessive weight gain during pregnancy and provide formalized education and support to our expecting mothers.

Purpose: To determine:

- (1) if a structured group prenatal program of dietary and lifestyle counseling prevents excessive weight gain in pregnancy.
- (2) whether participation in group visits increase residents' skills in counseling

Intended Learner Level

Pregnant women in the clinic
Group visit team members

Methods

All pregnant women in our clinic will be enrolled in monthly group prenatal visits upon establishing pregnancy care and will participate until 4-6 weeks postpartum. Participants will complete a lifestyle questionnaire regarding factors that may affect their pregnancy's health. All women will receive personalized weight measurement cards and advised of their optimal gestational weight gain. Once each trimester, participants will complete a 3 day food diary to be reviewed by their doctor and the group visit team, which consists of family medicine residents, a nurse practitioner, nutritionist, and a psychologist. In addition to nutritional and exercise counseling at every group visit, each woman will get to individually discuss her nutritional and weight goals, potential pregnancy problems, and receive generalized prenatal educational counseling. The formal group visit curriculum and educator training will be adapted from a Health Resources and Services Administration approved diabetes group visit model.

Evaluation

We will measure participants' total weight gained throughout the pregnancy, as well as changes in overall caloric intake, nutritional intake quality, and physical activity levels. Secondary outcomes, assessed through surveys, include knowledge regarding factors affecting healthy pregnancy outcomes and overall satisfaction with their prenatal care, including residents' counseling skills.

Outcomes

We expect to see a decrease in the percentage of our clinic patients that exceed IOM recommendations, particularly in those women who enter pregnancy already overweight. Furthermore, residents can improve their counseling skills, and these women will receive valuable education regarding diet and exercise that could help them and their families combat future obesity.

Effective Communication in Patient Handoffs: A Workshop for Students and Residents

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Background

Section VI.B.2 and VI.B.3 of the common ACGME Program Requirements call for Residency Programs to "ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety" and to "ensure that residents are competent in communicating with team members in the hand-over process." A critical moment in transitions of care occurs when residents or students call consultants to admit a patient to the hospital. The resident or student must convey accurate and complete information and the consultant must have a clear understanding of the patient being admitted.

Purpose

The goal of this workshop is to improve communication between residents or students and their consultants. The objectives for this session are: 1) Describe typical personalities found in physicians and how certain personalities are attracted to specific specialties 2) Understand the five types of conflict resolution: avoiding, competing, accommodating, cooperating, and collaborating 3) Provide a succinct and compelling presentation to a simulated consultant 4) Demonstrate an effective patient hand-off using the five "C's" in communication with a simulated consultant (Contact, Communicate, Core Question, Collaboration, and Closing the Loop)

Intended learners/audience

Residents and senior medical students

Description

The workshop consists of a pre-assignment, didactic instruction, small group simulations, and then a large group discussion. Prior to the session, learners will complete a behavioral profiles self-assessment, reflecting on their own personality style. The didactic lecture covers conflict resolution styles, typical personalities seen in the common specialties of medicine, and provides a framework for a brief, effective patient presentation (called the "5C Model"). Then, the learners divide into small groups, are taken to empty offices with telephones, and provided pre-written, fictitious patient cases. There, they call a waiting faculty member who is trained as a "standardized consultant" and present the case to the faculty, requesting a consultation or admission to the hospital. Faculty members from various specialties (medicine, surgery, psychiatry, and surgical subspecialties) are used for the exercise, challenging the learners to adapt their presentation to the expectations of the consultant. At the end of the presentation, the faculty will give immediate feedback to the learner and make suggestions for improvement. Following the simulation, the learners return to the main room and discuss best practices for phone communication with consultants.

Evaluation

The session will be evaluated real time with audience response systems and with written comments. Consulting services will be surveyed before and after the exercise to detect any improvement in presentations, including appropriateness of consultation. Complaints about difficult admissions or difficult consultants could also be used as a surrogate to detect the effectiveness of this program.

Impact on the field

This workshop, if effective, could be incorporated into capstone courses for medical students and orientation courses for new residents. This could lead to improved communication and decreased antagonism between specialties. It provides an excellent opportunity to instruct learners on Professionalism and Communication.

Assessing Core Clinical Competencies of Osteopathic Medical Students in Diverse Community Healthcare Settings

Mara L Hover, DO

Background

The A T Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA) was established in partnership with the National Association of Community Health Centers (NACHC) to train Osteopathic primary care physicians who will serve the nation's underserved populations. My project focuses on the Healthy People 2020 Educational and Community – Based programs Objective 13, Clinical Prevention and Population health training in a D.O. – granting medical school, by increasing the number and skill level of community and public health care workers to support the achievement of healthier communities. Being a young school, graduating its inaugural class in June, 2007, ATSU-SOMA has been utilizing a generalized clerkship evaluation tool that does not identify, nor measure, core competencies as outlined by the ACGME. The challenge, to date, has been the ability to measure and assess core competencies of the students who have unique and varying clinical experiences in each of the 11 community campuses. The literature review indicates that core competencies can be identified and evaluated, regardless of the clinical setting.^{5,6} Current thought in the academic medical education arena is that core competencies should be identified and evaluated earlier than the residency years. The intangible competency is reportedly that of professionalism. Can it be taught? Literature supports that it can be evaluated, but that biases exist within the cohort of medical preceptors.^{7,8,9}

Research Question

Is there a disparity in the identification and evaluation of the six core clinical competencies in our 11 community campus sites?

Methods

To apply quality improvement in the identification and evaluation of the six ACGME core competencies by revising the Clinical Performance Evaluation (CPE) format used in the ten core rotations of the ATSU-SOMA student's clerkship years. Identical competencies for each core rotation will be evaluated through an electronic record that the medical home preceptor completes and submits to the ATSU-SOMA Clinical Affairs Unit. Further, I will document and assess the data derived from the twelve months of the 2011-12 academic year CPEs and compare each community campus to identify deficiencies in training sites.

Expected outcomes

The revised CPE format used to identify and evaluate the competencies will be able to determine any disparities among the sites. This will be used for quality improvement in both teaching and assessment of the competencies.

Improving Dental Health in End Stage Renal Disease on Hemodialysis Patients who are Kidney Transplant Candidates

Sergio Infante M.D.

Background

In the Healthy People 2020 objectives for Chronic Kidney Disease (CKD), Objective CKD-13 is to increase the proportion of patients with treated chronic kidney failure who receive a transplant. In the United States there are approximately 357,000 patients with end stage renal disease (ESRD) undergoing dialysis.ⁱ There is a high prevalence of periodontal disease in advanced and end stage renal disease patients. There are benefits of periodontal disease treatment that is related to the success of kidney transplantation.ⁱⁱ Elimination of odontogenic centers of inflammation in patients before kidney transplantation should be the goal of a precisely planned multi specialist system.ⁱⁱⁱ At Loma Linda University Medical Center more than 120 kidney transplants are performed every year. Patients that are in dialysis undergo an extensive workup to assess risk factors pre transplantation. Medical insurances provided by the government do not cover dental health in a great majority of our underserved population. Dental services provided by County hospital are only in emergency cases and do not provide sufficient non-emergent or prevention attention. The SACHS clinic can be used with the support of grants funds to provide dental health education and treatment for these patients.

Purpose

To improve the dental health in ESRD of HD population through risk evaluation, education, primary and secondary prevention.

Methods

Recruit dental health educators and provide goals of care in ESRD on HD patients

Design questionnaire

Develop curriculum

Implement a voluntary program for dental health educators to improve dental education in this high-risk population.

Identify patients on the kidney transplant waiting list that are on hold secondary to severe periodontal disease, and provide education and treatment.

Evaluation

We will assess the dental health awareness and knowledge of the patients through a questionnaire prior to educational intervention. Once the gaps are identified, the program design will be adjusted to fulfill needs. After the educational sessions are provided in-group and/or one to one according to the need, an evaluation tool will be used to assess impact.

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Creating an Assessment Tool to Evaluate and Coach Incoming Residents in Obstetrics and Gynecology

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Background

In-coming first year residents in obstetrics and gynecology (OB/GYN) have varied levels of knowledge in the subject, and different levels of exposure to surgical procedures. These varied experiences make it difficult for instructors to appropriately tailor educational interventions.

Need

In the field of OBGYN, there are no published assessments to measure the knowledge and experience of incoming first year residents. Furthermore, it is unclear how medical student experience translates into resident confidence and performance on the medical ward with patient care.

Goal

The overall goal of this study is to develop and validate an instrument that will be used to assess knowledge and experience discrepancies among in-coming first year residents, and use the results to optimize resident training.

The instrument will be used to

- Assess incoming first year resident knowledge of required concepts
- Tailor teaching methods and modalities to address specific individual deficits
- Develop educational interventions targeting common problems
- Monitor progress of learners
- Evaluate the teaching program

Intended Learner Level

First year OBGYN residents.

Methods

OBGYN faculty will meet to discuss the breadth and depth of the content domain necessary for first-year residents to have mastered prior to entering residency, and the content necessary to successfully complete the residency. From the content areas identified, faculty will write double or triple the number of questions expected on the final instrument to measure the concepts. The instrument will be piloted with a small group of residents for readability and clarity, and to identify ambiguous items. After deleting rejected items, the final group of items will be piloted with a group of medical students, and groups of PGY1, 2, and 3 residents. Scores will be examined for internal reliability.

Expected Results

We hypothesize that scores on the instrument will correlate positively with level of experience, with PGY3s scoring highest, and medical students scoring lowest (predictive validity).

Enhancing of Empathy as a Result of Reduction in Distress Through Trigger of Emotions by Feature Films in Learning and Alluring Environment

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Background/Need

With respect to empathic behavior, young physicians are not fulfilling this aspect of the good doctor-patient relationship. Recent studies focusing on medical students showed that self-assessed empathy has decreased significantly over the past two decades. Several possibilities may explain this decline in empathy; however a critical experience during a student's initial clinical practice is thought to be a main factor. This exposure is often guided by students' unrealistic expectations, and those expectations may lead them to react to the stress of overwhelming responsibility in undesirable ways—such as detached concern and decreased empathy.

Purpose statement

Supplement learning with feature films that demonstrate an imaginative immersion into others' stories and, even if the stories are not real, hypothetically increases understanding of human emotion, minimizes the effect of distress, and increases empathy for patients.

Intended learners/audience

Medical students.

Description

We will start with narrative review to determine what kind, why, and how many films. The next step will be to collect perceptions of faculty and students regarding this learning tool. Thereafter, an intervention will start by selecting films of full length that demonstrate the doctor-patients relationship with positive or negative empathic behavior and clarify the unrealistic expectations based on narrative review. After each film, instructors would ask students to write a letter to them and place it in a self-addressed envelope. Investigators will mail these letters back to the students after three to four weeks. After each session of film, students will be assessed on their level of empathy through valid instruments during role-play with simulated patients (years 1-3) and thereafter by exposure to real patients in fourth year.

Evaluation

The perception of students and faculty will be collected by triangulation process through peer lead discussion, in-depth interview, and focus group discussion. While empathy will be measured through a valid instrument (JES-S) and patients perception about empathy will be recorded by another instrument published by Sung Soo Kim in 2004.

Impact on the field

This project may benefit medical students in terms of reducing distress and increasing their well-being, which could affect their learning and ultimately enhance relationships with patients; health care managers in terms of saving money; and patients and community in terms of quality and productive life.

Assessment Driven Integrated Learning (ADIL): How the Literature Can Guide Curriculum Development

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Background

A review of the literature provided ample evidence that assessment can drive learning. However, for assessment to drive learning in the right direction, it needs to fulfill certain criteria including reliability, validity, specification of educational outcomes, feasibility, acceptability to stakeholders, and cost-effectiveness. Assessment has the greatest effect as a driving force in learning if it is authentic, context relevant, and samples widely. The results of an extensive literature review on assessment-driven learning led us to propose a “model” medical school curriculum called Assessment Directed Medical Education (ADME) Curriculum using Assessment Driven Integrated Learning (ADIL).

Purpose

Present the evidence underlying the proposed ADME/ADIL model curriculum and receive feedback on the feasibility of the concept.

Methods

We developed a “model” curriculum that primarily assesses students during patient encounters (supervised simulated and real-patient encounters) from day one of their medical education. These “real-life” assessments provide a more authentic evaluation of student learning in cognitive, psychomotor, and affective domains. The complete concept paper will be made available at the 2012 Innovations in Medical Education Conference.

Discussion

We expect that implementation of the ADME/ADIL curriculum will, in the long-term, improve health care delivery by producing a more competent and self-directed healthcare professional. Use of simulated and actual patient encounters for teaching and evaluation of skills and behaviors across all years of medical training may better prepare students for clinical practice. Future research studies will explore the impact of the ADME/ADIL curriculum at various stages of medical school training and during residency.

The Impact of an Oral Health Anticipatory Guidance Video on Caregiver Knowledge and Pre-school Children's Caries Experience in a Pediatric Residency Program Continuity Clinic

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Background

Despite improvements in oral health awareness and care, dental disease remains one of the most common problems in the United States. Currently, more than one-fourth of pre-school children in the U.S. are affected by early childhood caries (ECC).

It is generally accepted that oral health education counseling by primary care providers can be effective in prevention or reduction of ECC, but pediatricians are challenged to find time to counsel on caries prevention at health maintenance visits. Most anticipatory guidance is provided verbally, sometimes with supplementary written materials. Educational video is a newer, unproven method for delivering anticipatory guidance.

Purpose

Healthy People 2020 objective OH 1.1 is to "reduce the proportion of young children aged 3-5 years with dental caries experience in their primary teeth." Therefore, the purpose of this study will be to develop and implement the use of an effective educational video on caries prevention in pre-school children for caregivers to view at health maintenance visits.

Methods

A brief video describing and showing caries prevention strategies in pre-school children will be produced and shown to caregivers at the newborn visit, and at periodic subsequent health maintenance visits. Written materials will be provided and caregivers will be allowed to ask questions of the primary care provider.

Evaluation

Caregivers will complete an oral health questionnaire at the first visit before viewing the video in order to assess their knowledge and behaviors at baseline. Questionnaires with age-appropriate oral health questions will be completed by the caregivers at subsequent health maintenance visits, again, before viewing the video, to assess knowledge retention. Periodic oral examination of the children will allow documentation of any dental lesions, thus assessing overall effectiveness of the intervention.

Expected Outcome

We hope that this intervention will reduce the incidence of ECC among our pre-school patients, and help to establish video anticipatory guidance as an effective tool for busy pediatricians.

A Balint Curriculum's Effect on Family Medicine Residents Empathy and Psychological Skills

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Objective

To quantify the effect of a Balint curriculum on Family Medicine Residents' Empathy and Psychological Skills using existing validated scales.

Background

The ability of a physician to self-evaluate and reflect on the physician-patient relationship in a thoughtful manner and to have a set of psychological skills with which to evaluate the emotional dynamics of that relationship are skills that improve a physician's ability to provide patient-centered care. Interpersonal & Communication Skills, Patient Care, and Professionalism (ACGME Competencies) are enhanced by development of such skills. Family Medicine Residents often lack confidence and understanding of these skills. This skill deficit is thought to be due in part to a lack of formal training, along with limited time for effective reflection. Balint Group training purports to provide this training.

Using Balint groups improved psychological skills in residents in several specialties, and a 2001 survey found that 50% of Family Medicine residencies included Balint Groups as a component of their residency curriculum. A study comparing a Family Medicine residency with Balint training to one without in a similar geographic location showed residents who were Balint trained scored higher on a scale examining self-reported psychological skills. The effect of Balint training on improving Physician Empathy is less supported by the literature but has only been examined in Family Medicine residents retrospectively after training was completed. Residents' sense of well-being and satisfaction with their career choice was shown to improve after Balint Group training.

In 2010, The University of Missouri Family Medicine Residency initiated a Balint group for the first time for first year residents and transitional year students (4th year medical students at the University of Missouri committing to the Family Medicine program). The group, structured in a classically defined Balint format, was led by both a Family Medicine clinician and behavioral science faculty member and was structured around spontaneous case reporting from memory. Attendance was voluntary.

Purpose

In 2011, a unique opportunity arose to study four groups of residents with differing levels of exposure to Balint training: 1) First year non-transitional residents just starting Balint training, 2) First year transitional residents now entering their second year of exposure, 3) Second year residents who had one year of exposure but are not now attending Balint training, and 4) Third year residents who have had no Balint exposure. Based on a review of the literature, this dynamic of differing Balint exposure of current residents in the same residency has never been studied. Therefore this is a unique opportunity to study the effects of Balint training within a single residency program.

Method

We will administer the Jefferson Physician Empathy Scale and the Psychological Medicine Inventory to all Years 1-3 residents who volunteer to be in the study. These instruments were used in similar studies and will take approximately 30 minutes to complete jointly. Data will be collected during 2011 and again in 12-18 months on the same cohort of residents.

Evaluation

Scores will be correlated with amount of time residents were exposed to Balint training.

From the Classroom to the Community: Frontiers of a Family Medicine Clerkship

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Background

Community-oriented primary care (COPC) is a way of meeting the health needs of a defined community, based upon principles of epidemiology, primary care, preventive medicine and health promotion. In a world in which the traditional one-on-one patient to physician encounter has become economically challenging, COPC is a means of obtaining community solutions for community problems that may be translated to the individual level, resulting in positive health benefits. Variations of the COPC concept have been present in medical school curricula since the 1960s to offer an education in population-based medicine. However, it has been commonly found in the form of preclinical lectures or elective experience during the clinical years. Over the past decade, medical educators have undertaken COPC projects in required family medicine clerkships, including Unverzagt at the University of New Mexico, Cronholm at the University of Pennsylvania, and most recently, Bonafede at Dartmouth Medical School. In each of these examples, students performed community health assessments on an individual learner basis. No reports were found of medical students working in collaborative teams while conducting community health assessments. We predict medical students will enjoy and value community health care more when working collaboratively than when working individually, and, as a result, develop higher interest in family medicine as a career choice

Purpose Statement

This study will explore differences in outcomes between medical students conducting COPC nutritional health assessments as individuals and as collaborative teams.

Methods

Third-year medical students at the University of Nevada School of Medicine, Las Vegas and Reno, will receive information at their six-week required family medicine clerkship orientations about how to conduct a community health assessment. The content area will focus on nutrition in order to maintain comparability between the Reno and Las Vegas clerkship sites. Students at the Las Vegas site will be instructed to perform the COPC health assessment assignment in collaborative groups of three to five students., while students at the Reno site will be instructed to perform the same assignment as individuals.

Evaluation Plan

A survey will be completed at the conclusion of the COPC health assessment assignment to measure multiple aspects of learner satisfaction, and interest in family medicine as a career choice.

Will a New Preconception Care Curriculum Taught to Family Medicine Residents Improve the Proportion of Women Of Childbearing Age Taking Folic Acid?

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Resurrection Health Care

Background

Preconception care assures that all women of childbearing age enter pregnancy in optimal health. One Healthy People 2020 objective is to increase the proportion of women delivering a live birth who take at least 400mcg of folic acid. Data from the Pregnancy Risk Assessment Monitoring System and CDC in 2007 showed that 30.1% of females delivering a recent live birth took multivitamins/folic acid every day in the month prior to pregnancy. The target for Healthy People 2020 is to increase this rate to 33.1% (a 10% increase). In the two clinics where the Saints Mary and Elizabeth Family Medicine Residency Program provides care there is a large population of women of childbearing age (15-44 years). Residents and faculty provide prenatal care and attend more than 250 deliveries per year. Currently these two clinics do not report the number of women of reproductive age who consume at least 400mcg of folic acid daily, a recommendation supported by extensive scientific evidence to reduce neural tube defects in newborns. At the present time the obstetrics curriculum of the residency program does not contain a preconception care specific component.

Purpose Statement

This study assesses the number of female patients of childbearing age who receive a prescription for at least 400mcg of folic acid and determines if a 10% increase in the number of women receiving this prescription occurs after implementing a preconception care curriculum.

Methods

A new curriculum that promotes preconception care will be implemented in July 2012 for the SMEMC Residency Program. The preconception care curriculum will cover health promotion and risk reduction, including the consumption of 400mcg of folic acid daily. The curriculum will include reading of current medical literature. Residents will attend conferences where they receive the educational part of preconception care. A special Board Review Session will be dedicated to preconception care. Over three months residents will be exposed to the curriculum to receive the appropriate tools to provide preconception care.

Evaluation Plan

In March 2012, 250 randomized charts will be reviewed to establish a baseline number of women of childbearing age receiving a prescription for folic acid. In November 2012, we will repeat the chart review and compare the percentage of women of reproductive age receiving this prescription. We anticipate an increase in the proportion of women receiving a prescription for folic acid and will determine if we reach the 10 percent targeted increase.

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Effects of Exercise Encouragement on Chronically Elevated Heart Rates

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Introduction

One of the goals of Healthy People 2020 is to improve cardiovascular health. Multiple studies¹⁻⁷ have linked elevated heart rate with increased morbidity. Tulare County and the San Joaquin Valley have some of the highest rates of obesity (31.4%)⁸, physical inactivity (23.8%)⁹ and diagnosed diabetes (8.0%)¹⁰ in the state of California⁸. Among adult patients treated at Family Healthcare Network (FHN) clinic sites throughout the San Joaquin Valley, many have persistently elevated heart rates.

Research Objectives

This study will investigate whether educating patients about the value of physical activity and setting a goal will result in heart rate decreases in patients with persistently elevated heart rates of >90bpm on 3 or more visits in the past 12 months.

Methods

The study will run for 8 weeks with vitals recorded at 0, 4 and 8 weeks. Participants will be given a short quiz at the 8-week point to determine their knowledge on the importance of physical activity in lowering their heart rate.

Participants

At least 100 potential participants with pulse rates of >90 bpm on 3 or more occasions within the past year, will be identified by the FHN Information Systems Department via a medical records search.

Those patients will be sought out for participation, with a goal of 30 total participants divided evenly and randomly among the following three groups:

Study Group 1: 100 Steps per Day

10 participants will receive encouragement to walk 100 consecutive steps per day. They will be given a brochure on the importance of physical activity in lowering their heart rate and reducing the risk of cardiovascular disease. A pedometer will be provided and weekly 5-minute telephone calls given to remind them of the importance of physical activity and meet the set goal.

Study Group 2: General Exercise

10 participants will receive a pedometer, a brochure, and encouragement to exercise and increase their levels of physical activity, but without the set goal.

Control Group:

10 controls will be provided with a pedometer, followed for 8 weeks and vital signs monitored at the same points. No counseling or encouragement to increase physical activity will be provided.

Data Analysis and Measurement

The three groups will be compared with regard to their knowledge as well as the number of steps taken and the fall in heart rate.

Outcomes

Patients will have a reduction in heart rate and an increase in knowledge.

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Development of High Technology Simulations for Teaching and Evaluating Interpersonal and Communication Skills Around End of Life Care for Infants

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Background

Half of infant deaths in the US result from congenital and chromosomal malformations and disorders due to preterm birth (Heron et al, 2009). Caregivers in neonatology are therefore at the frontline of counseling toward withdrawal of life-sustaining treatment. Despite ACGME required training in interpersonal and communication skills (ICS), web-based surveys of neonatologists show a lack of confidence in these skills (Boss et al, APAM, 2009). Moreover, AHRQ reports show poor counseling around infant death is associated with the lack of caregiver training.

Purpose

The goal is develop and assess the impact of audio-video modules for training of ICS during end of life conferences in Neonatal-Perinatal Medicine. Video and audio-only components will be used to teach listening, explanatory and questioning skills, with split audio-video comparisons to highlight skills related to communication through body language. The ease of digital video recording and after-market programs for video-audio editing (iMovie, Apple Inc.) makes this feasible. High-technology simulations for teaching ICS are valid, reliable and feasible tools in medical education (Epstein NEJM 2007).

Intended learners/audience

Program directors in Perinatal and Neonatal Medicine and Pediatric Intensive Care.

Description

In year one, modules will be created from digital recordings of conferences led by fellows in each year of training. Three, video-conference segments (after informed consent) will be captured per fellow in each of the three years of training (5 fellows per year, 15 digital segments) during rotation in the neonatal intensive care unit at Children's Hospital Los Angeles. Video modules (minimum 45) will be edited by the author to illustrate principles of communication and professionalism in, 1) Delivering Bad News, 2) Foregoing Life Support, 3) Navigating Conflict and 4) Emphasizing Social-Cultural Influences in Decision Making. In year two, fifteen to thirty minute video modules will be made available on the intranet for self-paced review and reflection prior to preceptor-guided and group review. Four, two-hour group sessions will utilize modules for role-play exercises and discussion.

Evaluation

Evaluation will include 1) trainee reactions using post-satisfaction questionnaires, 2) educational value using pre- and post-assessments of trainee skill using multi-source 360 evaluation during a) live and recorded family conferences and b) during role-play exercises. Perceived self-confidence will be assessed using pre- and post-exercise surveys. Outcomes will be compared via PGY of training as well among trainees over time.

Impact on the field

A library of split audio-video modules could form the basis for standard training of ICS around end of life care for all neonatal and infant critical care providers.

Breastfeeding Curriculum for Family Medicine Residents

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Background

Breastfeeding has multiple advantages including the transfer of antibodies, maternal-infant bonding, and the reduction of infectious and atopic diseases. Healthy People 2020, the nationwide health promotion and disease prevention plan by the United States Department of Health and Human Services, has a target goal of 60% of infants in 2020 to be breastfed at six months of age; this is a significant increase from 2006, when there were 43% of infants breastfed at six months of age. Family medicine physicians play a unique and important role in breastfeeding care through educating mothers on the importance of breastfeeding as well as teaching them how to breastfeed during the prenatal and postnatal care. Many family medicine residency programs lack a structured breastfeeding curriculum and many of the graduating family medicine physicians are not fully trained in breastfeeding care, leaving a missed opportunity to increase the number of breastfed infants.

Purpose

Implement a structured breastfeeding curriculum (SBFC) for family medicine residents at the Ventura County Family Medicine Residency Program, and evaluate the effectiveness of the curriculum by measuring differences in newborn feeding patterns after the educational program, compared newborn feeding patterns before the program.

Hypotheses

1. On average, more mothers will be breastfeeding their babies at six-months of age after the SBFC than prior to the curriculum.
2. Residents will increase the amount of times they teach breastfeeding techniques, teach how to use a breast pump, and counsel patients about lactation problems in their clinical practices of breastfeeding care following completion of the SBFC.

Proposed Methods

All family medicine residents at Ventura County Family Medicine Residency Program will complete a survey on their current clinical practices of breastfeeding care, prior to SBFC, and repeat the survey at six months into the curriculum.

The breastfeeding curriculum will be part of the four week obstetrical rotation composed of case based presentations, videos, and workshops facilitated by the family medicine faculty, the pediatric faculty, and the satellite clinic family physicians providers.

Evaluation plan

Prior to implementing the breastfeeding curriculum, there will be a cross-sectional review of at least 100 charts of six-month old healthy newborns care for by residents at the Academic Family Medicine Center. Data recorded will be the number of mothers with infants six-months of age who exclusive breastfeed, the number who combine feeding (breastfeeding combined with formula feeding), and the number who exclusively formula feed. Another 100 charts will be reviewed after completion of the curriculum to measure changes in these variables.

Furthermore, at the six-month period, review the surveys assessing the clinical practices of the family medicine residents.

Effects of a Formal Sign-out Curriculum on Improving Handoffs Amongst Pediatric Interns

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Background

The ACGME recently reduced the maximum number of consecutive hours an intern may work from thirty to sixteen hours, which has increased the number of patient handoffs between residents. Unfortunately, there is currently no standardized method of signing out patients that is taught prior to starting residency.

It is important to assess whether a formal curriculum that teaches a standardized method of sign-out helps interns better organize and communicate information during the transfer of patient care. Ultimately, it is important to evaluate if this standardization leads to reduction in errors that occur during the sign-out process.

Purpose

The goal is to train incoming interns with a standardized method of signing out before they are given clinical responsibilities.

Description

A survey of CHLA senior residents revealed most used a system-based format for sign-out, but had developed it on their own by trial and error. We thus created a standardized systems-based sign-out model and implemented a formal curriculum to educate the interns prior to the start of their clinical rotations. The curriculum includes 1) a didactic section which reviews pertinent patient information for the electronic sign-out form, 2) role-playing by the chief residents and subsequent discussion of how to anticipate and prevent potential problems, and 3) small-group sessions allowing interns to practice the new model using three sample cases.

Evaluation

We created a pre- and post- course survey to assess whether the curriculum was helpful in conveying patient information in a standardized manner. The pre-survey found only 5 of 27 interns had received formal teaching on sign-outs during medical school. There was wide variability in what they thought should be included in an ideal sign-out. Twenty interns completed the post-course survey; all 20 found the curriculum helpful. The goal is to have refresher courses throughout the year and follow-up with surveys to assess the impact of the curriculum on sign-outs over time.

Impact on the field

As duty hours restrict the amount of time residents can spend in the hospital, there is increased cross-covering and handoff of patient care. It is imperative to provide a formal curriculum to teach how to convey patient information in a standardized manner between multiple caretakers.

ADAPTIVE DESIGN: The Learner-Leader-Teacher Model for Meeting Ideal Patient Care Needs

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Background

Adaptive design combines disruptive innovation strategy with the leadership and management methods of a few extremely successful companies (e.g., Toyota, Intel, and Southwest Airlines). Two core values were identified as the pillars in the Toyota Way, which is the basis for Adaptive Design: ‘continuous improvement’ and ‘respect for people’ based on the belief in the power of people’s ordinary capabilities. The focus is always on how to develop each individual in the organization. *Under the Adaptive Design, “Ideal Patient Care is: exactly what the patient needs, when and where they need it”*

1. *individually customized care*
2. *immediate response to problems or changes*
3. *safe environment — physically, emotionally, and professionally — for patients, staff, physicians, and management*
4. *no waste of any resource.*

The model focuses on managing knowledge to develop each individual in the organization through learning, (The Learner-Leader-Teacher” model), rather than the process itself.

Objective/Rationale

Our aim is to implement a pilot model of Adaptive Design in a PCMH-based Forbes Family Medicine Residency Program, FHC.

Methodology/Measures

Our organization, Forbes Family Medicine Residency Program, FHC, is the primary setting for this pilot model that will include faculty, residents, staff (clinical and non-clinical), and medical students. We will conduct a needs assessment to identify 1) observed areas with greatest delays in patient care including timeliness, flexibility, responsiveness, availability and accessibility, 2) roadblocks or barriers to improving our organization: Clinicians, Staff, Patients, Technology/EMR, Systems/Processes, and 3) areas indicating lack of optimism or trust in the future success of the organization.

Implementation of a pilot model of Adaptive Design will initially run under the supervision of Dr. Kenagy and his team. Principles of Adaptive Design (‘continuous improvement’ and ‘respect for people’) will be taught through a series of educational workshops. Outcomes of the Adaptive Design workshops will be measured by 1) pre and post-intervention surveys to assess knowledge, attitudes, beliefs, and skills regarding ideal patient care needs, 2) direct observation of patients’ interactions and experiences from admission to discharge, including medication reconciliation and INR Monitoring (by pharmacy students as outside “objective” observers in “real time”), and 3) patient satisfaction.

Summary/Projected Result

In Adaptive Design, “everyone is empowered and everyone is accountable for taking the lead in adapting his or her own corner of the organization to solve problems, deliver optimum patient care, and streamline the system. By generating these results, Adaptive Design may improve trust, optimism, high performance, and innovation. Once organizational members are trained in the Adaptive Design process, we expect to improve patient satisfaction through a holistic team approach and “rapid real time problem solving.” We expect knowledge and attitudes to improve following the Adaptive Design workshops. We would also expect system improvements resulting in decreased costs.

Conclusion/Projected Limitations

Adaptive Design will require full participation and “buy-in” from organizational members, but it may result in a major positive cultural change.

Residency Homework - Does a Structured Self-Learning Program Improve Performance by Residents on the Internal Medicine in-Training Examination?

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Background/Need

The Internal Medicine In-Training Exam (IM-ITE®) is authored by the American Board of Internal Medicine (ABIM), and is administered yearly by residency training programs. Residency programs vary in their use and interpretation of the examination results. Multiple studies have demonstrated an association between the ITE exam and performance on certification examinations in a number of residencies, including Internal Medicine, and the USC Internal Medicine Residency has also noticed that performance on the ITE is predictive of eventual board success. Due to lackluster performance on both the in-training examination, and board pass rates, we have aimed to institute a self-study curriculum.

Purpose

The purpose of this educational intervention is to improve residency competency in Medical Knowledge, scores on the in-training examination, and ultimately - improve resident pass rates on the ABIM certifying examination.

Hypothesis

We hypothesize that the change in mean percent scores of ITE subject areas for which residents self-read and test will be significantly higher than the change in mean percent correct scores of ITE subject areas for which the residents do not self-read and test.

Methods

PGY2 Residents (n=55) in USC's Internal Medicine Residency have completed a monthly self-study packet. This packet consists of open-ended questions to read and study, with content from each subject area put forth by the ABIM (i.e. Cardiology, Nephrology, General Medicine etc). At the end of each month, and completion of the packet, residents will take an open ended/short answer quiz based on the material read. A successful score on this quiz will be considered 70% correct, and residents will have two attempts to complete the packet before needing to take an oral quiz on the material.

Evaluations

All PGY2 residents enrolled in the self-study program have taken the ABIM ITE in October 2011. Once results from the 2011 administration of the ABIM ITE are received, percent correct scores will be compared to performance on the 2010 administration of the ITE. Specifically, mean scores in those subjects in which residents completed the self-study packet/quiz will be compared to the mean scores in those subjects in which no self-study packet/quiz was completed.

Results

To be presented

Conclusion

Implementation of a structured self-study program for Internal Medicine Residents may improve performance on the ABIM ITE, increase medical knowledge, and lead to higher board pass rates.

Educating Family Medicine Residents to Provide Preventative Oral Health Care to Preschool Children in New Mexico

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Background

Dental caries is the single most common chronic childhood disease.^{iv} In New Mexico, approximately 65% of third graders have treated or untreated tooth decay.^v Healthy People 2020 objectives include reducing the proportion of young children aged 3 to 5 years with dental caries, untreated dental decay and increasing the use of dental sealants. Well-trained primary care physicians are uniquely aligned to address the problem of Early Childhood Caries since they see children at a young age.

The Family Medicine Residency Review Committee (RRC) has mandated a formal education in oral health since 2006. Fortunately, the Society of Teachers of Family Medicine Group on oral health has developed Smiles for Life - a national oral health curriculum for Family Medicine.^{vi}

Purpose Statement

To determine whether physicians' oral health knowledge, use of fluoride varnish and early referrals of children to a dentist improves, after implementing an oral health curriculum for the NNMFMRP.

Objectives

- 1) Increase Family Medicine Resident knowledge and confidence
- 2) Implement a Fluoride varnish program
- 3) Work to establish a dental home for preschool children

Intended learners

Resident physicians and faculty

Methods

Residents and faculty will complete a baseline assessment before the curriculum is implemented. The Smiles for Life Curriculum for education will be utilized to present the following topics: Child Oral Health, The Oral Exam and Fluoride Varnish. Residents will also receive hands on training with our Pediatric Dentist to reinforce what was learned in the online Smiles for Life modules.

Evaluation

A post-test to document knowledge and confidence gained will then be given. A follow-up chart review at 6 and 12 months will be done to document if preschool children are being screened for Early Childhood Caries, if and when they are being referred to a dentist and if families are being counseled regarding caries-preventative behaviors. Chart reviews will also determine if fluoride varnish is being applied when indicated.

Expected outcomes

- 1) Oral health knowledge of the residents will improve
- 2) Resident confidence in performing an oral health examination on preschool children will improve
- 3) Preschool-age children will be referred to a dentist at an earlier age
- 4) Fluoride varnish will be applied when indicated

Psychosocial Aspects Underlying Dialysis Access Preference in Pediatric End-Stage Renal Disease Patients

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Background

One of the objectives of Healthy People 2020 is to improve vascular access for hemodialysis patients. In all patients requiring chronic hemodialysis, there is abundant evidence demonstrating significant advantages of arteriovenous fistula or graft over catheter based dialysis access including decreased morbidity associated with infections, decreased hospital stay, and decreased cost. However, despite national and international "Fistula First Initiatives" recommending arteriovenous fistula or graft as the preferred vascular access in clinically suitable patients, many pediatric patients on chronic hemodialysis prefer a catheter-based access.

Hypothesis In pediatric hemodialysis patients, psychosocial aspects significantly impact their choice of arteriovenous fistula or graft versus catheter based dialysis access.

Objectives/purpose

The objective is to identify psychosocial issues that might have influenced a pediatric patient's decision to choose a tunneled hemodialysis catheter over an arteriovenous fistula placement for dialysis access, and use these issues as a basis to educate patients and families.

Study population/sample characteristics:

This study focuses on pediatric patients receiving chronic hemodialysis on an outpatient basis at the CHLA Pediatric Dialysis Unit, of age group between 6 years old to 17 years old.

Study methodology

This is a cross-sectional study of pediatric patients currently receiving or who will be receiving within 6 months chronic hemodialysis on an outpatient basis at the CHLA Pediatric Dialysis Unit. The target subject age group is between 6 years old to 17 years old. The method consists of conducting one survey per patient. A custom survey is designed. The survey includes relevant demographic and medical history data, but predominantly consists of yes or no questions with allowed free commentary. Research personnel will administer the survey in the CHLA Pediatric Dialysis Unit. If the patient is able to read, the patient will fill out the survey. If the patient is unable to read, the research personnel will then verbally conduct the survey. The parent may be present in all cases.

Statistics/plans for analysis:

Answers to the questionnaire will be analyzed using a Chi-square test. Results will be stratified by age and gender

Study outcomes

The results will be used to understand the patient's context and better educate patients and families.

Case-Based Learning as a Teaching Tool in Preparing Physician Assistant Students for Clinical Training

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Background

Studies have shown that, with the implementation of case-based learning into classroom curriculum, students score higher on clinical performance exams, receive improved clinical evaluations, and are more satisfied with their medical education experience. Problem-based learning techniques have been shown to promote creative thinking and innovative clinical practice.

Purpose

To add progressive disclosure patient cases to the end of each learning module in the Topics in Medicine III curriculum designed to enhance physician assistant students' ability to identify a diagnosis and develop a treatment plan appropriate to each case. The "idea" addresses the student's need to improve SOAP note writing skills, clinical reasoning, critical thinking and adds consistency throughout all three Topics in Medicine courses.

Intended learners/audience

There will be fifty second-year primary care physician assistant students.

Description

Progressive disclosure patient care cases will be added at the end of each module in the Topics in medicine III course in the fall semester, 2011. 25 diseases and conditions from the completed TIM III module will be assigned to student groups (5 students per group/ 5 topics per student), to be researched. Patient presentations will be given and the students will decide, from their research, after progressive disclosure of HPI, PE and diagnostics, which of the diseases or conditions most likely fits the given case.

Evaluation

Quantitative tools: Comparison of end of module written exam scores to performance of past classes, not utilizing case-based learning tools. Qualitative tools: Student evaluations of the TIM III course.

Impact on the field

Improved SOAP note writing, case-presentation, clinical reasoning, critical thinking skills in second year physician assistant students leading to enhanced performance in their clinical rotation performance

ECG Learning Module

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Background

The electrocardiogram (ECG) is among the most commonly performed procedures on patients presenting to Emergency Departments (ED). All emergency physicians should be proficient with the basic principles of ECG interpretation and diagnoses requiring emergent treatment. Despite its essential need, proficiency in ECG interpretation is lacking in the education of most medical school graduates. Numerous studies have discussed this need in postgraduate medical education (Raupach et al 2010; Lever et al 2009; O'Brien et al 2009; Little et al 2001), but none have set forth solutions.

Purpose

A web-based learning module for first-year emergency medicine residents is being designed to enhance their level of ECG literacy.

Intended learners/audience

PGY-1 Emergency Medicine Residents

Description

A cohort of 16 PGY-1 emergency medicine residents will be randomized into two groups for a 6-month period. Eight will undergo a traditional book learning approach, and eight will undergo an interactive, web-based, self-paced ECG tutorial that will introduce them to clinical electrocardiography. This tutorial will begin by defining ECG terminology and describe normal cardiac anatomy and electrophysiology. It will then gradually introduce abnormal heart pathology and disturbances in cardiac conduction important and necessary in the recognition and mastery of ECG interpretation - didactic teaching points are linked to illustrations, and an interactive quiz to assess the understanding of the fundamental material and provide immediate feedback of what has been learned thus far. The ECG topics and sections will range from simple to complex in a "step-up" fashion with the hope that learners remain motivated throughout the sessions and conclude the training module with proficiency.

Evaluation

A multiple choice quiz testing important concepts and several 12-lead ECG interpretations will be required to complete each training module session. Immediate feedback will be provided to the learner and instructor. A final multiple choice and ECG interpretation skills exam will be taken upon completion of the entire training module and book learning approach. Questions included will encompass the most common rhythm, conduction and electrophysiological abnormalities encountered in the ED. Learners will also complete a self-assessment checklist of their perceived learning and a detailed (session by session) critique with suggestions for improving the individual sessions and entire learning module. Scores of the final exam will be compared to determine if there is a difference in learning methods.

Impact on the field

It is hoped that this interactive and self-paced ECG training method will be transportable and improve physician proficiency in ECG interpretation, which will translate into better patient care and decreased medical error.

Development of a Vascular Disease Risk Factor Management Curriculum for PGY 1 Residents

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Introduction

During the next decade, the effects from sedentary and carbohydrate dense lifestyles will create challenges for the healthcare system. New physicians will need to become good lifestyle coaches as well as good clinicians. While the phenotypic attributes of dysfunctional lifestyles can be obvious, there is also residual risk at the molecular and genetic levels that oftentimes remains hidden, thereby increasing mortality and morbidity unnecessarily. We outline here a multidisciplinary, evidence-based approach to addressing the problem by establishing an innovative Metabolic Syndrome Clinic (MSC) and longitudinal training program to improve residents' skills in diagnosing and treating this at-risk population. The MSC feeds into specialized clinics for Diabetes, Hypertension, Weight Management, Dementia, and Coronary Artery Disease, as well as a special community outreach program for underserved children and adults.

Methods

The research design is a quasi-experimental study. Sample A will consist of new PGY1 residents exposed to the MSC. Sample B will consist of Eisenhower Medical Associates (EMA) physicians who have had no experience in the MSC. The curriculum will include direct observation of all residents with patients in the MSC, small group discussions in journal club, one-on-one feedback and coaching sessions, case based learning, and a series of 4 workshops designed to improve knowledge of proteomics and lipidology. Another series of 4 workshops are designed to develop skills in motivational interviewing.

Evaluation Plan

Baseline measures will consist of knowledge tests given to both groups in the first week of PGY 1 training. In addition, chart review of Medical Staff encounters with patients over the previous nine-month period will be conducted to determine the percentage of patients in which residents noted established parameters during physical exam and laboratory testing. A students paired t test will be used to compare knowledge scores before and after the curriculum, students unpaired t test will be used to compare PGY1 and Medical Staff posttest scores, and Chi Square will be used to compare percentages of parameters noted in charts by PGY1 and Medical Staff groups during a 9-month period.

Discussion

Ultimately we would expect that patients seen by our clinic would have lower mortality and morbidity rates compared to the community at large when matched for ethnicity and socio-economic level. Such parameters will include number and acuity of after hours ER visits, severity of disease and mortality, smoking cessation and weight loss goals, as well as other relevant physiologic goals. If these outcomes appear improved, it will be difficult to parse out which aspects of the curriculum directly contributed to the outcomes. Additional studies will be needed to determine the effect of individual factors.

“Capsulation” – A condiment added to the “SPICES”

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Background/Need

Attendance of students in Medical college has paramount importance. Different universities have different levels of students' attendance enabling them to appear for the examination. Attendance has shown to be directly proportional to the performance of students.

In spite of this correlation, many students fall short of attendance due to myriad reasons out of which indolence, health problems, enhanced home stay.(going home before vacation and coming back late)are the common ones. These students are not allowed to appear for the examinations.

Purpose statement

“Capsulation” programme enhances attendance of Medical students, guides them to elect the areas of deeper learning and improve s the overall performance of students

Intended learners/audience

Medical educators and Medical students

Description

To give them one more opportunity to keep pace with their colleagues, we have initiated the “Capsulation Programme”. In this programme, additional classes are organized during the evening i.e. 4 PM to 6 PM. The topics generally selected are from “Must Know” domain, and are taken by Medical teachers as per the schedule. Attendance is recorded and added to cumulative attendance of students enabling them to cope up with short attendance and reach a desired level (say, 75%).

The capsulation programme not only helps the students with short attendance, but also enables the regular students to enhance their attendance to higher grades and their knowledge and skills by opting for these extra classes. For them, the capsulation becomes optional, like the E = Electives of the SPICES model. Students can elect the topic they wish to study deeper and consolidate in the domains of knowledge and skills.

Evaluation

Our university has implemented this for the students since last two years and we have still been in the process of evaluation, but it has been observed that their attendance is enhanced, fewer number of students were detained from appearing at examination. Regular students learnt to elect for topics they wished to learn deeper, enhance their attendance to a higher grade and overall performance of all the students improved.

Impact on the field

This innovative concept of “Capsulation” improved students' performance guided the Medical students to opt for elective courses and lessened the chances of students being detained from appearing at the examination.

Transitioning Anesthesiology Residents to Practice

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Background

Residency programs in anesthesiology prepare their residents well to provide peri-operative and intra-operative care when they go out into practice. However, residents have consistently complained that their program did not prepare them for the numerous ancillary tasks that accompany practicing anesthesia outside of an academic institution. In 2010, the University of Southern California Department of Anesthesiology sent a 10-item learning needs survey to all former residents who graduated within the past three years (N=51). Residents reported that they were sheltered from the processes of billing as well as the hospital-wide quality improvement measures followed by the hospital's office of quality management. They also believed they had not been given an opportunity to experience firsthand what it was like to run an operating room schedule or deal with staffing issues.

Purpose

Implement a new two-week rotation to address the needs expressed by graduate anesthesiologists in practice, and evaluate whether the rotation addresses these needs.

Methods

Based on the results of the learning needs survey, we created a two-week rotation called "Transition to Practice." During this rotation, seven residents participated in one-on-one sessions with the quality improvement office, the risk management office, and the billing office. They also spent a day with the group manager of a private practice group, participated in several hospital wide committee meetings, and researched a topic of interest currently being discussed at the state level and national level by the California Society of Anesthesiology and the American Society of Anesthesiology. The "Transition to Practice" program will be repeated each year for a minimum of three years, and will include approximately 52 residents. After graduation, each resident will be sent the same 10-item survey used to elicit learning needs. Answers from residents who did not experience the "Transition to Practice" intervention will be compared with answers from those who did.

Results

The first seven residents in the new rotation are currently in training and will graduate and go into practice July 2012; therefore results presented at the IME conference in February will be preliminary.

Discussion

Because of the small number of residents in the program each year, this is an ongoing study that will only be completed after 52 residents have experienced the "Transition to Practice" intervention and have gone on to practice anesthesia independently.

Crossing the Divide with 21st Century Digital Technology—Use of a Transitions Module to Facilitate the Transition of a Young Adult with Special Health Care Needs between Providers

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Background

Nationwide each year, approximately 500,000 young adults with special health care needs (SHCN) transition into adulthood. Efforts to facilitate the transition process lack consistency and are done incompletely, often to internists who feel ill-equipped to provide the comprehensive care patients demand (AAP/AAFP/ACP/Transitions Clinical Report Authoring Group, Pediatrics 2011). Patients and their families often feel that adult providers do not optimally address the psychosocial needs of the young adult, and there is a lack of coordination and communication between referring and accepting providers (Harris et al, Am J of Lifestyle Med 2011). A TM designed for providers on the frontline of caring for young adults with SHCN will provide standardized instruction on ways to facilitate a collaborative, patient-centered transition that is successful in addressing patients' complex psychosocial and medical needs.

Purpose

The multi-modal, digital technology-based Transitions Module (TM) will guide senior Med/Peds residents and Pediatric and Adult subspecialty fellows in developing skills to optimize the transition of care for young adults with chronic conditions.

Intended learners/audience

Combined Internal Medicine/Pediatrics senior residents, Pediatric subspecialty fellows, Adult subspecialty fellows

Description

Over the course of one year, twenty-five patients and their respective physicians (primary care, referring Pediatric subspecialist, and accepting Adult subspecialist) will use the TM to facilitate each patient's health care transition. The TM will incorporate classroom activities, independent study and research, and inter-disciplinary online sessions. After independent research on patients' conditions and the challenges encountered in the transition process, learners will coordinate online exchanges through interactive media sessions that will be attended by the patient and all physicians involved in the transition. Upon completion of the TM, learners will be able to: carryout, assess, and improve the effectiveness of the transition for patients, providers, and health system. Physicians' and patients' experiences will be assessed and compared to the transition experiences of physicians and patients not participating in the TM.

During the pilot phase, one patient per primary care and Pediatric subspecialty provider will be transitioned to an appropriate Adult subspecialist. **Evaluation**

Evaluation of the TM will include 1) learner and patient opinions about the effectiveness of transition and TM through pre/post-participation surveys and self-reflection, 2) learner knowledge-based quizzes on core principles, 3) fellowship director assessments on learner behavior and feasibility of a permanently-implemented TM, and 4) comparison to experiences of young adults' transitions without use of the TM.

Impact on the field

Designed for the 21st century digital generation, this model can serve as a standard method for transitions programs across the country.

INNOVATIONS IN MEDICAL EDUCATION

Sunday, February 26, 2012

7:00 – 8:25 am	Complimentary Hot Buffet Breakfast in San Gabriel Room		
7:00 – 8:25 am	<p>Session 16: Poster Session II — Meet the Authors <i>San Gabriel Room</i> Titles with stars will be discussed in Session 17 Moderator: Dixie Fisher <i>(Note: Titles that contain ellipses were shortened to preserve space. Please see abstract for full title.)</i> Sami A Alnassar Does an Adequate Physical Activity In a Medical Health Facility Exist? * Cynthia T. Anderson SAFETY FIRST 101: A Systems Approach To Quality Care Andrea Angelucci Teaching Learners How To Address The Goals Of Healthy People 2020 Regarding Teen Pregnancy ... Jori Bogetz Complex Care Curriculum: The Resident-Based Patient-Centered Medical Home Timothy Browder A Novel Simulation Training Model: The Mangled Extremity Surgical Skills Course Dante Cerza Implementation Of a Multi-Modality Curricular Intervention To Enhance Rotating Pediatric ... Todd P Chang A Resuscitation Science Curriculum For Pediatric Emergency Medicine Fellows Judy Chen Comparison Of Two Methods To Enhance EBM Practices During Residency Training In Ob/Gyn * Crystal Cheung Evaluation Of a Student-Run, Peer-Reviewed Medical Journal For Developing Critical Appraisal ... Emily Doyle Integrated Emergency Psychiatry Rotation Chun-Kai Fang The Construction Of Continuing Medical Education For Physicians To Prevent Burnout and To Promote ... Shanpin Fanchiang How Well Do Medical Students Detect Patient Safety Risks? Jennifer Farah Learning Styles In Emergency Medicine Graduate Medical Education Programs: A New Frontier Sarah Houssayni Does a Health Assessment Plan Discussion at a Well Child Check, Along With a Message Such as ... Imad Kafilmout Use Of Progressive Model Of Education Of Family Medicine Residents To Improve Medication ... Abdul Sattar Khan An Objective Structured Biostatistics Examination (OSBE): A Pre-Testing For Undergraduate ... * Karen Lind Job Search Assistance Curriculum For Emergency Medicine Residents * Karen Miller Residents as Researchers: Designing, Implementing, and Evaluating a New Course For 2nd Year ... Victoria Niklas Development Of High Technology Simulations For Teaching and Evaluating Interpersonal and ... Sharon Obadia Can a 'Social Determinants Of Health History' Taking Tool Improve First-Year Medical Student ... Rowena Pingul-Ravano Teaching Management Of Common Obstetrical Emergencies (Code O) To Family Medicine ... Andrea Pinnick A Comparison Of Two Teaching Modalities In a Pre-Clinical Pediatric Dentistry Course: Traditional Slide ... Michelle Rickard Portfolio-Based Systems-Based Practice Curriculum For Pathology Fellows Vanila M Singh Modifying a New Chronic Pain Curriculum For Anesthesiology Residents To a New Learning Centered ... * Karen Souter Teaching Effective Disclosure Skills To Anesthesiology Residents Using Standardized Patients Sarika Thakur Mentorship In Research and Its Impact On the Future Of Academic Medicine Julie Truong Novel Ideas To Increase Empathy Among Second Year Student Pharmacists Ankeet Udani Introduction Of Spinal Anesthesia Simulation-Based Learning Module In Orthopedic Rotation John Williamson Simulating Finals: a Junior Doctor Teaching Initiative Stephanie Zia HTE@USC—a Transdisciplinary Collaboration In Health, Technology, and Engineering For Graduate ...</p>		
8:30 – 10:15 am	<p>Session 17: Special Session: Projects seeking collaboration with other programs—feedback and discussion Moderator: Dixie Fisher San Gabriel Ballroom</p> <ul style="list-style-type: none"> • Karen Lind Job Search Assistance Curriculum For Emergency Medicine Residents • Cynthia T. Anderson SAFETY FIRST 101: A Systems Approach To Quality Care • Karen Souter Teaching Effective Disclosure Skills To Anesthesiology Residents Using SPs • Karen Miller Residents As Researchers: Designing, Implementing, And Evaluating A New Course For 2nd Year Residents 	<p>Session 18: Leadership Fellows Workshop (90 minutes) <i>San Marino Room</i></p> <p><i>Professional or Punk What kind of Doctor Do You Want To Train?</i></p> <p>Armaity Austin Mara Hover Sergio Infante Diane Kirby Alicia Milan-Flanigan Vincent Rowe</p>	<p>Session 19: Workshop (90 minutes) <i>San Diego Room</i></p> <p><i>Developmental Approaches to Learners in Difficulty</i></p> <p>Jane Rosenthal Joseph York</p>

	<p>Session 17, continued</p> <ul style="list-style-type: none"> • Crystal Cheung , Alexandre Sebaldt Evaluation Of A Student-Run, Peer-Reviewed Medical Journal For Developing Critical Appraisal Skills And Interest In Research Among Undergraduate Medical Students 	
10:15 – 10:30 am	Break	
10:30 – 12:00 pm	<p>Session 20: Undergraduate Education Moderator: Lavjay Butani <i>San Gabriel Ballroom</i></p> <ul style="list-style-type: none"> • Janet Trial Professional Identity Formation and the Social Networking Technology • Pamela Schaff Perspective Transformation In a Humanities In Medicine Course For Medical Students • Caryn Brenn Changing Attitudes: What Difference Does a Brief Course In Complimentary Medicine Make In Medical Students? • Jayant Vagha Breaking The Linguistic Barriers To Facilitate Effective Communication Skills In Medical Students • Oleksandr Dubov Ethics Of Caring as an Approach For Teaching Ethics In Medicine 	<p>Session 21: Workshop (90 minutes) <i>San Marino Room</i></p> <p>Kindergarten for Medical Educators</p> <p>Gail Rice</p> <p>Session 22: Workshops (40 minutes each) <i>San Diego Room</i></p> <p>Interprofessional Domestic Violence Education: Transforming Health Care through Evidence-based Strategies</p> <p>Cecilia Holden</p> <hr/> <p>Transformation of Perspective using Medical Readers' Theater in a Medical School Professionalism Curriculum</p> <p>Pam Schaff Kelli Auerbach Simi Rahman</p> <p>Pre-workshop assignment: At some point in the days leading up to the workshop, please briefly eavesdrop on a conversation between two or three people, and write down everything you notice - if/how the people you eavesdrop on use grammar, questions, slang, interruptions, etc.</p>
12:05 – 12:50 pm	<div style="display: flex; align-items: center;">  <div> <p>Session 23: Plenary Session <i>San Gabriel Ballroom</i></p> <p style="text-align: center;"><i>Light the flame, not just fill the bucket</i></p> <p style="text-align: center;">Innovate one person at a time</p> <p>Sajjad A. Yacoob, MD Assistant Dean for Student Affairs, Keck School of Medicine of USC Chief Medical Information Officer, Children's Hospital Los Angeles Assistant Professor Pediatrics, Keck School of Medicine of USC Attending Physician, AltaMed Health Services @ CHLA</p> </div> </div>	
12:50 – 1:00 pm	<p>Conference Closing Comments and GIFT DRAWING Dixie Fisher, Chair, Innovations in Medical Education Conference</p>	

Sunday, February 26, 2012

Poster Session II – Meet the Authors

Session 16 – San Gabriel Ballroom

7:00 - 8:25 am

Moderator: Dixie Fisher

Does an Adequate Physical Activity in a Medical Health Facility Exist?

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Background

There is a need to determine the amount of physical activity among workers and students in a health facility - teaching hospital in order to implement health improvement guidelines to maintain utmost health among workers in a health institution and students in a medical school.

Purpose

To determine the amount of physical activity of our staff and determine if physical activity meets the daily-recommended minimum physical activity set by the American Heart Association.

Intended learners/audience

Researchers, Hospital administrators, medical educators, quality heads of medical facilities

Description

A 16-item questionnaire developed by the World Health Organization (WHO) to measure and assess the physical activity was distributed to hospital staff. The questionnaire is of three domains (activity at work, travel, and recreation) that were coded to measure the total physical activity (TPA) of each individual per day. Domains were calculated and analyses were done.

Evaluation

Of 134 participants, 81 (60.4%) were males and 53 (39.6%) were females. There were 48 (35.8%) students, 44 (32.8%) residents, and 42 (31.3%) consultants. Mean BMI was 26.4 ± 5.9 . Males had significantly higher BMI than females, spending significantly more minutes and days for vigorous recreational activities than females. Males were significantly more overweight to obese than females. Residents and consultants were more overweight to obese than medical students. The overweight to obese individuals spend less than 3000 minutes /week on activities. Overall, there were 64 (47.8%) who did not meet the AHA physical activity guidelines and have low TPA. An insignificant majority (n=70, 52.2%) of our respondents have moderate to high TPA.

Impact on the field

Almost half of our respondents do not meet the AHA required physical activity. Thus, there is still a need to facilitate an increase in physical activity among our employees in our institution, through information campaigns, proper support for physical fitness programs and provision of adequate fitness facilities.

SAFETY FIRST 101: A Systems Approach to Quality Care

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Background

SBP competency is essential for addressing today's major healthcare concerns, yet it remains difficult to teach and assess (Tetzlaff, Anesthesiology 2007) because systems thinking, its foundational construct, is absent from SBP education (Colbert, Teaching and Learning in Medicine, 2011). A survey of our faculty and residents has revealed that, while both groups consider SBP important, residents can't identify SBP experiential opportunities and faculty have difficulty assessing resident SBP performance. We propose a SBP curriculum focused on systems thinking.

Purpose

A case-based curriculum to guide anesthesiology residents in learning the systems thinking required for Systems-Based Practice (SBP).

CA-1 (PGY-2) Anesthesiology Residents

Intended learners/audience

PGY-2 anesthesia residents (N=10) will attend 8 monthly SBP sessions facilitated by faculty trained in lean sigma.

Description

Learners will analyze real-life cases, view videos, and participate in games from The Systems Thinking Playbook. Individual "All Systems Go" workbooks will designate SBP-related tasks that residents will perform with faculty during clinical rotations. Finally, faculty-mentored resident teams will identify a quality issue and complete a systems analysis worksheet that outlines their strategic plan for improvement. Teams will present project proposals at Grand Rounds for faculty input, revision and implementation during the following year. At the end of the year, learners should be able to 1) describe their role within systems, 2) know key systems- thinking concepts, 3) apply systems-thinking principles to effect change and, 4) express confidence and willingness to improve healthcare systems. At the end of the year, residents will complete a survey on SBP knowledge/attitudes. PGY-2 anesthesia residents in other California anesthesiology programs will serve as a control.

Evaluation

Learner reaction will be assessed through a program evaluation at the end of the PGY-2 year. A post-survey of faculty comfort with SBP assessment will be compared with their pre-curriculum survey results. Learning will be evaluated by a pre and posttest on course content and project proposals scored by adherence to systems thinking principles. Learner behavior will be assessed through a post-course survey. Resident compliance data with systems protocols will be compared against historical data. Resident test and survey data will be compared to control group data.

Impact on the field

If we want future physicians to advocate for sustained solutions in healthcare inequity, cost and safety, then we must equip residents with cognitive and behavioral tools that allow them to understand and access complex systems. This SBP curriculum is designed to do so and is a model that could be adapted nationally.

Teaching Learners How to Address the Goals of Healthy People 2020, Regarding Teen Pregnancy Prevention

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Background

Although teen pregnancy rates are dropping nationally, the teen pregnancy rate among Latina and African-American youth continues to be disproportionately high¹. Orthopedic Hospital Medical Magnet High School's student body is 97.3% minority; 81.2% are Hispanic and 9.9% are African-American. Pregnancy or parenthood is reported by 30% of teenage girls as the cause for dropping out of school². Identifying and implementing effective interventions for teen pregnancy is integral to decreasing the negative health outcomes that occur because of educational interruption from teen pregnancy^{3,4,5}. Healthy People 2010 and 2020 goals for teens regarding sexual education and unintended pregnancy have not changed much - this indicates that we have unmet targets and need further work^{6,7}. Failure to meet these goals has been attributed to stigma, politics, culture, religion and the generation gap between sex educators and teens⁸. Few residency programs formally educate learners on how to teach or on how to implement the curriculum⁹.

Purpose

To educate high school students on contraception and teen pregnancy, and determine whether the educational strategies increased accurate knowledge about contraception.

Objectives

- 1) Increase student knowledge of contraception for pregnancy prevention
- 2) Determine the psychosocial and educational factors that contribute to teen pregnancy
- 3) Enable the educational team to implement a school-based curriculum

Intended learners

Physicians, High school students, Residents, Medical Students, Social Work students

Methods

High school students will complete a pre-participation assessment before curriculum implementation. An attending physician, resident, medical student and social work student will form the educational team responsible for curriculum implementation. Over a six-month period, bi-monthly, one-hour classes with student input on topics, based on the Adolescent Reproductive Health Education Project will be held at the high school¹⁰. Referrals to the USC-Eisner Family Medicine center will be offered for confidential family planning services as needed. At the end of the six-month curriculum, students will take a posttest to assess their sexual health knowledge. In addition our educational team will be assessed on our baseline knowledge of curriculum implementation and then after six months we will evaluate our educational team on their knowledge and skills obtained from this process. We will also conduct a qualitative survey study of high school students to uncover determinants contributing to teen pregnancy.

Expected outcomes

- 1) Sexual health knowledge among students will improve
- 2) Our educational team will acquire skills in teaching, curriculum development and interacting with teenagers

Complex Care Curriculum: The Resident-Based Patient-Centered Medical Home

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Background

Training residents to care for children with special healthcare needs is essential to the future of general pediatrics, yet few curriculum models focus on this task. Moreover, the testing of such a curriculum, which as written herein, trains residents to manage a Medical Home longitudinally, is of urgent interest given the Accreditation Council for Graduate Medical Education's 2011 Impact Statement shifting the emphasis of the continuity requirement from the number of patients seen to the content of the experience. The Stanford complex care curriculum addresses both of these goals: teaching doctors to care for complex patients and creating a new way to provide a high-quality continuity experience.

Purpose

Purpose of the presentation: For attendees to discover a model, currently being tested, for teaching residents to care for complex patients and a model for creating a patient-centered medical home for these patients. Purpose of the Curriculum: To guide residents through the longitudinal experience of providing a medical home for diagnostically or therapeutically complex pediatric patients, thereby improving the quality training for these residents and the care for these patients.

Intended learners/audience

Medical students, residents, faculty, community physicians, allied healthcare providers

Description

Description of the Curriculum: Patients are enrolled in the program, following their consent and the consent of their primary physician, by managing physicians who see for these patients a higher than average need for care coordination. Pediatrics residents in their first or second years of training opt in to the program, in which they are the Medical Home Physician (MHP) for 1-2 complex care patients for 2-3 years. MHPs first name their particular field of medical interest; the attempt is then made by one of eight faculty advisors to pair MHPs with patients whose primary medical issue relates to that field. Once matched with a patient, the MHP follows program protocol, which includes completing an assessment of the patient's needs; formulating a co-management strategy with the family, primary care physician and/or managing physicians; completing a Medical Home Portfolio; learning from multidisciplinary specialists the technical skill essential for caring for complex care; and exploring related research opportunities. Dedicated care coordination, social work, and case management resources are integrated into the program with the goal of access at any time.

Evaluation

Outcome variables for MHPs, measured by anonymous written surveys before, at three months into the intervention, and after the intervention, are their subjective satisfaction measures with residency training in general, feelings of continuity of care, and objective knowledge of complex care issues. Outcome variables for patients and families are subjective satisfaction with overall care, feelings of continuity of care, objective knowledge of complex care issues, and markers of improved quality of care.

Impact on the field

Training residents to care for children with special healthcare needs is essential to the future of general pediatrics, yet few curriculum models focus on this task. Review of this Stanford-piloted curriculum, guiding residents through a longitudinal experience of providing a Medical Home for diagnostically or therapeutically complex pediatric patients, will allow conference attendees insight into the process of writing and implementing such a curriculum in their institutions. We will detail the components of the curriculum, its initial implementation, and early quality improvement issues identified. Eventually, review of the pilot will show whether the curriculum was associated with improved resident satisfaction with their training in general, feelings of continuity of care, and objective knowledge of complex care issues. Results will also show whether patients and families reported increased satisfaction with overall care, feelings of continuity of care, improved quality of care, and increased objective knowledge of complex care issues.

A Novel Simulation Training Model: The Mangled Extremity Surgical Skills Course

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Background

Decreased exposure of surgical trainees to complex open procedures has negatively affected the ability of surgeons to acquire expertise. Simulator-based training and testing have been shown to provide standardized methodologies for evaluating and maintaining skills proficiency in surgical learners. Complex procedures that are rarely performed in the clinical setting are especially appropriate for simulation training (Bismuth, J Vasc Surg 2010). The acute management of the mangled extremity is one of these complex procedures. A team of specialists once managed this severe injury. Surgical specialists would treat the bone, vascular and soft tissue injuries independently. This approach led to delays in surgical repair due to team member coordination difficulties and competing repair priorities. To minimize these delays, acute care surgeons are now expected to emergently stabilize long-bone fractures and restore distal perfusion to the extremity prior to specialists' involvement.

Purpose

To assist advanced surgical learners in developing techniques for temporary long-bone fixation and emergent vascular repair, a skills course is being developed to include use of computer modules and a newly designed extremity simulator.

Intended learners/audience

Advanced surgical learners.

Description

The mangled extremity surgical skills course is a one-day course that is offered every six months. Attendees in the pilot group will be trauma surgeons (n=5), acute care surgical fellows (n=4) and senior level surgical residents (n=8). The course has an introductory pre-lab computer module that involves video clips, reading assignments and a quiz. The skills lab section uses a novel synthetic extremity model that is composed of a fractured femur bone and perfused vessels. At the conclusion of the course, attendees will be able to identify a compromised extremity, obtain vascular control, provide temporary perfusion to the extremity, stabilize long-bone fractures and perform definitive vascular repair.

Evaluation

Course attendees will be tested before and after the skills lab using the objective Structured Assessment of Technical Skills tool that provides a technical evaluation of surgical skill. For this initial pilot study, attendees will be their own control subjects. Knowledge acquisition will be measured using the pre-lab quiz. Skills testing will be repeated at six-months and one year to measure deterioration. In addition to skills testing, participants will be required to complete a questionnaire that rates satisfaction and perceived competence. To assess the behavioral and patient impacts of the skills course, individual operative logs and institutional patient outcomes will be followed for one year.

Impact on the field

Impact: Following this pilot study, the course will be expanded to all 8 of the current AAST approved Acute Care Surgery Fellowships throughout the United States.

Implementation of a Multi-Modality Curricular Intervention to Enhance Rotating Pediatric Anesthesiologists' Knowledge of and Compliance with Patient Safety Initiatives at the Children's Hospital of Philadelphia

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Background/Need

Anesthesia care providers play a very important role in patient safety efforts at the Children's Hospital of Philadelphia, including reduction of nosocomial infections by hand-washing, central line-related blood stream infection prevention, surgical site infection prevention, patient and procedure identification, and patient care handoffs. Anesthesia residents are among these providers and receive little formal teaching on these issues, but have the opportunity to contribute to these efforts as well as acquire and integrate these important behaviors into their future practices. Most studies concerning anesthesia students and trainees' education in patient safety pertain to simulation training for emergencies and other events during anesthesia care. Ardizzone et al introduced a three-lecture series on patient safety to nurse anesthetist students and showed that they positively impacted skills and knowledge on the subject, but did not show an affect on attitudes.

Purpose Statement

To enhance anesthesia residents' knowledge of and adherence to hospital-wide patient safety initiatives through implementation of a multi-modality intervention into their pediatric anesthesia rotation curriculum.

Intended Learners

CA2 anesthesiology residents rotating in pediatric anesthesia

Proposed Methods

In this intervention, four or five second-year anesthesiology residents simultaneously rotating for their first time in pediatric anesthesia at the Children's Hospital of Philadelphia will learn about patient safety guidelines in place at CHOP through lecture and discussion. They will subsequently work with anesthesia faculty who will provide role modeling as well as reinforcement and formative feedback on their compliance with and integration of these patient safety efforts into their clinical activities. Reinforcement of these concepts and guidelines will also be integrated into their simulation training sessions.

Proposed Evaluation Plan

The residents' acquisition of knowledge of patient safety guidelines and their underpinnings will be evaluated through written tests before and after their participation in this intervention; their attitudes toward these efforts will be evaluated with before-and-after surveys. The evaluation of their adherence to the hospital patient safety guidelines during their patient care activities will be based on the observation by designated faculty members who work with them in the clinical setting.

Area in which collaboration is sought

This intervention is designed to enhance the residents' understanding in this important area as well as to help them develop the attitude and skills that will serve as the foundation for performance of safe behaviors throughout their careers. It is also hoped that this initiative will be a model for and will lead to more widespread incorporation of similar education efforts.

A Resuscitation Science Curriculum for Pediatric Emergency Medicine Fellows

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Background

Significant changes have occurred in the practice of resuscitation, particularly in pediatric resuscitation, such as in Pediatric Advanced Life Support (PALS). These changes are derived from a growing body of literature and from expert consensus (Kleinman et al., Pediatrics 2010). More pediatric resuscitation experts are needed who have knowledge and leadership experience to further the science. Although simulation curricula do exist, there is currently no publicized curriculum specifically to develop future leaders in resuscitation science within PEM.

Purpose

To implement and assess a comprehensive curriculum to develop leaders in resuscitation science in Pediatric Emergency Medicine (PEM).

Intended learners/audience

Pediatric Emergency Medicine Fellows

Description

Six PEM Fellows (PGY-4 to PGY-6) in an ACGME-accredited fellowship will spend 1 - 4 hours per month over 2 to 3 years participating in a resuscitation science curriculum beginning in 2012. Fellows who were not a part of this curriculum will serve as historical controls: Simulation - fellows will participate in mock codes using standardized cases to master resuscitation skills. The cases exemplify common difficulties in resuscitations. These allow first-year fellows to master skills, and senior fellows to synthesize optimal strategies appropriate for each scenario. Literature Review & Presentations - fellows will discuss the evidence behind recommendations, specifically on assessment, chest compression, oxygen delivery, and ethical issues. Senior fellows will develop potential hypothesis-driven studies based on gaps in the literature. Simulation leadership - fellows will lead scenarios for residents for their own mock code curricula using similar scenarios and evidence gleaned from the literature review. Fellows are expected to look for common mistakes and issues from trainees in the scenarios, and will determine strategies to teach trainees. Narrative reflection - fellows will participate in focus group interviews with family of children who survived and those who did not. Fellows are expected to develop optimal communication or resuscitation strategies in a patient and family-centered point of view.

Evaluation

Evaluations consist of objective, validated tools for measuring resuscitation components, and faculty video debriefing. Ongoing narrative reflections and individual learning plans will measure change in behavior, and a 360-evaluation via residents, nurses, faculty, and family members on mock and real resuscitation will also be used to document any improvement. Comparisons will be made between these fellows and prior fellows serving as historical controls.

Impact on the field

The curriculum will be a model and it is hoped that the PEM Fellows will be equipped to become leaders in pediatric resuscitation to improve patient outcomes.

Comparison of Two EBM Methods to Enhance EBM Practices During Residency Training in Ob/Gyn

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Background/Introduction

CATmakers (CATs) have been promoted by the Oxford Center for Evidence Based Medicine as a practical method to bring EBM to daily patient rounds and ultimately the patient's bedside. This is a program that highlights questions that arise with specific clinical cases, and assists the user in finding relevant literature based upon the searcher's criteria. While there has been evidence to suggest that CATs are proficient at "closing the evidence transfer gap,"^{vii} individuals at the University of Washington questioned whether the critical appraisal emphasis of the CAT hides critical skills such as: question formation and literature searching, as well as, overlooking the practical issues of time.^{viii} A second prominent EBM resource has been the clinical librarian (CL) (which may be a reflection of the relevance of library science educators). Many institutions with CLs have noted that CLs contribute to the integration of EBM into practical clinical settings through timely literature searches and assistance with question refinement.^{ix} Conversely, critics of this system of EBM usage frequently highlight the lack of critical appraisal ability of clinical librarians since their training frequently does not involve medical training.^x Questions of increasing physician time for EBM searches and skill in searching the EBM literature remain. Need for critical appraisal of EBM literature also continues to manifest itself in daily clinical practice and applications of "best practice" policies. Training of residents, future physicians, in EBM searches and applications continue to be an area of vast possibilities but uncertain recommendations.

A comparison of these systems has not been reported in the literature. Currently, in the Obstetrical and Gynecology department at the University of Southern California, we conduct EBM training through a twice monthly, Friday morning, resident presentation Journal Club. Residents are asked to submit a CASP form at the end of eight sessions per academic year as documentation of their ability to critically appraise EBM literature. There is no current documentation of the process of EBM conducted outside of these sessions.

Purpose

The purpose of this study is to determine whether CATmakers (CATs) or clinical librarians (CL) are more effective for EBM training than the current CASP system. Specifically, we will explore 1) which system residents use more frequently, 2) which system produces more articles, and 3) whether residents prefer CATs or CLs when questions arise during a clinical case.

Methods

This will be a randomized crossover study. A total of 32 obstetrical and gynecologic residents in all four years of residency training will be invited to participate in the study. The intervention will occur one Friday a month for one academic hour. Residents will be randomized within their training year to either a CATmaker (CAT) or a Clinical Librarian (CL) group. Residents in each group will receive six months of exposure with the assigned EBM method, and will then be switched to the other EBM method for another six months.

During each session, each group will be introduced to a clinical case (taken from past departmental quality improvement presentations). Each resident will then be asked to 1) document clinical questions that arise from this case and 2) use the EBM exposure technique, either CAT or CL, to find related EBM literature to each of their clinical questions. They will then be required to submit both questions and related literature findings at the end of each session. Residents will also be asked to submit any clinical questions answered by EBM literature outside of the designated educational time to a central website (departmental wiki site).

Evaluation

Total questions and total articles produced at the end of each EBM training session will be tabulated, as well as, analyzed for category of clinical application. Submissions outside of these sessions to the CL will be documented, tabulated, and analyzed in a similar fashion. Residents will also be given a survey to assess their preference for either CASP, CATs, or CLs when encountering clinical scenarios.

Evaluation of a Student-Run, Peer-Reviewed Medical Journal For Developing Critical Appraisal Skills and Interest in Research Among Undergraduate Medical Students

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Background/Need

Evidence-based medicine is the foundation of modern medical practice. Thus, it is crucial for medical students to develop strong critical appraisal skills during their training.

Purpose Statement

Basic critical appraisal concepts are introduced in most medical school curricula, but students could benefit from further training and practical opportunities to better develop these skills.

Intended Learners

Undergraduate pre-clerkship medical students

Proposed Methods

The University of Ottawa Journal of Medicine (UOJM) was launched in September 2010 as a student-run, peer-reviewed medical journal with the goal of developing medical students' critical appraisal skills, while at the same time promoting interest in research. All editors attended training sessions, led by members of the Faculty of Medicine, where sample articles were discussed and critiqued to practice critical appraisal skills. After completing their training, editors reviewed and provided constructive feedback on student-submitted articles. Authors responded to the feedback and re-submitted their work for re-evaluation. This cycle was repeated until articles were deemed suitable for publication or the final submission deadline had passed.

Proposed Evaluation Plan

Prior to starting the training sessions, all editors will be asked to critically appraise a sample article and complete a self-assessment of competence of their critical appraisal skills. Critical-appraisal skill will be determined by comparing the editors' critique to a "gold standard" critique performed by our faculty advisors. This exercise will be repeated after the journal is published to determine the editors' improvement. To measure interest in research, we will measure the proportion of the pre-clerkship class that submits an article and the proportion of these authors that submit revisions after having received feedback from our editors.

Area in which collaboration is sought

We would like to discuss which critical appraisal criteria to use to best evaluate medical students' critical appraisal abilities. Once these criteria are identified, we would like to determine how best to incorporate them into an assessment tool used for comparing students' critical appraisal abilities to those of the "gold standard" faculty advisors.

Integrated Emergency Psychiatry Rotation

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Background

Currently, the high number of psychiatric patients in the medical emergency room (ER) is extending wait times, draining resources, and drawing criticism from patients, families, and advocacy groups concerning involuntary holding and delay of treatment. Treatment and disposition of psychiatric patients waiting in the ER will be expedited by having psychiatric residents and faculty available to assess, triage, and treat these patients. Residents rotating in the walk-in crisis clinic and the ER, while simultaneously receiving computer-based instruction on Emergency Psychiatry topics, will be in a more optimal learning environment (Irby, Acad Med 2010).

Purpose

To develop and assess a new Emergency Psychiatry rotation that integrates computer-based learning materials with multi-site clinical experiences to strengthen residents' learning of Emergency Psychiatry while providing vital service to the community.

Intended learners/audience

General Psychiatry Residents

Description

Six third-year General Psychiatry Residents will each be assigned to a required 2-month rotation in Emergency Psychiatry over the course of one academic year. Each resident will complete an online pretest, 12 learning modules, and post-test during the scheduled rotation. The online didactic instruction will cover 12 essential topics in Emergency Psychiatry as recommended in the model curriculum developed by the Education Committee of the American Association for Emergency Psychiatry (Brasch, Acad Psych 2004). The pre/posttest and modules will incorporate simulated cases in which residents will make triage and treatment decisions as the history and exam are progressively disclosed. By the end of the rotation, the residents should be competent in assessing, triaging, and treating patients presenting with acute psychiatric illness, symptoms or distress, given the limitations of time and resources in the ER and outpatient settings.

Evaluation

The program will compare residents' written evaluations of the rotation with past evaluations of the old rotation, residents' performance on the national in-service exam in the subset of Emergency Psychiatry before and after implementation, and results of residents' online pre- and post-tests. The hospital network will track the impact of the rotation on ER wait times and days of involuntary holding of psychiatric patients in the ER, comparing average wait times and total days of involuntary holding before and after implementation of the new rotation.

Impact on the field

This model could prove valuable to psychiatry training programs in need of settings to provide required Emergency Psychiatry experience for residents.

The Construction of Continuing Medical Education for Physicians to Prevent Burnout and to Promote Spiritual Well-Being

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Background/Need

Continuing medical educations (CME) are always to promote physicians' medical skills. Some courses of CME involved medical ethics are also to emphasize the benefits of patients and family. A lot of reports explore many physicians suffered from burnout, spiritual crisis, and mental disorders. Physicians are only human and have to transcend secondary trauma, burnout, and demoralization. However, there are not enough courses to prevent burnout and to promote spiritual growth for physicians. In many countries, physicians are too busy to care themselves.

Purpose Statement

The hypotheses are included: (1) overloaded stress induces burnout, (2) poor adjustment to burnout evolves demoralization, and (3) positive adjust to burnout promotes spiritual growth. Based on our previous studies, we constructed the short-term courses of CME to prevent burnout and to promote spiritual growth for physicians. The purposes of the project are to understand the acceptance and the preliminary effect.

Intended Learners

To train a physician is a long way, but to be destroyed is not difficult. We hope to call attention to physicians' psychological health and spiritual well-being.

Methods

The project is supported by the department of science education in Taiwan National Science Council (research budget: NSC 99-2511-S-195-001-). According to the results of our previous quantitative and qualitative studies, there were two short-term courses with the same core contents, including (1) awareness and exploration, (2) stress and burnout, and (3) coping and adjustment. Course A was 1 hour lecture practiced as a morning meeting and course B was 3 hour workshop holding at night after daily work. Except the acceptance rating by the highest satisfied as 5 point and the lowest satisfied as 1 point, there were four tools to evaluate the effects which test before the courses and 3 month later, including: Michigan Organization Assessment Questionnaire (MOAQ), Maslach Burnout Inventory—Human Service Survey (MBI-HSS), Demoralization Scale-Mandarin Version (DS-MV), and Physician's Spiritual Well-Being Scale (PSPWBS). The materials included the power points and Video.

Results

There were 39 interns attended the course A and 14 physicians attended the course B. The acceptance of the course A was 4.22; the acceptances of the courses B were 4.28 (awareness and exploration), 4.27 (stress and burnout), and 4.35 (coping and adjustment.). All four pre-test and post-test were no significant differences.

Conclusions/Discussion

The preliminary results express good enough acceptances of the two courses. However, because the period of observation was only three months, it was difficult to find the significant difference. Some participants suggested we should keep running the CME to prevent burnout and to promote spiritual growth. In future, we hope to design the 4 years project to keep observing the interns, residents, and junior attending physicians.

How Well Do Medical Students Detect Patient Safety Risks?

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Background

The WHO reported that “patient safety education for health professionals...has not kept up with workforce requirements,” and that there is a need for this type of education. It is reported that medical clinicians have limited training and knowledge regarding patient safety. Anecdotal evidence (faculty discussions) has suggested that some third year medical students who attend the Endocrinology Service at Rancho Los Amigos National Rehabilitation Center for their one-month clerkship seem unfamiliar with patient safety risk factors.

Study Purpose

Identify the patient safety risk factors that are most frequently missed by third-year medical students

Methods

We developed a picture depicting the 12 safety risk factors. Students were asked to spend 10 minutes viewing the picture (without the answers) and then write down the patient safety errors they identified. Students then engaged in small group discussion with the first author to learn the correct actions. We hypothesized that students, on average, would be able to identify at least 70% of the patient safety risk factors depicted on the poster.

Results

Based on the results of 28 students (January to September 2011), we found that the patient safety error identified most often was “spilled liquid.” However, no one identified the “Surgeon marking incision site with X” (instead of with initials) as a risk. On average, students were able to identify 4.29 out of 12 patient safety errors (36%).

Discussion

This difference in students’ correct identifications (36%) from the hypothesized value (70%) suggests that either the picture needs to be improved so that patient safety risk factors are better depicted, or students need a much better understanding of risk factors. These results are based on only 28 students, and when all 40 students have completed the rotation, the results may differ from those presented. This preliminary result suggests that there is further opportunity for patient safety curriculum design in medical school. Clinicians “need to be provided with the knowledge, tools and skills necessary for implementing patient safety education,” and the pictogram described in this poster may serve as an effective educational tool.

Note: the number of responses by students will be about 40 by February 2012.

Learning Styles in Emergency Medicine Graduate Medical Education Programs: A New Frontier

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Background

Learning style theories and assessments have been widely discussed in education research. In most recent years, they have also been explored in academic medicine.

Purpose

Our research examines some of the most popular instruments used to assess a learner's style: the Kolb Learning Style Inventory (LSI), the Myers-Briggs Type Indicator (MBTI), and the VARK model.

Methods

We reveal their underlying theories as well as their application in health professional schools and graduate medical education, with an added emphasis on Emergency Medicine (EM) residencies. We then discuss the results of learning style assessments administered at various institutions across the country.

Results

Evaluations of EM residents show they prefer applying abstract principles into practice and experimenting with new ideas. The learning styles of EM residents often differ from those of their faculty.

Conclusion

Data from learning style measurements can be useful to educators for designing curricula tailored to their resident population. However, additional studies are needed to verify validity and reliability.

Does a Health Assessment Plan Discussion at Every Well Child Check, Along With a Message Such as "123 For Life" Affect The Health Habits of Pediatric Patients and Families and Secondarily Help Reduce BMI Percentiles?

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Background

Pediatric obesity is on the rise and is the reason that, for the first time, children are less healthy than their parents. Obesity is a major public health concern targeted by Healthy People 2020. Part of the problem is medicine's inconsistent approach to the issue and a lack of replicable tools and consistent simple messages¹. Physicians in many institutions don't always use BMI percentile as the proper way to identify whether or not a child falls within a healthy weight range². Furthermore, eating and lifestyle habits are not routinely discussed at Well Child Checks because of so many other issues to look at and "worry about." Eating and exercise habits are often covered quickly and often without a thorough consistent message³.

Purpose Statement

The purpose of this study is to explore whether a discussion of a child's BMI percentile and the "123 for Life" recommendations with parents during each Well Child Check makes a positive impact on the health habits and BMI percentiles of the child over a two-month period.

Methods

Parents will be asked to complete a health-assessment form at each Well Child Check. If they comply, the child will be randomized either into a control group (volunteers not receiving treatment) or into a group in which a resident spends 5 minutes talking with the parents about the child's BMI percentile and motivating them to adopt the "123 for Life" recommendations. Children of parents who decline to fill out the form will not be included in the study. After two months, the two groups will be compared for BMI percentile and lifestyle changes.

Evaluation plan

After two months, all parents will be asked to complete the health-assessment questionnaire. The trend in the health habits will help assess whether the motivational interviewing and health survey along with "123 For Life" helped families start any consistent lifestyle changes that will hopefully be reflected in BMI percentiles.

Use of Progressive Model of Education of Family Medicine Residents to improve Medication Compliance in Secondary Stroke Prevention

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Background

Stroke is the third most common cause of death in the United States and a leading cause for disability. Failure to control risk factors in patients with history of stroke may increase the relative risk of mortality by 1.6 for one uncontrolled risk and by 2.1 for two uncontrolled risks (Qureshi, 2004). In our institution, preventing secondary stroke faces a major obstacle of patient's poor medication compliance with only 42% of our stroke patients maintain full compliance with medications at 3 months compared to an average of 75.5% nationally (Bushnell, 2010). It is well established that educational intervention can effectively improve patient compliance (Katz, 1997), but surveying our residents showed only 57% of them can even name all modifiable risk factors for the recurrence of stroke and treatment goals. We need a new approach

Purpose

Improve our institutions' patients' medication compliance in secondary stroke prevention by utilizing progressive model of residents' education.

Intended learners/audience

Family medicine residents R1-R3

Educational target: Family Medicine residents in a community hospital. Content of the intervention: Residents' instruction. Patient education utilizing a checklist instrument and provide patients with free pillbox. Transition to outpatient care aided by checklist.

Description

Learner outcome objectives: i. Demonstrate knowledge of Stroke modifiable risk factors and the current treatment guidelines. ii. Provide appropriate preventive care. iii. Maintain accurate and complete checklist. iv. Effectively educate patients and their families. v. Coordinate services across the continuum of care-inpatient and outpatient. vi. Analyze own practice and perform quality improvement. vii. Achieve medication compliance of 80% of the preventable risk factors by 3 months. When: early in the academic year. Formal presentations total 2 hours. Daily instruction on inpatient rotation and episodic checklist review and feedback on outpatient service. Where: classroom, inpatient setting and outpatient clinic. How: What is proposed is a progressive model for education of residents. It will begin with introduction of the guidelines for secondary prevention of stroke, and then move to case-based discussions of stroke patients and how a patient education checklist can help them. The model then moves to the inpatient service where, initially, the faculty role model providing the first stroke patient discharge instructions/education with the use of the checklist. All subsequent stroke-patient discharges instructions/education will then be provided by the residents. Finally, the model moves to the clinic - first visit for each patient will be scheduled with the discharging resident to assure smooth transition. The resident will then sign off the patient to the patient's primary care physicians/resident. This model should help ensure that residents master all phases of the process and benefit the patients.

Evaluation

The evaluation will include all four of Kirkpatrick's program evaluation levels: 1) Learner reaction assessed using a standard activity rating form for usefulness of instruction, progressive instructional model and checklist; 2) Learning assessed through pre and post test of knowledge; 3) Resident behavior assessed through reviews of completed patient instruction checklists for completeness and through a chart review 3 months after implementation; and 4) Impact assessed through interviews with patients/families to assess satisfaction and knowledge level. Also assess impact on patient care by comparing medication compliance rate before (control group) and after intervention.

Impact on the field

This progressive model could serve as a guide for other residency programs (internal medicine, family medicine) that face similar challenges enhancing outcomes for stroke patients.

An Objective Structured Biostatistics Examination (OSBE): A pre-testing for undergraduates

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Background/Need

We introduced a biostatistics module using Statistical Package for Social Sciences (SPSS) in the undergraduate pre-clinical years to enrich students' practical skills for data entry, analysis, and statistical interpretation. In order to evaluate students' knowledge and skills in data handling while using the computer, we sought a practical, real-life, assessment method. The objective structured clinical examination (OSCE) has proven successful for testing real-life skills in a simulated setting (patient history and physical exam for example). Written exams can assess application of knowledge, however the OSCE not only assesses the information a student knows, but also can assess whether the student knows how to apply the knowledge.

Purpose statement and specific questions/aims/hypotheses

We designed and evaluated an objective structured biostatistics examination (OSBE) on a trial basis to determine whether it was feasible for formative or summative assessment.

Intended learners

Undergraduate medical students

Methods

The OSBE had five stations and each station had three elements; one examiner, one candidate and one computer. The SPSS program version 18 was present on all computers.

In 2010, 201 students took the OSBE, and in 2011, 211 students took the OSBE. The examination was conducted in four groups with two rows having different commands, so simultaneously we examined 10 students in these two parallel lines. Since each student had 2 minutes to complete each station, it took almost half day to complete. The students were invited after the examination to receive feedback from examiners and provide their reflections.

Results

There was a significant ($P=0.004$) difference between male and female scores in 2010 students; but no gender difference was found in 2011, The comparison in parallel groups and among four groups showed that two groups A and B did not show a significant difference ($p>0.05$) in either class. Nonetheless among four groups there was a significant difference in both 2010 ($p=0.001$) and 2011 ($p=0.001$). Overall students were satisfied with the testing method but felt some stress.

Conclusions/Limitations/Discussion

The overall experience of OSBE was useful in terms of learning, as well as for assessment. However the test needs more structural formation and training in order to use it for assessment purposes.

Job Search Assistance Curriculum for Emergency Medicine Residents

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Background

Senior emergency medicine (EM) residents have to spend much of their last year of residency making decisions regarding future employment; the guidance they receive in this process is highly variable. Many of the burnout issues described by EM physicians and other specialists are related to specific job characteristics (Cydulka, Ann Emer Med 2008). Physicians who receive job search assistance may exhibit higher self-efficacy in the job search, and self-efficacy may directly predict the likelihood of job offers (Saks, JI Voc Bhv 2006). The job search assistance curriculum would address this issue by providing structured education and a mode of building self-efficacy.

Purpose

Develop a multi-faceted job search curriculum for emergency medicine senior residents to enhance preparedness and self-efficacy in navigating the job market.

Intended learners/audience

Senior residents in emergency medicine

Description

The program will include a series of activities spaced over one year for the thirteen senior emergency medicine residents at Maimonides Medical Center. The curriculum will focus on preparedness and include 1) independent reading of materials; 2) tips for obtaining professional employment; 3) resident development of career and job goals, a curriculum vitae (CV) and a budget; 4) practice with mock interviews; and 5) individual meetings with mentors. Residents will create and maintain a worksheet gauging their goals and progress toward those goals.

Evaluation

Pre- and post-assessments on learner knowledge will be used to gauge increases in resident knowledge; their worksheets will also be reviewed. The learners' reactions will be assessed through surveys on changes in self-efficacy and value for the curriculum. Changes in learner behavior will be measured through CV review, assessments from mentors and by follow up on-the-job surveys (which may include residents who graduated prior to the curriculum as a control group). The success of the curriculum will be based on the results of these surveys, and the curriculum will be modified based on results.

Impact on the field

Ideally, this curriculum will be portable enough for use in other programs. It might be developed into one aspect of a larger body of portable practice management curricula for emergency medicine residents and others. Data gathered on the efficacy of the curriculum will also contribute to the body of literature regarding job search assistance programs and their effect on learners.

Residents as Researchers: Designing, Implementing, and Evaluating a New Course for 2nd Year Residents

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Background

The ACGME Common Program Requirements (IV.B.1., IV.B.2., and IV.B.3.) specify that institutions must encourage and support residents' scholarly activity, but in large or geographically dispersed institutions, this support is often relegated to the program level. Residents as Researchers is a full-day workshop offered for the first time in 2011 by the University of Louisville to 2nd year residents in all specialties to help prepare them for their scholarly activity.

Purpose

This presentation will share the needs assessment, curriculum design, content, and evaluation outcome of this new course.

Intended learners/audience

This presentation is designed for medical educators, program directors, and other faculty who assist in preparing upper level medical students, residents, and new fellows for the process of biomedical or social/behavioral research.

Description

An institutional needs assessment (2010) revealed wide variation in how departments prepared and supported residents in their scholarly activity. A one-day workshop for all 2nd year residents was designed to equalize this instruction and introduce residents to the various research support services and training requirements necessary for them to do research. The course utilized the expertise of faculty directly involved in the research process including library science, the Institutional Review Board, and Research Integrity. We also called on faculty who taught research preparation programs within their own departments.

Evaluation

The goals of Residents as Researchers were to support 2nd year residents as they prepared for their ACGME required scholarly activity and to provide a common understanding of the research process across medical specialties. The objectives were that, by the end of the workshop, 2nd year residents would have explored at least two potential ideas for scholarly projects, refined at least one idea in terms of hypothesis and study design, and participated in activities and discussions about the basic components of research design and implementation. The instructional program evaluation (exempted by the IRB) used a pre-post content test and opinion survey, a faculty/ facilitator survey, independent observers, and a follow-up survey for residents after 6-months.

Impact on the field

Although data are still being collected, we believe this curriculum is a replicable model for other institutions to help prepare residents and other new researchers. The Q and A following our presentation will be designed to also foster discussion of what other institutions are doing to meet this need.

Development of High Technology Simulations for Teaching and Evaluating Interpersonal and Communication Skills Around End of Life Care for Infants

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Background

Half of infant deaths in the US result from congenital and chromosomal malformations and disorders due to preterm birth (Heron et al, 2009). Caregivers in neonatology are therefore at the frontline of counseling toward withdrawal of life-sustaining treatment. Despite ACGME required training in interpersonal and communication skills (ICS), web-based surveys of neonatologists show a lack of confidence in these skills (Boss et al, APAM, 2009). Moreover, AHRQ reports show poor counseling around infant death is associated with the lack of caregiver training.

Purpose

The goal is develop and assess the impact of audio-video modules for training of ICS during end of life conferences in Neonatal-Perinatal Medicine. Video and audio-only components will be used to teach listening, explanatory and questioning skills, with split audio-video comparisons to highlight skills related to communication through body language. The ease of digital video recording and after-market programs for video-audio editing (iMovie, Apple Inc.) makes this feasible. High-technology simulations for teaching ICS are valid, reliable and feasible tools in medical education (Epstein NEJM 2007).

Intended learners/audience

Program directors in Perinatal and Neonatal Medicine and Pediatric Intensive Care.

Description

In year one, modules will be created from digital recordings of conferences led by fellows in each year of training. Three, video-conference segments (after informed consent) will be captured per fellow in each of the three years of training (5 fellows per year, 15 digital segments) during rotation in the neonatal intensive care unit at Children's Hospital Los Angeles. Video modules (minimum 45) will be edited by the author to illustrate principles of communication and professionalism in, 1) Delivering Bad News, 2) Foregoing Life Support, 3) Navigating Conflict and 4) Emphasizing Social-Cultural Influences in Decision Making. In year two, fifteen to thirty minute video modules will be made available on the intranet for self-paced review and reflection prior to preceptor-guided and group review. Four, two-hour group sessions will utilize modules for role-play exercises and discussion.

Evaluation

Evaluation will include 1) trainee reactions using post-satisfaction questionnaires, 2) educational value using pre- and post-assessments of trainee skill using multi-source 360 evaluation during a) live and recorded family conferences and b) during role-play exercises. Perceived self-confidence will be assessed using pre- and post-exercise surveys. Outcomes will be compared via PGY of training as well among trainees over time.

Impact on the field

A library of split audio-video modules could form the basis for standard training of ICS around end of life care for all neonatal and infant critical care providers.

Can a Social Determinants of Health History-Taking Tool Improve First-year Medical Student Awareness of Social Barriers to Optimal Healthcare?

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Background

The mission of A.T. Still University School of Osteopathic Medicine (SOMA) in Mesa, Arizona is to produce primary care physicians driven to providing quality medical care to underserved populations in the United States that are without adequate access to healthcare. This mission cannot be fully realized if students do not understand and recognize how social determinants of health impact access to healthcare and adherence to prescribed wellness plans. The social determinants of health can be described as the physical environment in which a person develops, is educated, is physically and mentally nourished, works, and is represented politically. Healthy People 2020, the federal government's initiative to improve the health of Americans, includes social determinants of health as a topic of importance to be addressed if we are to be successful as a country in improving the social and environmental conditions in which our citizens live and prosper.

The primary method SOMA first year medical students are currently taught to assess a patient's social situation is by taking a traditional social history which focuses on marital status, current employment, tobacco use, alcohol use, and illicit drug abuse. This social history does not address social determinants of health such as financial security, safety, literacy, and access to healthy food. This lack of information-gathering puts physicians at risk for missing barriers to adherence to their prescribed health care plans. Dr. Ellen Beck, director and founder of the UC San Diego Student-Run Free Clinic Project has recognized a need for the training of medical students in this area and for the development of a 'social determinants of health' history-taking tool, as there is not a well-established tool in use today for the purpose of training of medical students.

Purpose

The purposes of implementing a social determinants of health history-taking tool into SOMA's first-year medical student curriculum are to increase student education with regard to the social determinants of health, develop student proficiency in obtaining a social determinants of health history, and formulating a plan of care that addresses and attempts to overcome social barriers to optimal healthcare.

Methods

A 'social determinants of health' history-taking tool will be introduced to SOMA first-year medical students during the first month of the Medical Skills I course. During each subsequent weekly Medical Skills I class session, these students will practice taking a social determinants of health history from fellow students posing as mock patients and formulate a plan of care to address pertinent findings in the history.

Evaluation

At the end of the first half of the school year, a formative OSCE (objective structured clinical examination) will be given to the students using standardized patients. A grading rubric will be used to determine student proficiency in obtaining a 'social determinants of health' history and formulating a plan of care to address pertinent findings. Weaknesses in obtaining a 'social determinants of health' history and plan of care will be assessed. Students will receive remediation training as needed. A summative OSCE will be given to the students at the conclusion of the first year of medical school to assure each first year medical student's proficiency in obtaining a 'social determinants of health' history from a patient and formulating a plan of care addressing pertinent findings.

Expected Outcome

First year SOMA medical students will be proficient in obtaining a comprehensive social history from patients, including a 'social determinants of health' history. The students will be able to formulate a plan of care that will address barriers to optimal healthcare, and overcome or work within those constraints to provide optimal care to patients.

Teaching Management of Common Obstetrical Emergencies (Code O) to Family Medicine Residents

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Background

The percentage of family medicine (FM) physicians likely to deliver maternity care now (26%) is much lower than 20 years ago (46%). Part of the reason may be that family medicine physicians are uncomfortable handling obstetrical emergencies. The Advanced Life Support in Obstetrics (ALSO) course was introduced to increase a learner's knowledge and practical skills in infrequently encountered events. Following participation in an ALSO course, participants showed an increase in knowledge, reported subjective improvement in comfort in the management of specific obstetrical emergencies, and reported an increase in the number of maternity procedures handled in practice. No studies have reported whether the ALSO course provides added knowledge and skill in programs that already provide one-on-one emergency obstetric care teaching modules for their residents.

Purpose Statement

The purpose of this study is to compare residents who have taken the ALSO course with residents who have not experienced the course on their ability to perform in mock Code O obstetrical emergency drills.

Intended Learners

FM Residents.

Methodology/Measures

The sample will consist of residents (PGY-1 and PGY-2) rotating in OB at Forbes FM Residency Program during academic year July 2012-June 2013. Prior to the start of the rotation, residents are required to complete Obstetrics (OB) Modules: Video and Knowledge Testing. During the OB Rotation, residents will receive one on one teaching by the preceptor using a simulated pelvis and/or baby either once a week (PGY2) or twice a week (PGY1). PGY2 residents will also participate in an ALSO course offered in the fall or spring. Both PGY-1 and PGY-2 residents will undergo a mock drill at the beginning of the rotation and at the end of the rotation with simulated patients in the L&D room, directly observed and evaluated by the OB & FM OB Preceptor.

Mock Drill Content

Code O emergency obstetric care topics

1. Shoulder Dystocia
2. Post-Partum Hemorrhage
3. Abruptio Placenta
4. Pre-Eclampsia
5. Cord Prolapse

Evaluation Strategies/Projected Outcome

Cases will be presented during Mock Drills of Obstetrical Emergencies. Performances will be evaluated on both verbal and physical command of the skills required of the particular emergency. Direct Observation with OB simulated patients will occur in L&D by OB and FM OB Preceptors, as well as L&D nurses. Written Record/Checklist will be completed by Preceptor/Attending (FM/OB) based on the ALSO Guidelines. A huddle debriefing: Post Simulation/Mock Drill Feedback will be given to the residents. A Performance Log (Checklist of expected competency based on the ALSO teaching) will be provided to each resident. Outcomes instruments include checklists and surveys completed by Faculty, Residents, and Clinical Staff regarding resident attitude, knowledge, confidence, and skills in performing emergency obstetric cases.

Projected Limitations

Full participation and buy-in from the Faculty, Residents and RN with limited resources are possible limitations in this study. Time limitations and availability of Faculty, RN, Residents as well as L&D rooms may limit implementation of the mock drill tests.

A Comparison of Two Teaching Modalities in a Pre-Clinical Pediatric Dentistry Course: Traditional Slide-based Lectures vs. Innovative Slides/Audience Response System Lectures

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Background/Need

Traditional PowerPoint lectures are criticized for their lack of information transfer, depth, and retention. Educational research has shown that Audience Response Systems (ARS) enhance learning through active participation. Innovative PowerPoint slides using full sentence headlines, rather than topic headlines, have been shown to significantly improve understanding and retention. Basic science research has also shown that concept-type questions test and deepen transfer of learning and enhance problem solving skills. Dental education is in need of innovative teaching methods to enhance the transfer of knowledge into the clinical setting.

Purpose Statement

To compare the educational effectiveness of a preclinical pediatric dentistry course taught using traditional lecture and PowerPoint slides with an identical course using an Audience Response System and innovative PowerPoint slides. Also, to evaluate whether an audience response system used in conjunction with innovative PowerPoint slides can better facilitate transfer of knowledge for clinical problem solving in health professional education.

Intended Learners

Study participants were 2nd year pre-doctoral dental students and 1st year ASPID students at the Ostrow School of Dentistry of USC enrolled in a pre-clinical pediatric dentistry course.

Methods

The class was divided into two groups and each group had 5 lectures. The first group received traditional lectures without use of the audience response system using a traditional PowerPoint lecture slides presentation format. The second group received interactive lectures with use of the ARS using sentence-headline slides and concept-type clicker questions. Student knowledge was measured through a final written examination. Ten questions on each topic were asked on the final written exam. Five of the ten questions related to factual knowledge and 5 of the 10 ten questions related to transfer of knowledge into clinical applications.

Results

"to follow"

Conclusions/Discussion

"to follow"

Portfolio-based Systems-based Practice Curriculum for Pathology Fellows

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Background

The current SBP curriculum is unfocused and does not address learning needs of the fellows. There are ten subspecialty fellowship programs at the University of Washington, each addressing requirements differently with extensive use of the informal curriculum along with a variety of conferences with no specific curriculum. SBP is a new competency concept for graduate medical instruction (Balmer, Ambul Pediatr 2007). The proposed curriculum will comprehensively present the SBP subcompetencies of understanding the healthcare system and the role of the pathologist within that system, issues of effective laboratory management including the use of informatics, and innovations in safety and cost management for patients. The portfolio-based system will address individualized learning for the fellows, awareness of faculty and educational resources, and provision for effective evaluation.

Purpose

Develop and assess a web-based portfolio system for pathology fellows to improve learning of systems-based-practice (SBP) subcompetencies.

Intended learners/audience

Pathology subspecialty fellows

Description

The experimental group would consist of 16 pathology fellows (PGY4-6). A control group from another institution will be selected that match for program level and type of subspecialty program. Using a controlled pretest-posttest design, fellows in the experimental group will complete approximately 10 hours of SBP training which will consist of a selection of required and optional evaluated learning modules using a web-based portfolio system. The control group will complete SBP practice activities assigned at their institution.

Evaluation

Evaluation will include three factors: 1) A pretest-posttest comparison will be made between the experimental and control group in relation to knowledge, perceived confidence in accomplishing the tasks for SBP, and self-reported SBP activities. 2) A survey of the experimental fellows and program directors will solicit feedback on the quality and acceptability of the new curriculum. 3) Finally, six months out from the study, graduates will be surveyed on how they incorporated learning from the curriculum into practice

Impact on the field

An effective modular, portfolio-based system capitalizes on the wealth of existing information and allows for opportunities for customization by pathology programs across the country.

Modifying a New Chronic Pain Curriculum for Anesthesiology Residents to a New Learning Centered Module that is Case-based and Computer Interactive

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Background

The Pain Division of the Department of Anesthesiology is updating its resident curriculum to include 15 content modules. This strategy most likely has its greatest impact on medical knowledge. Ultimately, this rotation like all others should address relevant aspects of all six competencies in order to ensure competence by graduation.

Purpose

The idea here is to expand three of these modules to learner-centered, computer-based, interactive modules founded on evidence-based learning principles (Ambrose et al, 2011.) to encompass all six ACGME competencies in each module.

Intended learners/audience

Second year anesthesiology residents

Description

Methods: The target audience will be 2nd year anesthesia residents (n =24). They will be randomized and assigned to complete three traditional knowledge-based modules vs. the three expanded interactive modules. All pain modules will be available online on the Stanford ether website where faculty will access them during clinic hours in between patient visits with iPads in the clinic designated for the clinic rotation. The residents will select a module each day based on the patients seen in the clinic. The faculty will ensure that all 15 modules are completed during the 4-week rotation, including the three “study” modules. Each expanded module will provide basic prerequisite information in the form of a brief lecture, a reading or a web tour. The resident will then complete a series of very brief exercises – there will be one available for each competency - the resident will select the three that are most relevant to the current patient.

Evaluation

At the end of the rotation, residents will take an examination that covers the content from the 3 study modules. The performance of those who used the modified versus those who had the knowledge only modules will be compared. Resident and faculty opinion will be sought at the end of each rotation in relation to quality, usefulness and efficiency of the modules. Residents will also complete a reflection on the three target topics – confidence in performing relevant tasks, key learning points and intent to make changes in patient care behaviors based on learning. Three months after completion of the rotation, residents will be queried on their progress in making changes.

Impact on the field

The ultimate goals would be to expand all 15 modules to encompass all six ACGME competencies and, after assessing the effectiveness, to make the modules available to all 140 anesthesiology residencies.

Teaching Effective Disclosure Skills to Anesthesiology Residents Using Standardized Patients

Karen Souter

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Background

A number of authors (Mazor 2004, Blendon 2002) have suggested that whilst over 90% of patients favor full disclosure of adverse outcomes, physicians only meet these requirements 30% of the time. In 2006, The Anesthesia Patient Safety Foundation reported cases where disclosure of adverse events was inadequate. Anesthesiologists at all levels of training report uncertainty concerning the correct procedures for disclosure and few if any residency programs offer formal education in this subject. Yudkowsky (2006) has demonstrated that communication skills can be successfully taught and evaluated using standardized patients (SPs). Role-play and guided-practice techniques provide a low-risk, experiential approach to teaching disclosure and SPs may offer a method of evaluating residents' performance.

Purpose

To evaluate a novel curriculum using role-play, guided-practice, and standardized patients to teach disclosure skills to anesthesiology residents.

Intended learners/audience

Clinical anesthesia (CA) year 2 (PGY 3) residents

Description

A class of 28 anesthesiology residents will participate in a curriculum consisting of three 2-hour workshops given at intervals during the Clinical Anesthesia (CA) 2 year. Didactic content and communication skills will be taught using role-play and guided-practice with SPs by Anesthesiology and Risk Management faculty. The curriculum objectives will include (1) Describe current issues and practices surrounding the disclosure of adverse outcomes of anesthesia care, (2) Select appropriate communication styles for different disclosure conversations, (3) Perform an effective disclosure conversation with a standardized patient, and (4) Evaluate their effectiveness in performing disclosure.

Evaluation

A control group of CA2 residents from another program will be used. Both groups will complete web-based pre and post-tests to assess their knowledge of disclosure practices and their perceived abilities in performing them. Faculty will evaluate all residents' performance in disclosing an adverse outcome to a SP using a previously validated standardized checklist. Residents participating in the curriculum will complete a short reflective exercise during and at the end of the course as well as a course assessment. Residents will be surveyed 12 months after graduating to determine their experience of real-life disclosures and to ascertain whether the skills learned during the curriculum had been useful in practice.

Impact on the field

This curriculum and performance evaluation with SPs could serve as a model for best practices in teaching anesthesiology residents to perform effective disclosure, and may also be applicable to other specialties

Mentorship in Research and its Impact on the Future of Academic Medicine

*Sarika Thakur, MPH, EdD1; Mitsue Yokota, EdD1; Elizabeth Yzquierdo, MPH, EdD1; Meredith Szumski, EdD1

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Background/Need

The future of academic medicine is in jeopardy. The threat has been so great that the International Campaign to Revitalize Academic Medicine (ICRAM) was established in 2003 to redefine the core of academic medicine, attempting to reinvigorate the field (Clark, 2005). They discuss the importance of initiatives that encourage students to partake in research during medical school (Clark and Smith, 2003). The literature shows that mentorship positively influences medical students' decision to pursue research. As such, student affairs faculty and administration in medical schools are uniquely positioned to introduce students to medical research by mentoring them, ideally creating sustained interest in academic medicine (Academic Medicine, 2004).

Purpose Statement

This study examined student satisfaction with mentorship in the Short Term Training Program (STTP), a 7-week summer research program funded by the DGSOM at UCLA. STTP allowed students to research in the specialty and with the mentor of their choice before their second year. A post program evaluation was distributed to determine satisfaction with their mentorship experiences, and to determine if there was a relationship between mentorship and research experience satisfaction.

Intended Learners

Intended learners include faculty members, student affairs officers, and other personnel involved in instructing medical students in research activities

Methods

Students were asked to anonymously and voluntarily complete an online survey post-STTP, assessing their mentorship and research experience. The online survey was administered through Survey Monkey. The questions assessed satisfaction on mentorship from faculty, research personnel, and student affairs support staff. In addition, satisfaction with overall summer research experience was correlated with mentorship. Means, standard deviations and correlation analyses were performed on the data.

Results

Fifty-five STTP students (74%) completed the survey. Overall, students ranked "Direction/instruction from other research personnel" with the highest satisfaction score (4.46/5), followed by "Guidance from STTP administrative director" (4.35/5), and "Mentor availability" (4.31/5). Correlation analyses showed significant positive correlations between "Overall summer research experiences" and "Mentor availability" ($r=.56$, $p < .001$), "Direction/instruction from mentor" ($r=.69$, $p < .001$), "Mentor involvement in summer research project" ($r=.63$, $p < .001$), "Direction/instruction from other research personnel" ($r=.56$, $p < .001$) and "Guidance from STTP administrative director" ($r=.39$, $p < .002$).

Conclusions/Discussion

Mentorship plays a strong role in student satisfaction with their research experience. Of particular interest is that student satisfaction is correlated with mentorship on all levels: faculty, research staff, and student affairs administration. Future research initiatives could focus on piloting mentorship programs between medical students and faculty, research staff, and administration. Strong mentorship could increase overall satisfaction with research experiences, thereby encouraging continued participation in research and increasing interest in academic medicine (Clark and Smith, 2003).

Novel Ideas to Increase Empathy Among Second-Year Student Pharmacists

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Background

Empathy is the key to developing successful health care patient relationships (Hojat 2007). However, multiple studies in the medical literature show a decline in empathy among medical students as they progress through medical school (Neumann et al Acad Med, 2011). Although there is no current literature on pharmacy students, we hypothesize that similar declines in empathy might occur during pharmacy education. Previous literature has shown interventions successful in increasing empathy in pharmacy students (Manolakis et al Am J Pharm Educ 2010; Chen et al Am J Pharm Educ 2008). However, these studies lacked a control group, thus negating the ability to state that the results were due to the intervention.

Purpose

Assessment of an experiential intervention for student pharmacists intended to increase empathy for the disabled.

Intended learners/audience

All attendees at the conference

Description

This study will be a randomized control trial where 40 second year student pharmacist volunteers will be randomly assigned to an experimental group (intervention) or the control group. The 3-day study will take place during classroom time (9:00-4:00PM), and will be followed by daily debriefings. On day 1, participants in the experimental group will undergo a simulated physical disability and will have their dominant hand wrapped in gauze throughout the entire class period (9:00-4:00PM). On day 2, the experimental group will undergo simulated vision loss and be divided in half and paired by gender. Half of the participants (10) will act as the "patient" and will wear a sleep mask from 9AM-12:30PM. The other half of the participants (10) will act as the patient's "caregiver" and assist his/her partner as needed. At exactly 12:30PM, the partners will switch places and remain in their respective roles from 12:30-4:00PM. Lastly on day 3, participants in the experimental group will undergo simulated loss of speech by not being able to speak at all times during class hours (9:00-4:00PM). Participants in the control group will attend class as usual.

Evaluation

All participants will take the Jefferson Scale of Empathy for the Healthcare Professional student (JSE-HPS) prior to the study and after the completion of the study. In addition, the experimental group will complete a written self-reflection of the experiences completed during this study.

Impact on the field

This study can potentially serve as an empathy training option that can be implemented in the pharmacy didactic curriculum. Through empathy training, pharmacy programs can help future pharmacists develop the necessary qualities to become more empathic, compassionate health care givers.

Introduction of Spinal Anesthesia Simulation-based Learning Module in Orthopedic Rotation

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Background

Anecdotal reports suggest that novice residents employing spinal anesthetic technique lack familiarity with patient positioning, spinal anesthesia equipment, and procedural trouble-shooting. In our preliminary evaluation the average time and standard deviation spent performing spinal anesthesia for the novice group was 790s and 260s, respectively.

Purpose

Our study, to the best of our knowledge, will be the first to use operating room time as a measure of a simulation-based learning module's effectiveness.

Intended learners/audience

Anesthesia residents and faculty.

Description

All Stanford anesthesia CA-1 residents rotating on the orthopedic subspecialty rotation will be invited to participate. They will be randomized into a control group and a study group. The control group will receive spinal anesthesia teaching materials adapted from MedEdPortal. These materials include a 10-minute spinal anesthesia instructional video, checklists for both preoperative assessment of a patient for spinal anesthesia and performance of spinal anesthesia, and a document containing frequently-asked questions about spinal anesthesia. The study group will receive the same teaching materials as the control group, but, in addition, members will spend three hours at the Li Ka Shing Center for Learning and Knowledge performing and being debriefed about spinal anesthetics under the guidance of an expert anesthesiologist.

Evaluation

To demonstrate a three minute decrease in operating room time performing spinal anesthesia by novice residents having completed a simulation-based learning module, assuming a 5% alpha error level and 20% beta error level, we estimate a sample size of 26 subjects (13 per group). Pre and post test to gauge their knowledge of and comfort with performing spinal anesthesia. For each patient scheduled to receive a spinal anesthetic, the director will collect demographics and characteristics. Using a checklist, the director will evaluate the residents' preoperative assessment, time and procedural checklist for the following time stamps: identification of the spinal interspace, spinal kit set up and injection of local anesthetic in the skin and performance of the spinal anesthesia. When the resident visits their patients on day 1, they will use the Likert scale to assess the patient's satisfaction. Comparison between groups of the mean individual time of the first three spinal anesthetics performed will be done using a Student's t-test.

Impact on the field

Our prospective study will clarify how effective and efficient a spinal anesthesia simulation-based learning module is for impacting resident's clinical practice in the operating room.

‘Simulating Finals’: A Junior Doctor Teaching Initiative

*John Williamson 1, *Christopher Cook 2, *Aditya Prinja 3

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Background

Simulation is a popular and increasingly employed learning technique in medical education in the United Kingdom. Many junior doctors will have attended simulation training workshops and, from our experience, this training is regarded as both enjoyable and useful. Simulation aims to prepare trainees for ‘real life’ problems, in a safe and controlled environment. With a majority of UK medical schools having both theory and practical examinations, revision courses tend to be created which focus largely on just one of these domains. We plan to create a new kind of revision course, which uses simulation to help prepare students for their practical and written examinations as well as beginning their professional practice.

Purpose

We are piloting a new type of revision course – thought up, implemented and evaluated by junior doctors with the aim of preparing undergraduate medical students for both their final examinations and the start of their careers. We hope that others will be inspired by our idea with a view to implementing similar courses at their institutions.

Intended learners/audience

Medical students, Junior Doctors and any other medical staff involved in undergraduate medical education

Description

We intend to present to the conference our new pilot revision course ‘Simulating Finals’ which aims to prepare undergraduate medical students for not just their final examinations but also their working life as a junior doctor. Despite an emphasis on learning through simulation the course shall also use a number of other learning techniques - small group work, formal lecture, question and answers to maximise the learning opportunities for the student. We hope to present student feedback from our initial pilot study (being performed in January 2012) as well as plans for further development of our course.

Evaluation

Our pilot study will be evaluated by students’ both pre and post course. We also intend to follow up this evaluation into their training as a junior doctor to evaluate the impact of our course on their preparedness to practice.

Impact on the field

We hope that other institutions are able to learn from our example. We especially hope that junior doctors are able to use our example to help initiate similar courses.

HTE@USC--A Transdisciplinary Collaboration in Health, Technology, and Engineering for Graduate Engineering and Medical Students

*Stephanie K. Zia, MD, Theresa Woehrle, MD, MPH, Terence Sanger, MD, PhD, George Tolomiczenko, PhD, MPH, MBA
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Background

Transdisciplinary collaboration (TDC) is recognized as a means of increasing productivity (McGaghie et al, Medical Teacher 2009); however, its success depends on effective team dynamics, preparation, and collaboration. Research agencies also utilize TDC to address complex social, political, and environmental challenges (Stokols et al, Am J Prev Med 2008). Many cutting edge medical devices are functional, but not always designed for ideal clinical application. Collaborative efforts between clinicians and engineers will generate innovative solutions to biomedical and engineering challenges found in today's rapidly evolving healthcare system. TDC within the HTE@USC program will introduce and acclimate students to a collaborative environment that results in highly functional and clinically applicable medical devices.

Purpose

Develop a transdisciplinary curriculum via the Health Technology and Engineering program (HTE@USC) for medical and engineering students to create ongoing collaborations focused on identifying and addressing specific medical needs through innovative devices and processes.

Intended learners/audience

Graduate engineering students and medical students

Description

Keck School of Medicine students participate in an Introduction to Clinical Medicine (ICM) course to learn medical interviewing and physical exam skills. Six first year medical students and six PhD students from the Viterbi School of Engineering will form two ICM groups, each composed of three medical students and three engineering students. The year-long co-training enables non-clinician innovators to perform observational activities in clinical settings while providing a means for the medical students to participate in a collaborative experience across disciplines as they become clinician-innovators. Through team learning, integrated coursework, and group exercises, students will: 1) discuss opportunities for innovation, 2) identify medical challenges and synthesize innovative solutions, and 3) build an effective design-team experience that will sustain participation throughout their training. Both clinical and non-clinical HTE@USC graduates are expected to continue innovative efforts as part of transdisciplinary teams.

Evaluation

Students' experiences will be assessed and compared to students not enrolled in the TDC experience.

Initial evaluation of the HTE@USC program will focus on the transdisciplinary ICM experience and will include learner and instructor opinions and reflections, post-participation surveys, and program director assessments on learner behavior and impact on collaboration and innovation. The experiences will be compared to those of students not enrolled in the clinical collaborative program.

Impact on the field

Through shared experiences in clinical medicine and health technology seminars, transdisciplinary HTE@USC students will successfully develop collaborative relationships to practice effective team science and design clinical innovations that will be practical and responsive to the needs of physicians, staff, and patients.

Sunday, February 26, 2012

**Special Session: Projects Seeking Collaboration with Other Programs:
Feedback and Discussion**

Session 17 – San Gabriel Ballroom

8:30 - 10:15 am

Moderator: Dixie Fisher

Job Search Assistance Curriculum for Emergency Medicine Residents

Karen Lind, MD
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Background

Senior emergency medicine (EM) residents have to spend much of their last year of residency making decisions regarding future employment; the guidance they receive in this process is highly variable. Many of the burnout issues described by EM physicians and other specialists are related to specific job characteristics (Cydulka, Ann Emer Med 2008). Physicians who receive job search assistance may exhibit higher self-efficacy in the job search, and self-efficacy may directly predict the likelihood of job offers (Saks, JI Voc Bhv 2006). The job search assistance curriculum would address this issue by providing structured education and a mode of building self-efficacy.

Purpose

Develop a multi-faceted job search curriculum for emergency medicine senior residents to enhance preparedness and self-efficacy in navigating the job market.

Intended learners/audience

Senior residents in emergency medicine

Description

The program will include a series of activities spaced over one year for the thirteen senior emergency medicine residents at Maimonides Medical Center. The curriculum will focus on preparedness and include 1) independent reading of materials; 2) tips for obtaining professional employment; 3) resident development of career and job goals, a curriculum vitae (CV) and a budget; 4) practice with mock interviews; and 5) individual meetings with mentors. Residents will create and maintain a worksheet gauging their goals and progress toward those goals.

Evaluation

Pre- and post-assessments on learner knowledge will be used to gauge increases in resident knowledge; their worksheets will also be reviewed. The learners' reactions will be assessed through surveys on changes in self-efficacy and value for the curriculum. Changes in learner behavior will be measured through CV review, assessments from mentors and by follow up on-the-job surveys (which may include residents who graduated prior to the curriculum as a control group). The success of the curriculum will be based on the results of these surveys, and the curriculum will be modified based on results.

Impact on the field

Ideally, this curriculum will be portable enough for use in other programs. It might be developed into one aspect of a larger body of portable practice management curricula for emergency medicine residents and others. Data gathered on the efficacy of the curriculum will also contribute to the body of literature regarding job search assistance programs and their effect on learners.

SAFETY FIRST 101: A Systems Approach to Quality Care

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Background

SBP competency is essential for addressing today's major healthcare concerns, yet it remains difficult to teach and assess (Tetzlaff, Anesthesiology 2007) because systems thinking, its foundational construct, is absent from SBP education (Colbert, Teaching and Learning in Medicine, 2011). A survey of our faculty and residents has revealed that, while both groups consider SBP important, residents can't identify SBP experiential opportunities and faculty have difficulty assessing resident SBP performance. We propose a SBP curriculum focused on systems thinking.

Purpose

A case-based curriculum to guide anesthesiology residents in learning the systems thinking required for Systems-Based Practice (SBP).

CA-1 (PGY-2) Anesthesiology Residents

Intended learners/audience

PGY-2 anesthesia residents (N=10) will attend 8 monthly SBP sessions facilitated by faculty trained in lean sigma.

Description

Learners will analyze real-life cases, view videos, and participate in games from The Systems Thinking Playbook. Individual "All Systems Go" workbooks will designate SBP-related tasks that residents will perform with faculty during clinical rotations. Finally, faculty-mentored resident teams will identify a quality issue and complete a systems analysis worksheet that outlines their strategic plan for improvement. Teams will present project proposals at Grand Rounds for faculty input, revision and implementation during the following year. At the end of the year, learners should be able to 1) describe their role within systems, 2) know key systems- thinking concepts, 3) apply systems-thinking principles to effect change and, 4) express confidence and willingness to improve healthcare systems. At the end of the year, residents will complete a survey on SBP knowledge/attitudes. PGY-2 anesthesia residents in other California anesthesiology programs will serve as a control.

Evaluation

Learner reaction will be assessed through a program evaluation at the end of the PGY-2 year. A post-survey of faculty comfort with SBP assessment will be compared with their pre-curriculum survey results. Learning will be evaluated by a pre and posttest on course content and project proposals scored by adherence to systems thinking principles. Learner behavior will be assessed through a post-course survey. Resident compliance data with systems protocols will be compared against historical data. Resident test and survey data will be compared to control group data.

Impact on the field

If we want future physicians to advocate for sustained solutions in healthcare inequity, cost and safety, then we must equip residents with cognitive and behavioral tools that allow them to understand and access complex systems. This SBP curriculum is designed to do so and is a model that could be adapted nationally.

Teaching Effective Disclosure Skills to Anesthesiology Residents Using Standardized Patients

Karen Souter

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kjsouter@uw.edu

Background

A number of authors (Mazor 2004, Blendon 2002) have suggested that whilst over 90% of patients favor full disclosure of adverse outcomes, physicians only meet these requirements 30% of the time. In 2006, The Anesthesia Patient Safety Foundation reported cases where disclosure of adverse events was inadequate. Anesthesiologists at all levels of training report uncertainty concerning the correct procedures for disclosure and few if any residency programs offer formal education in this subject. Yudkowsky (2006) has demonstrated that communication skills can be successfully taught and evaluated using standardized patients (SPs). Role-play and guided-practice techniques provide a low-risk, experiential approach to teaching disclosure and SPs may offer a method of evaluating residents' performance.

Purpose

To evaluate a novel curriculum using role-play, guided-practice, and standardized patients to teach disclosure skills to anesthesiology residents.

Intended learners/audience

Clinical anesthesia (CA) year 2 (PGY 3) residents

Description

A class of 28 anesthesiology residents will participate in a curriculum consisting of three 2-hour workshops given at intervals during the Clinical Anesthesia (CA) 2 year. Didactic content and communication skills will be taught using role-play and guided-practice with SPs by Anesthesiology and Risk Management faculty. The curriculum objectives will include (1) Describe current issues and practices surrounding the disclosure of adverse outcomes of anesthesia care, (2) Select appropriate communication styles for different disclosure conversations, (3) Perform an effective disclosure conversation with a standardized patient, and (4) Evaluate their effectiveness in performing disclosure.

Evaluation

A control group of CA2 residents from another program will be used. Both groups will complete web-based pre and post-tests to assess their knowledge of disclosure practices and their perceived abilities in performing them. Faculty will evaluate all residents' performance in disclosing an adverse outcome to a SP using a previously validated standardized checklist. Residents participating in the curriculum will complete a short reflective exercise during and at the end of the course as well as a course assessment. Residents will be surveyed 12 months after graduating to determine their experience of real-life disclosures and to ascertain whether the skills learned during the curriculum had been useful in practice.

Impact on the field

This curriculum and performance evaluation with SPs could serve as a model for best practices in teaching anesthesiology residents to perform effective disclosure, and may also be applicable to other specialties

Residents as Researchers: Designing, Implementing, and Evaluating a New Course for 2nd Year Residents

*Karen Hughes Miller, PhD; Michael Ostapchuk, MD, MS Ed; and Pradip Patel, MD
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Background

The ACGME Common Program Requirements (IV.B.1., IV.B.2., and IV.B.3.) specify that institutions must encourage and support residents' scholarly activity, but in large or geographically dispersed institutions, this support is often relegated to the program level. Residents as Researchers is a full-day workshop offered for the first time in 2011 by the University of Louisville to 2nd year residents in all specialties to help prepare them for their scholarly activity.

Purpose

This presentation will share the needs assessment, curriculum design, content, and evaluation outcome of this new course.

Intended learners/audience

This presentation is designed for medical educators, program directors, and other faculty who assist in preparing upper level medical students, residents, and new fellows for the process of biomedical or social/behavioral research.

Description

An institutional needs assessment (2010) revealed wide variation in how departments prepared and supported residents in their scholarly activity. A one-day workshop for all 2nd year residents was designed to equalize this instruction and introduce residents to the various research support services and training requirements necessary for them to do research. The course utilized the expertise of faculty directly involved in the research process including library science, the Institutional Review Board, and Research Integrity. We also called on faculty who taught research preparation programs within their own departments.

Evaluation

The goals of Residents as Researchers were to support 2nd year residents as they prepared for their ACGME required scholarly activity and to provide a common understanding of the research process across medical specialties. The objectives were that, by the end of the workshop, 2nd year residents would have explored at least two potential ideas for scholarly projects, refined at least one idea in terms of hypothesis and study design, and participated in activities and discussions about the basic components of research design and implementation. The instructional program evaluation (exempted by the IRB) used a pre-post content test and opinion survey, a faculty/ facilitator survey, independent observers, and a follow-up survey for residents after 6-months.

Impact on the field

Although data are still being collected, we believe this curriculum is a replicable model for other institutions to help prepare residents and other new researchers. The Q and A following our presentation will be designed to also foster discussion of what other institutions are doing to meet this need.

Evaluation of a Student-Run, Peer-Reviewed Medical Journal for Developing Critical Appraisal Skills and Interest in Research Among Undergraduate Medical Students

Crystal SY Cheung¹, Alexandre Sebaldt¹, Phil Wells^{1,2} and Melissa Forgie^{1,2}
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Background/Need

Evidence-based medicine is the foundation of modern medical practice. Thus, it is crucial for medical students to develop strong critical appraisal skills during their training.

Purpose Statement

Basic critical appraisal concepts are introduced in most medical school curricula, but students could benefit from further training and practical opportunities to better develop these skills.

Intended Learners

Undergraduate pre-clerkship medical students

Proposed Methods

The University of Ottawa Journal of Medicine (UOJM) was launched in September 2010 as a student-run, peer-reviewed medical journal with the goal of developing medical students' critical appraisal skills, while at the same time promoting interest in research. All editors attended training sessions, led by members of the Faculty of Medicine, where sample articles were discussed and critiqued to practice critical appraisal skills. After completing their training, editors reviewed and provided constructive feedback on student-submitted articles. Authors responded to the feedback and re-submitted their work for re-evaluation. This cycle was repeated until articles were deemed suitable for publication or the final submission deadline had passed.

Proposed Evaluation Plan

Prior to starting the training sessions, all editors will be asked to critically appraise a sample article and complete a self-assessment of competence of their critical appraisal skills. Critical-appraisal skill will be determined by comparing the editors' critique to a "gold standard" critique performed by our faculty advisors. This exercise will be repeated after the journal is published to determine the editors' improvement. To measure interest in research, we will measure the proportion of the pre-clerkship class that submits an article and the proportion of these authors that submit revisions after having received feedback from our editors.

Area in which collaboration is sought

We would like to discuss which critical appraisal criteria to use to best evaluate medical students' critical appraisal abilities. Once these criteria are identified, we would like to determine how best to incorporate them into an assessment tool used for comparing students' critical appraisal abilities to those of the "gold standard" faculty advisors.

Sunday, February 26, 2012
Leadership Fellows Workshop

Session 18 – San Marino Room

8:30 - 10:15 am

Professional or Punk; What Kind of Doctor Do You Want to Train?

Armaity Austin, MD; USC Keck School of Medicine
Mara Hover, DO; Arizona School of Osteopathic Medicine
Sergio Infante, MD; Loma Linda Medical Center
Diane Kirby, MD; Our Lady of the Lake Regional Medical Center
Alicia Milan-Flanigan, MD; Saints Mary and Elizabeth Medical Center
Vincent Rowe, MD; USC Keck School of Medicine

Rationale

The ACGME and the LCME require that medical educators ensure competency of medical trainees in professionalism. Medical educators consistently identify this as a daunting task.

Description

The purpose of this workshop is to use the five principles of exemplary leadership as outlined in Kouzes and Posner's *The Leadership Challenge* to develop innovative techniques to encourage professional competency in trainees.

Learner Outcome Objectives

Upon completion of the workshop, participants will be able to identify and implement strategies to develop professional competency in their trainees using leadership principles that (1) model professional behaviors, (2) inspire learners, (3) challenge processes, (4) enable learners, and (5) encourage learners' hearts, in order to achieve competency in professionalism to the level required by the accreditation body.

Methods of Teaching

We will use facilitators in small group activities to implement each of the five principles to develop methods to foster professionalism. Each small group will then present its ideas to the whole workshop and summarize findings.

Take Home Tools

Training techniques to foster professionalism and workshop handouts.

Sunday, February 26, 2012

Workshop

Session 19 – San Diego Room

8:30 - 10:15 am

Developmental Approaches to Learners in Difficulty

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Workshop Rationale

Learners in academic difficulty can consume significant time, resources and energy for faculty, yet often without demonstrating significant improvement. Learner sub-par performance can affect patient safety, team efficiency and student advancement. Those responsible for learners in difficulty often feel frustrated and conflicted about what to do in these challenging situations. This workshop will include a guided discussion on why many of these efforts fail and will offer strategies for overcoming academic performance problems. Diagnostic tools will be presented that will enable the identification of the type of difficulty the learner is experiencing, how to set goals and timelines with the learner, and development of a learning or remediation plan.

Intended Audience

Clerkship directors, residency directors, basic and clinical science faculty, curriculum support staff

Objectives

Upon completion of this workshop, participants will be able to: 1. Differentiate potential explanations for poor performance, including gaps in knowledge, motivational and professionalism; 2. Develop strategies to improve academic performance for learners who demonstrate these gaps; and 3. Create an effective plan to work with a learner in difficulty.

Workshop Activities

Short presentations, discussions, hands-on activities

Take-home Tools

Handout Template for working with learners in difficulty

Sunday, February 26, 2012

Undergraduate Education

Session 20 – San Gabriel Ballroom

10:30 am - 12:00 pm

Moderator: Lavjay Butani

Professional Identity Formation and the Social Networking Technology

Janet Trial Ed.D., Donna Elliott M.D., Ed.D.; Pamela Schaff M.D., Robert Wallace M.D.,
Desiree Lie, M.D., M.Ed.
Keck School of Medicine
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Background/Need

The social networking phenomenon is reshaping our American society. Medical students are no exception, and most arrive in medical school with a hefty social networking profile. As they begin their professional formation they are suddenly confronted with questions of professional identity? What constitutes a professional identity? Does this profile extend to the internet? Are there behaviors that are no longer appropriate, and or no longer appropriate to share? As medical students how do they need to modify their social networking profile as they create a professional identity?

Purpose Statement

The purpose of this study is determined the effectiveness of a 2 hour curricular intervention to stimulate professional identity formation in regards to individual students' social media presence.

Intended Learners

Medical Educators UMD and GME

Methods

During the second week of medical school, all first year medical students at a western United States medical school participated in a one hour lecture outlining the impact of social media in medical education. The didactic session was aimed at heightening individual student's awareness of social networking and its potential impact on their budding professional identities as physicians. The didactic session was followed by a one hour large group (24-30) faculty facilitated discussion. As the final element of the intervention students were required to write a "one to two paragraph reflection on their current web presence, and how it should change to more adequately reflect your new professional role." Qualitative analysis of the individual student reflections was performed to identify the themes and extent of individual profession formation.

Results

Preliminary results include: Significant Attitude Changes in both Patient Centeredness, and Professional Role Identity that stimulated both immediate and long term commitments to significant changes in individual student's social media presence.

Conclusions/Discussion

To Follow

Perspective transformation in a Humanities in Medicine Course for Medical Students

Pamela Schaff¹, Simi Rahman¹, Kelli Auerbach²

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²California Institute of Arts

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Background/Need

An effective Humanities in Medicine curriculum addresses the competencies of the medical curriculum and the students' learning needs. The "Selectives" model for the Professionalism Curriculum at the Keck School of Medicine allows students to choose from a variety of topics for a five-week experience. The Humanities in Medicine selective was planned using a student focus group, the PPM course objectives and the Keck Objectives. The curriculum covered the concept of Perspective Transformation using Art, Theater, Film and Non-fiction, students' creative projects and peer-to-peer feedback.

Purpose Statement: To assess the effectiveness of a brief in-depth curriculum in the humanities in perspective transformation.

Intended Learners

Program Directors, Academicians, Physicians.

Methods

The first session was conducted at an art gallery and goals included understanding the parallel processes involved in clinical practice and engagement with art; observation, interpretation, and meaning-making in a complex environment; and the value of team work in integrating prior knowledge in the service of interpretation. The second session focused on using a process called Readers' Theater to consider the presence of moral ambiguity in clinical encounters, experience the emotional disequilibrium that leads to a transformation of perspective and reflect upon the role of personal history in the formation and transformation of perspective. The third session exposed students to creative writing in order to enhance their clinical skills as effective listeners, to gain deeper insight into the text and subtext of the clinical encounter and to explore the ways in which perspective and point of view are intertwined in the clinical encounter. The fourth session centered on the film and memoir "The Diving Bell and the Butterfly" and the Representation of Illness. During the session students discussed variations in point of view and perspective in film versus text and identified areas of personal resonance when considering the illness stories of patients in their clinical experience.

Results

The fifth and final session was a celebration of the students' own creative works. The students represented their experiences during the selective using: • A photo advertisement shot using professional actors and props, digitally enhanced using PhotoShop. • Drawings and collage. • A Readers' Theater script. • A photo-collage. • Fictional pieces ranging from novel fragment to short stories. • Musical Compositions. The curriculum was also evaluated through the PPM course evaluation process.

Conclusions/Discussion

to follow

Changing Attitudes: What Difference Does A Brief Course in Complimentary Medicine Make in Medical Students?

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Background/Need

There is a growing interest in providing Integrative Medicine /Complementary and Alternative Medicine (IM/CAM) education for medical students. It was determined that medical students, interns, and a selected faculty group at the University of California; Irvine exhibited positive attitudes toward CAM therapies and frequently used CAM modalities (Lie D, et al). Additionally, Hopper I. et al showed that medical students have a high level of interest in complementary therapies and that a single lecture on complementary therapies had a significant impact on medical students' view. The high degree of receptivity demonstrated advocates for greater implementation of CAM education and curriculum development. Prior to this year, there was extremely limited formal education on IM/CAM at Keck School of Medicine of USC. This year, 2011, students had the opportunity to voluntarily enroll in an 8 hour selective course in Integrative Medicine. This survey will document the students' baseline attitudes toward CAM as well as allow comparison of attitudes of students enrolled in the Integrative Medicine selective and those not enrolled. Additional surveys administered at the completion of the course and 3 months after will evaluate the effectiveness of the course in educating medical students about CAM, increasing awareness and open-mindedness toward CAM.

Purpose Statement

The purpose of this study is to determine whether 8 hours of curricular intervention causes any significant change in medical student attitudes regarding IM/CAM. It is hypothesized that the entire class as an average will show a positive attitude toward CAM. Students enrolled in the Integrative Medicine PPM selective will have a higher average of positive attitude than students not enrolled in the course. After the completion of the course, students enrolled in the course will have an increase in positive attitudes towards CAM whereas students not enrolled in the course will show no significant change. This increase in positive attitude of students enrolled in the selective will persist for 3 months after the completion of the selective.

Intended Learners

Medical Educators

Methods

The IM/CAM selective was administered as a portion of the regular PPM curriculum at Keck School of Medicine during September and October of 2011. Students selected this course from one of 9 options available to attend. Once assigned to the course, student participation is mandatory. All students in the class of 2014 are required to attend one selective during this timeframe as part of their PPM course work. The CAM/IM attitudes survey will be administered electronically to the second year class of medical students at Keck School of Medicine of USC. The survey will contain 10 items from the validated CBHQ-CAM Health Belief Questionnaire (Lie D et al. see section 40.1) as well as 5 additional questions on personal CAM use and knowledge. There will also be one demographic question followed by 2 questions for students enrolled in the selective course. The survey will be administered three times, once in September 2011 (pre-curricular), again in November 2011(immediate post-curricular), and a final time in January 2012 (3 months post-curricular). The data will be de-identified and analyzed without any student identifiers

Results

To Follow

Breaking the Linguistic Barriers to Facilitate Effective Communication Skills in Medical Students

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Background

India is known as a melting pot of heterogeneous cultures with profound linguistic variations. In her schedule, India has 21 official and 36 recognised and 1068 registered colloquial languages. After every four miles, the dialects change within the linguistic forestation, where languages represent flora, and dialects, the fauna. Our university is situated in central India and admits students with varied linguistic backgrounds. English is the language of instruction. From their second year onwards, students have to connect with the patients, who speak local vernacular - Marathi, and, by large, do not understand a word of English, and, hence, the students feel helpless during interviewing and rapport-building. We, therefore, felt the need of formulating and validating the module which we call as "Module of Unification of Linguistic variability

Purpose

Communication skills of medical students are enhanced by breaking the linguistic barriers by employing the module of Unification of Linguistic variability.

Intended learners/audience

Medical Educators, Medical Teachers

Description

The students who are in 2nd year undergo clinical induction program for three days after which they are posted in our Communication Skill Lab (CSL) in batches of 25 students each and are trained in communication skills through interactive lectures, role plays, videos and standardized patients. They attend classes on "Speaking Marathi Language" where they are taught commonly used terms, their pronunciation, and phonetics by trained facilitators. We have designed an English to Marathi pocket dictionary, which they study, keep with them in their clinical kit and refer to, whenever necessary. Students are also encouraged to speak in Marathi with peers, non-teaching staff, teaching staff, and with patients.

Evaluation

Formative evaluation is done during their postings in CSL to judge their 'Pick up and Up take,' through oral and written Examinations on Marathi, a collection of a 360 degree feedback, self appraisal scales, interviews of the standardized and 'real' patients, and direct observation of the medical students and a summative evaluation for certification is done .

Impact on the field

The initial trends through the feedback indicate that our module has been well received. Students have reported about their enhanced skills on rapport building and interviewing the patients and relatives and have requested additional postings in the CSL for learning Marathi. The facilitators, patients, their relatives, peers, and nursing staff have reported empathy, concern, rapport building and good communication skills in medical students due to this module of Unification of Linguistic Variability.

Ethics of Caring as an Approach for Teaching Ethics in Medicine

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Background

Ethics education in medical schools is concerned not only with knowledge and skills but also with attitudes, values and behaviors of future doctors. The overarching goal of ethics curricula has always been to train more compassionate physicians. This is especially important in the light of recent studies that documented a negative progression in developing empathy and care in medical students over the course of their studies. Most of the medical ethics classes teach future doctors ways of solving ethical dilemmas by weighing and judging on ethical principles. There is a need for an approach to teaching medical ethics that would integrate the traditional focus on autonomy and justice but from the relational perspective of ethics of caring. By moving focus from principlist reasoning to the doctor's responsibility for the individual patient, one creates more opportunities for students to reflect on the meaning and purpose of their work.

Purpose

The goal of this study is to better understand the role and place for ethics of caring in ethics education. Ethics of caring frames moral reasoning of students in relational terms, helping them to find meaning to their profession in the relationships they foster with their patients.

Intended learners/audience

Medical Ethics Instructors and Curriculum Designers

Description

The paper offers three ways in which caring aspect of medical education can be retained in medical ethics curricula. First, it emphasizes the importance of case-based ethics curriculum with collaborative component as the main instructional approach. It contrasts the more traditional use of ethics scenarios in written assignments with the small-group case studies and shows how this collaborative teaching may help students to improve their moral sensitivity and ethical analysis skills. Second, in addition to group problem solving, the use and benefits of collaborative learning were discussed. The collaborative teaching methods such as movie discussions, role playing, cooperative group projects and peer-grading are suggested to be used in teaching medical ethics. These methods improve moral reasoning, motivation to learn and ability to solve problems cooperatively. Third, the mentoring model is viewed as a form of instruction that successfully facilitates moral development and moral sensitivity in students. The increased amount of bedside teaching is believed to improve role modeling and professional ethics.

This paper will present a discussion of ethics of care as it is understood in the bioethics literature as the framework for discussing the specific steps mentioned. Some obstacles for introducing ethics of caring in curricula will be discussed, such as the conflict between care and autonomy, as well as care and justice. Ethics of caring introduced in decision-making and education is believed to promote a deeper integration of ethical principles. It fosters moral sensitivity in medical students that should be one of the main objectives of medical ethics education.

Sunday, February 26, 2012
Workshop

Session 21 – San Marino Room

10:30 am - 12:00 pm

Kindergarten for Medical Educators

Gail Rice, EdD, EdS, RN, CHES
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Workshop Rationale

Simplifying what is complex is a challenge for all educators. New research on educational psychology is expanding our understanding of how learning occurs, leading to exciting and appropriate applications for preschool through medical education classrooms and laboratories. We will explore several applications of brain research to higher education through activities and lecture: phases of learning, preparation for learning, transfer of learning, and need for variety.

Intended Audience

Medical educators and learners at all levels

Objectives

- * Describe new findings in educational psychology
- * Apply findings to medical education
- * Experience an activity that illustrates the importance of connecting new learning to earlier learning and teaching using transfer
- * Explore personal strengths and focus areas in teaching

Workshop Activities

This interactive 90-minute workshop will focus on the power of new research on learning and brain functioning, as it applies to teaching in the medical education classroom and clinic. Activities will include a teaching game, building on previous knowledge and creating interest and meaning.

Take-home Tools

This workshop promises to help participants develop new insights and skills and teach more effectively, as a result.

Sunday, February 26, 2012

Workshops

Session 22 – San Diego Room

10:30 am - 12:00 pm

(40 minutes each)

**Interprofessional Domestic Violence Education:
Transforming Health Care through Evidence-based Strategies**

Cecelia Holden
King College
clholden@king.edu

Workshop Rationale

The goal of the workshop is to ensure that all generations of health care professionals are educationally prepared to accept the challenge of identifying and caring for domestic violence victims who are represented across our global landscape.

Intended Audience

physicians, physician assistants, advanced practice nurses, registered nurses, nurse educators, medical school educators

Objectives

At the conclusion of the presentation the participant will be able to: 1. Discuss the historical trends in the literature that relate to the inclusion of domestic violence (DV) content within medical and nursing school's curricula. 2. Analyze the key components that have influenced the DV theory-practice gap. 3. Describe five evidence-based teaching and learning strategies to reduce the DV theory-practice gap that currently exists.

Workshop Activities

Ice breaker activity, interactive group discussions, Multi-media (UTube clip & Compassion 2011 Conference footage) Lecture (power point presentation)

Take-home Tools

Interprofessional DV Education Tool Kit includes: suggested readings list live simulation project DV curriculum pathway document template free educational resources Interdisciplinary DV conference topic planning DV online resources computer based learning modules clinical immersion activities DV disclosure activities

Transformation of Perspective Using Medical Readers' Theater in a Medical School Professionalism Curriculum

Pamela Schaff, MD¹, Kelli Auerbach, MFA², Simi Rahman, MD¹
1USC Keck School of Medicine, 2Brown University, 2California Institute of Arts.
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Workshop Rationale

In order to include the arts in medicine in a meaningful way we must 'bear witness'. Bearing witness involves the process of assuming responsibility and experiencing disjuncture in a manner that then leads to internal transformation or prompt action. Readers' Theater creates immediate emotional engagement as a result of the performance aspect and creates a safe space for cognitive disequilibrium to occur, a key step to developing the reflective professional self. The workshop was introduced in Fall 2011 as part of a 5-session mini-curriculum (or selective) within the two year Professionalism and Practice of Medicine (PPM) curriculum at the Keck School of Medicine at USC.

Intended Audience

Medical educators, Medical students, trainees, physicians.

Objectives

1. Participants will experience first-hand the innovative teaching technique of Readers' Theater, as performers or as audience. 2. Participants will engage actively in a discussion following the performance that will model the facilitated discussion that takes place with learners after a session of Readers' Theater. 3. The discussion and session will demonstrate how learners can: a. consider the presence of moral ambiguity in clinical encounters. b. experience the emotional disequilibrium that leads to a transformation of perspective. c. reflect upon the role of personal history in the formation and transformation of perspective.

Workshop Activities

Performance of a script of Readers' Theater (20mins) by volunteer workshop attendees. No preparation or specialized training is needed. The room is arranged in theater format ('stage' facing 'audience' using stools for the readers to sit on). Basic instructions and a read-through are done once with the 'readers', and the performance ensues (20mins). Following the performance a moderate discussion takes place between the audience members, and includes the readers (40mins). The story and emotions are fresh and the characters from the story remain in sight. Audience members and performers share their understanding of the story, hear others' views, tell a personal story, probe the readers' ideas about the characters they portrayed or the issues in the story. Readers can discuss their characters, describe how it felt when certain lines were read and try to explain the motives behind a character's action.

Take-home Tools

None.

Sunday, February 26, 2012

Plenary Session

Session 23 – San Gabriel Ballroom

12:05 - 12:50 pm

Light the Flame, Not Just Fill the Bucket

Sajjad A. Yacoob, MD

At the conclusion of the conference, the participant should be able to:

- State the innovations made in how we approach medical education
- Change the way they view medical education

It was Yogi Berra who said *"This is like deja vu all over again"*. In many ways that statement captures the state of medical education. While there have been significant innovations over the years in how we approach medical education, the fundamental issues highlighted in the Flexner report 100+ years ago still reverberate today. The call to move away from a curriculum and teaching methodology that is "excessively long, inflexible and not learner-based" needs to find its voice in the conversation of change today. How do we change what we teach and the methods we use to teach to meet that call? We need to inspire as well as teach. We need to light the fire rather than fill the bucket. We need to innovate one student at a time.

Biosketches

Hamit Acemoglu

Hamit Acemoglu is Associate Professor & Head of Medical education department, Ataturk University.

Maryam Akbari

Maryam Akbari is Assistant Professor, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Zekeriya Akturk

Zekeriya Akturk is Professor & Head of Family Medicine department, Ataturk University having research experience with so many publications in family medicine and biostatistics.

Ahmad AlAwadhi

Ahmad AlAwadhi, D.D.S., is a third year resident in the Advanced Prosthodontic program at the Ostrow School of Dentistry at the University of Southern California. My areas of interest are prosthodontics and dental education. I completed my BA and DDS degree at the University of Missouri at Kansas City. Also, I completed the MFDS diploma from the Royal College of Surgeons in Ireland.

Sami A. AlNassar

Dr. AlNassar is a faculty member of the Division of Thoracic Surgery, Department of Surgery, College of Medicine, King Saud University

Bill Anderson

Bill Anderson is Professor in the Office of Medical Education Research and Development (OMERAD), College of Human Medicine, Michigan State University (MSU). He has been a faculty member in OMERAD since 1976. Dr Anderson is best known for creating the Primary Care Faculty Development Fellowship Program, the nations oldest, largest, first true primary care faculty development fellowship program. The program has over 500 graduates nationwide, and has been continuously funded by the Health Resources and Services Administration since 1978. Dr Anderson has also served as principal investigator for numerous NCAA-funded national research studies of drug and alcohol use by college student-athletes, and he has served as a member of the development team for the certification exam for the American Board of Emergency Medicine (ABEM). His research interests are medical curriculum development, faculty and career development, and substance use by college athletes. He is author of more than 125 peer-reviewed publications, presentations and workshops.

Cynthia T. Anderson

Cynthia T. Anderson, M.D. is an HSC Professor of Anesthesiology & Perioperative Care, University of California Irvine who is currently in the Master of Academic Program at USC. She was born in LA County but spent most of her formative years in Tennessee, where she attended UT medical school on a Navy Scholarship. She underwent residency training at Bethesda Naval Hospital. She has been a UCI faculty ever since moving to Southern California in 1984. As a clinical faculty member her roles have been clinical, teaching and administration. Positions held have included Chief of Anesthesiology at the Long Beach VA program, UCI Anesthesia Program Director and Chair of Anesthesiology for UCI from 1996 to 2004. After serving as Chair, she completed a two year term as President of the Medical Staff. She stepped into the Program Director/Vice Chair role again in 2005 to fill a sudden vacancy. Although retiring on August 1, 2011; she was retained by the Chair to help develop innovative programs for the residents and faculty while working on her Master degree.

Andrea Angelucci

Dr. Andrea Angelucci is a Clinical Instructor of Family Medicine at the University of Southern California Family Medicine residency program at California Hospital. She is the Reproductive Health Education in Family Medicine project director for the residency program.

She teaches and leads collaboration between multidisciplinary healthcare professionals. In addition she works with medical students and pharmacy students on ethics, values, non-directed contraceptive counseling and options counseling. Her research interests include equal access to healthcare, health literacy, contraception and reproductive health.

Dr. Angelucci graduated from Stockton College of New Jersey and received her medical degree from Western University. She completed her residency in Family Medicine at the University of Southern California at California Hospital. She is board certified by the American Board of Family Medicine. Dr. Angelucci has served on the California Hospital Graduate Medical Education Committee and Bioethics Committee.

Kelli Auerbach

Kelli Auerbach's specialty is bridging art and medicine. She designs creative writing workshops specifically for medical students and physicians, as well as workshops that incorporate visual art and performance. She holds a degree in Cultural Studies of Medicine from Brown University and an MFA in Fiction from Brown as well. While a Visiting Assistant Professor of English at Rhode Island School of Design (RISD), Kelli developed multiple interdisciplinary courses, including an innovative new course co-taught with Dr. Jay Baruch that joined RISD art students and Brown medical students. Currently she is teaching a creative writing and medicine course at California Institute of the Arts, and well as an art and humanities elective at USC Keck School of Medicine. Kelli recently presented at the symposium Make It Better: A Conversation on Art, Design, and the Future of Healthcare as well as at the &Now Literary Festival at UCSD. Her paper, "Beyond Comfort Zones: an experiment in art and medical education" (co-written with Dr. Jay Baruch) is forthcoming in Journal for Learning Through the Arts. Her short stories have appeared in 3rd Bed and Encyclopedia, and she is the author of The Adventures of Trixie and Dinkidoo and The Owl House: a novel. Kelli has received numerous honors including a Fulbright Fellowship to South Africa, Fiction and Screenwriting Fellowships from the Rhode Island State Council for the Arts, and a Wood Travel Grant from the Mutter Museum/College of Physicians Library

Armaity Vaghaiwalla Austin

Dr Armaity Vaghaiwalla Austin is currently an Associate Professor in the Department of Family Medicine at University of Southern California Keck School of Medicine. She is a Diplomate of the American Board of Family Medicine. She completed FP internship at University of Louisville, Residency at University of California Irvine Medical Center, and Faculty Development Fellowship at University of Arizona College of Medicine, Tucson, Az.

She is Assistant Medical Director at USC-Eisner Family Practice Center and Associate Program Director at USC FP Residency at California Hospital. Prior to relocating to Los Angeles, Dr Austin was a faculty member at UACOM and the Former FP Residency Program Director at Maricopa Medical Center in Phoenix, Az. She was a Past President of Arizona Academy of Family Physicians. Dr Austin just completed teaching the "inaugural" Selective in Integrative Medicine as part of the Professionalism and the Practice of Medicine course to second year medical students at USC KSOM. She is a faculty mentor to first year medical students for the Longitudinal Clinical Community Experience (LCCME). Her clinical interests include: Biomedical Ethics, Quality Improvement, Integrative Medicine and Global Health.

Dr Austin enjoys Photography, Reading, travelling and Yoga. She is currently a Fellow in the University of Southern California Educational Leadership Fellowship. avaustin@usc.edu

Marsha Bievre Baker, MD, MPH

Dr. Baker completed her B.A. in the interdisciplinary program of the History, Philosophy and the Social Studies of Science and Medicine and graduated with Honors from the University of Chicago. During the second year of her undergraduate studies, she was accepted into the competitive early acceptance program to University of Chicago-Pritzker School of Medicine, where she received her M.D. degree. She also received her M.P.H from the University of Illinois-Chicago while completing her medical studies. Dr. Baker received her specialty training in Obstetrics and Gynecology at the University of Southern California. After residency, she served as a National Health Service Corps Scholar, providing medical care to underserved women in Central California. She currently is in subspecialty training in Reproductive Endocrinology and Infertility at the University of Southern California, and functions as a Clinical Instructor to residents and medical students. She has publications in the areas of menopause, polycystic ovary syndrome and in vitro fertilization. Her research interests currently include resident education and curriculum planning. In her spare time, Marsha enjoys spending time with her husband and 15 month old daughter. You can find her reading her Kindle, writing poetry or baking.

Marilyn Becker MD

Dr. Marilyn Becker is Director of Learner Development for the University of Minnesota Medical School. She is a licensed psychologist with a doctorate in educational psychology and 20 years experience in medical education [including six years as Director of Admissions]. As Director of Learner Development, Dr. Becker is responsible for organizing, coordinating, and advising the Medical School program for medical trainee learning. She assists medical trainees at all levels [medical students, residents, fellows] in learning and performance across the UME and GME competencies and program requirements, and provides consultation/training to faculty. Dr. Becker maintains an ongoing collaboration with Disability Services and Medical School faculty and administration in assisting medical trainees with disabilities. She is currently PI for a joint Foundation grant between the Medical School and Disability Services, "Taking it to the Next Level: Advancing Access and Equity for Medical Trainees with Invisible Disabilities".

becke024@umn.edu

Vincent L. Biron

Vincent Biron is a fourth year otolaryngology-head and neck surgery resident at the University of Alberta. He completed a B.Sc. and Ph.D. in medical genetics from the University of Alberta and an M.D. from the University of Calgary. His main research interests include head and neck oncology and medical education. vbiron@ualberta.ca

Jori F. Bogetz

Jori F Bogetz, M.D., is a first-year academic general pediatrics fellow and clinical instructor at Lucile Packard Children's Hospital at Stanford University. Her areas of interest include children with complex medical conditions, palliative care and medical education. She is a graduate of Stanford University Pediatrics Residency Program and received her medical degree from the David Geffen School of Medicine at UCLA.

Caryn Brenn

Caryn Brenn is a current M.D. candidate at Keck School of Medicine of USC. She is co-president of the Integrative Medicine Club and the Pediatric Student Interest Group at Keck. Caryn graduated from UCLA in 2010 with a B.S. in Physiological Science and a minor in Public Health. Her interests include Integrative Medicine, Pediatrics, and Primary Care.

Shara Steiner Brody

Shara Steiner Brody, D.O. is an Assistant Professor in the Department of Health Informatics at the University of Miami Miller School of Medicine. She is currently working on projects exploring new applications of health information technology within medical education, as well as projects exploring students' clinical, diagnostic, and teaching skills. She also collaborates in the design and implementation of online learning modules for faculty and residents to improve their teaching and interpersonal communication skills. Dr. Brody also enjoys dedicating time to helping medical students and residents formulate research questions and design new studies. Her scholarly work includes assessment of undergraduate and graduate educational initiatives, evaluation techniques, and student learning styles. She has conducted several analyses of evidence-based medicine and the implementation of practice-patterns within Neurology. Dr. Brody has presented her research at national and international conferences. Dr. Brody's ultimate goal is to master development and evaluation of curricula at the levels of undergraduate and graduate medical education. The next step, of course, is translating these curricular changes into improvement of patient care and clinical outcomes.

Timothy D. Browder

Timothy D. Browder, MD, Assistant Professor, Program Director Acute Care Surgery Fellowship, Division of Trauma and Surgical Critical Care, University of Nevada School of Medicine. I have recently been named the Program Director for the Acute Care Surgery fellowship program having been the Assistant PD for the past two years. I am a member of the Committee for Acute Care Surgery of the American Association for the Surgery Trauma. I spent 1 year as a trauma surgery faculty at USC-LAC and have been faculty at University Medical Center in Las Vegas for 4 years. I have been an Advanced Trauma Life Support instructor for 5 years and an ASSET instructor for 2 years. My academic interest outside of the clinical arena is in basic science research for hemorrhagic shock.

Doerthe Brueggmann

Dr. Doerthe Brueggmann was born and raised in beautiful Germany. After attending medical school and studying in many different countries, she received her MD degree from the Justus Liebig University in Giessen. Here, she decided to join the Department of Obstetrics and Gynecology for the next five years until finishing residency with the board certification in OB/GYN.

During these five years she always enjoyed taking care of her patients but also spending time in the laboratory to investigate some exciting research questions in the field of nicotine and pregnancy. Also, she had teaching responsibilities to introduce medical student to her favorite and never boring topic – Obstetrics and Gynecology.

In 2008, Dr. Brueggmann decided to focus on her research career and moved to Los Angeles to join Dr. Claire Templeman at USC. Together with another colleague of the Department of Preventive Medicine, they are dedicated to find better treatment methods for the very common condition of endometriosis.

Her current position as an Assistant Professor of Research in the OB/GYN department combines bench-side and clinical research with teaching of medical at LAC-USC Keck School of Medicine and scientific mentoring of residents and fellows of our department.

Together with Drs. Jaque and Chen, she very enjoys to conduct hands-on simulation training as well as weekly student workshops for medical students and residents, which cover common problems in OB/GYN.

In her spare time, she (more or less - depending on the outside temperature) loves to practice Bikram Yoga, to read about Art History and to travel home to see her friends and family.

Stefan Bughi

Stefan Bughi, MD, AFBID. Clinical Associate Professor of Medicine at the Keck School of Medicine, University of Southern California in Los Angeles, in the Division of Diabetes/Endocrinology. I have been a USC faculty since 1990 and since then I have been teaching USC and Western University 3rd and 4th year medical students, and house staff who had Diabetes/Endocrine rotation at Rancho Los Amigos National Rehabilitation Center (RLANRC). I also served as clinical instructor for 1st and 2nd year USC medical students as part of the PPM USC faculty and I have served as Clinical Instructor to 1st year medical students as part of the Introduction to Clinical Medicine class. I am Board Certified in Internal Medicine

and Endocrinology, and I am working as physician specialist at RLANRC. At RLANRC, I am the Chair of Graduate Medical Education and I am a member of the Physician Well-Being Committee. My research interests include the endocrinology of stress and the effects of stress on psychosomatic disorders. Presently I am conducting research on stress and medical profession, and give lectures on stress management to health professionals. I am a Fellow of the American Board of Diabetes and Fellow of the American Institute of Stress. Few years ago I have graduated from the USC Learning and Leadership Fellowships, and recently I have completed the Master in Academic Medicine at USC Keck School of Medicine. I am married and have two children. During my free time I am enjoying gardening (I am building up a meditation garden), walking meditation, and traveling. bughi@usc.edu.

Lavjay Butani

Lavjay Butani, MD, Professor of Pediatrics, Pediatric Nephrologist and co-clerkship director at UC Davis in Sacramento. He is involved in medical student education in all 4 years of training, resident education and faculty development. He currently chairs the Committee on Student Progress at the school of medicine and also serves on the USMLE Step 2 Test Development Committee. lbutani@ucdavis.edu

Dante Cerza

Dante Cerza is an Assistant Professor of Anesthesiology and Critical Care at the Perelman School of Medicine of the University of Pennsylvania and attending anesthesiologist at the Children's Hospital of Philadelphia. akbarim881@mums.ac.ir

Todd Chang

Dr. Todd P Chang is a board-certified attending physician in Pediatric Emergency Medicine at Children's Hospital Los Angeles and is currently Associate Fellowship Director for that program. His research and scholarly interests are in medical education and educational technology, particularly in the realms of multimedia-based education, virtual reality, and simulation. He is currently in the Masters in Academic Medicine program at USC, and is active in resident, medical student, and fellow education at CHLA. He is also the Director of Technology for the new INSPIRE Network, the largest conglomerate of pediatric simulation experts in the world, as well as the Faculty Advisor for the PEMNetwork, an online and podcast presence for PEM. He is actively looking at novel ways to assess clinical decision making skills using multimedia and available technological resources.

Judy Chen

Upon graduation from residency, I have focused my time primarily on resident education: in the outpatient clinics, on the inpatient wards, and in the OR. Particularly, I have been working closely with the simulation team in the department of Ob/Gyn in developing targeted workshops and simulations focused upon increasing clinical judgment and technical skills. We have also developed a residency curriculum integrating simulations into the educational experience and assessment tools for procedures related to the practice of Ob/Gyn. Currently, I would like to continue to expand my teaching interests to develop a systematized manner for surgical instruction and assessing surgical skills. In addition to my resident teaching interests, I also participate as an ICM year II instructor at USC. In my time with the second year medical students, the goal has been to link the classroom instruction with the day to day clinical exercises required to practice as a physician in present day settings. This experience has led to an additional interest in analyzing the practical usage of EBM in day to day practice.

Crystal SY Cheung

Crystal Cheung is currently a third year medical student at the University of Ottawa. She is the co-founder and Co- Editor-in-chief for the University of Ottawa Journal of Medicine (UOJM). Crystal obtained her Bachelor of Health Sciences degree at McMaster University.

Carlyn Christensen-Szalanski

Dr Carlyn Christensen-Szalanski is an Associate Professor of Emergency Medicine at the University of Iowa. She received her MD from the University of Washington and completed a residency in Pediatrics at the University of Arizona. She practices Pediatric Emergency Medicine at the University of Iowa and teaches Introduction to Clinical Medicine to the medical students. carlyn-christensen-szalanski@uiowa.edu

Christopher Cook

Christopher Cook graduated from UCL Medical School in 2009, securing a place in the Academic Foundation Programme thereafter. In 2010, he joined the Heart Hospital and University College London Hospital (UCLH). Under the supervision of Dr James Moon, he co-authored and developed the Introductory Course in CMR (www.training.scmr.org). Christopher Cook is continuing his physician training as a core medical trainee in the North West London deanery. christopher.cook@doctors.org.uk

Mitzi D'Aquila

Mitzi D'Aquila, PA-C joined the clinical education team as clinical coordinator in November 2010. Ms. D'Aquila has been practicing in Pediatrics for the past 10 years. She has worked for the South Counties Pediatric Critical Care Medical Group as part of their pediatric hospitalist group for the past 7 years. She also worked at Childrens Hospital Los Angeles in pediatric hematology/oncology for 3 years. Ms. D'Aquila graduated from the USC PA Program in 2001, and has been very involved in the program teaching in both the pediatric module and clinical skill workshops for many years. She is a member of the California Academy of Physician Assistants (CAPA) and was a member of the CAPA Board of Directors for five years. She is also a member of the American Academy of Physician Assistants (AAPA) and the Society of Physician Assistants in Pediatrics (SPAP). She is currently a student in the Master of Academic Medicine program at the Keck School of Medicine at USC. daquila@usc.edu

Emily J. Doyle

Emily J. Doyle, M.D., Assistant Professor, Department of Psychiatry, UT Southwestern School of Medicine, Clinical Assistant Professor, Department of Psychiatry, University of Texas Medical Branch Galveston, and Clinical Assistant Professor, Department of Psychiatry Texas A&M School of Medicine. I am the program director for the General Psychiatry Residency Program in Austin, formerly known as "Austin Medical Education Program" and now as "UT Southwestern Residency Programs at Seton Family of Hospitals." Since I finished my residency training in psychiatry at USC, I completed a fellowship in forensic psychiatry and moved to Austin to join my current department. Over the 6 years I have been in Austin, I have become more and more involved in the hospital and residency program administration. I served as Chief of Staff for the hospital and Medical Director for a large outpatient practice. I recently left those roles and assumed the program director position on April 1, 2011. My primary job responsibility is now the residency training program. We are a growing program, adding several new faculty every year and expanding the number of resident slots. With the new demands of my administrative role, I still try to find time for some of my other professional interests: forensic psychiatry and medical ethics. I currently serve as a consultant to the Texas Medical Board and co-chair the hospital's ethics committee. I also maintain my own small clinical practice and provide didactic teaching and clinical supervision to medical students and residents.

Alex Dubov

Alex Dubov is a PhD student in Healthcare Ethics at Duquesne University. He has a Master of Divinity from Andrews University. His research interests include ethics of end-of-life decision making, transplantation ethics and ethical aspects of human genetics/transhumanism. Currently he is working as a research assistant at Duquesne University Center for Health Care Ethics where he is involved in developing a NIH Research Grant proposal on a Practical Framework for Ethics Deliberation on Transhumanism. Prior to his PhD studies, he worked as a palliative care chaplain and organ transplant chaplain at Emory University Hospital. He has given a number of presentations at academic conferences and has published papers related to his research interests.

Shanpin Fanchiang

Shanpin Fanchiang is an educator coordinator at Rancho Los Amigos National Rehabilitation Center (Rancho). She offers clinical research independent study course for graduate students at Occupational Science and Occupational Therapy Division, University of Southern California. She serves as an education specialist for occupational therapy, Rancho Continuing Medical Education Program, and patient safety related initiatives at Rancho and Department of Health Services at the County of Los Angeles. She chairs an interdisciplinary committee that directs Rancho Medical Consumer Health Information Program (Med-CHIP), an intranet-based program to integrate information for patient education and staff education. She has engaged in the work of health literacy, advocated that learners need to be empowered to act consistently to ease knowledge translation in health science, and developed instruments to measure action, engagement, and participation. She has master's degrees in both biometry and occupational therapy, a Ph.D. in occupational science, University of Southern California; served on the faculty of Occupational Therapy, Washington University. Her work mainly addressed lifelong learning and ways to measure how practice can be enhanced by learning, clinical research and rehabilitation of people with brain injury, Parkinson's disease, and diabetes. She likes singing, reading, and spending time with her family.

Chun-Kai Fang

Chun-Kai Fang, MD, MSc, PhD (C) Chief, Department of Psychiatry and Suicide Prevention Center, Mackay Memorial Hospital. President, Taiwan Psycho-Oncology Society. Lecturer of Thanatology, Department of Medicine, Mackay Medical College. Academic Background: —Bachelor: Department of Chinese Medicine, China Medical University, Taichung, Taiwan. —Master: Institute of Life and Death Education and Counseling, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan. —Ph.D. candidate: Department of Biomedical Imaging and Radiological Sciences (BIRS), National Yang-Ming University, Taipei, Taiwan. International Individual Membership —International Work Group on Death, Dying and Bereavement (IWG), membership candidate. —International Psycho-Oncology Society (IPOS) —Association for Death Education and Counseling (ADEC) Over 5 year experiences about the studies of medical education (all budgets supported by Taiwan National Science Council) National project: Communication Skill Training Program for How to Deliver Bad News about Cancer. (Program Investigator) supported by Bureau of Health Promotion, Taiwan (

2011/1~2011/12) Main publication about medical education: —Fang CK, Li PY, Lai ML, Lin MH, Bridge DT, Chen HW (2011). Establishing a ‘Physician's Spiritual Well-Being Scale’ and Testing Its Reliability and Validity. *J. Med. Ethics*, 37: 6-12. —Lai ML, Li PY, Fang CK, Lin MH, Chen HH (2009). The Spiritual Need of Students in Medical School. *J. Med. Education*, 13: 4-14. (in Chinese) —Fang CK (2006). Spiritual Well-being and Medical Ethics. *Taiwan J. Hosp. Palliat. Care*, 11: 150-158. (in Chinese) chunkai.fang0415@gmail.com

Jennifer Farah

Jennifer Farah, B.S. earned her bachelors degree in Biology from the University of San Francisco and is currently a third year medical student at the Keck School of Medicine at the University of Southern California. Her research areas of interest include medical education, learning style theory and curriculum design. She will be pursuing a career in emergency medicine

Dixie Fisher

Dixie received her Ph.D. in education from the University of Southern California, specializing in research methodology. She received her B.A. with honors in Microbiology/Chemistry and her M.S. in Veterinary Science from the University of Nebraska. She is a member of Sigma Xi and Graduate Women in Science. Prior to her current position with Educational Affairs, Division of Medical Education, she was Director of the Veterinary Diagnostic and Disease Surveillance Laboratory at USC.

She joined the Division of Medical Education as Assistant Professor Clinical, and teaches in both the Master's of Academic Medicine program and Division fellowships. In this capacity she has assisted more than 200 students develop and implement educational research projects that have resulted in dissemination at meetings and in publication. She has been an instructor in the Professionalism and the Practice of Medicine course for Year I and II medical students, a member of the Year I & II Curriculum Committee, and was an educational advisor to the Integrated Cases System (ICS) committee. She has publications in the areas of hog cholera virus, effects of air pollution on animal lungs, reptile flora, *Vibrio damsela* fish disease, distance learning, the Script Concordance Test, and standardized patient training and evaluation.

She is accredited by Multi-Health Systems, Inc., and licensed to administer the MSCEIT emotional intelligence ability test. Her current interests involve assisting faculty members plan, implement, evaluate, present, and publish educational innovations. She is currently the chairperson for the Innovations in Medical Education Conference sponsored by the Division of Medical Education and Educational Affairs. dfisher@usc.edu

Christopher Forest

Christopher Forest, MSHS, DFAAPA, PA-C is Assistant Professor of Clinical Family Medicine and full-time faculty and at the Keck School of Medicine, USC Primary Care Physician Assistant Program. He has over ten years of experience in clinical research and over five years experience as course director of the Behavioral Sciences curriculum which includes cultural competency, conversational medical Spanish, psychosocial medicine, and research. He designed the service-learning module and mentored approximately 170 students through this curriculum. cforest@usc.edu

Melissa Forgie

Dr. Melissa Forgie, with the Division of Hematology, is the Associate Dean of Undergraduate Medical Education at the Faculty of Medicine, University of Ottawa. Her clinical practice focuses specifically on thromboembolic diseases and hemoglobinopathies. She is also a clinician scientist with the Ottawa Hospital Health Research Institute and has received numerous teaching awards.

Julia M. Gabhart

Julia M. Gabhart, M.D., is a second-year clinical instructor and general pediatrics hospitalist at Lucile Packard Children's Hospital at Stanford. She has special interests in pediatric complex care, resuscitation, and stem-cell transplant complications. She is a graduate of Stanford University Pediatrics Residency Program. jgabhart@stanford.edu

Nitin Gaikwad

Dr. Nitin Gaikwad MBBS, MD, aged 34 years, is currently working as Associate Professor in Pharmacology at Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (Deemed University), Wardha, Maharashtra, India. I was awarded with Foundation for Advancement in Medical Education and Research (FAIMER) Fellowship. I also did Diploma in Health Professions Education and currently pursuing Masters in Health Professions Education. My areas of interest include Neuropharmacology, Pharmacovigilance and Medical Education.

Robert M. Galbraith

Robert M. Galbraith, MD, MBA, FACP is Co-Executive Director of the Center for Innovation at the National Board of Medical Examiners. After training in London in Internal Medicine and Hepatology, he then joined the Medical University of South Carolina in Charleston, becoming Chair of the Department of Microbiology and Immunology, Chief of the Hepatology section, and Medical Director of the Liver Transplant Program. Following a growing interest in the role of assessment in

improvement of healthcare, he joined the NBME and became co-Director of the Center for Innovation where he leads the piloting and development of new assessment approaches.

Albina S. Gogo

Albina S. Gogo, M.D. is an assistant clinical professor of Pediatrics at the University of California, Davis Medical Center. She is a general pediatrician, having worked in the community for over twenty years. In 2007, she accepted a clinical position in the Pediatric Department at UC Davis. She has been an advisor and mentor for medical students and pediatric residents. On the faculty of the Healers Art course for first year medical students, she also works with students and residents in the inpatient and outpatient settings. She has received several teaching awards from students and residents. In November of 2010, she was appointed Associate Pediatric Residency Director. In February of 2011 she was appointed Pediatric Residency Director at The Effort Clinic, a federally qualified health clinic in an underserved community of Sacramento. She is also in charge of the Community Health and Advocacy rotation for the pediatric interns.

Wassem Hajjar

Dr. Wassem Hajjar is a consultant of thoracic surgery, Department of Surgery, King Khalid University Hospital., Riyadh, Saudi Arabia Dr. Ghadeer AlShaikh is the vice-dean for academic affairs, College of Medicine, King Saud University, Riyadh, Saudi Arabia Nojud Alhejm, Amna Baljoun and Ahlam Almaawi are third year medical students who are actively involved in research.

Lesley H. Hamilton

Lesley H. Hamilton, MSOM, MACM: Ms. Hamilton is the MACOM program director (master of acupuncture and Oriental medicine), director of clinical education, herbal instructor, and clinical supervisor, and in professional practice (LAc) at AOMA Graduate School of Integrative Medicine. She is the chair of Academic Council which oversees general curricular concerns and academic related issues, chair of the Clinical Oversight Committee which addresses the clinical studies portion of the program, and chair of the doctoral task force which seeks accreditation and authority to offer a DAOM degree (doctorate of acupuncture and Oriental medicine). She completed she completed AOMA's master of science in Oriental medicine in 2002 and USC's Keck School of Medicine Master of Academic Medicine program in 2011.

Danielle Hart

Danielle Hart, MD, Assistant Program Director, Department of Emergency Medicine, Hennepin County Medical Center (HCMC); Director of Simulation, HCMC-Interdisciplinary Simulation & Education Center; Assistant Professor, Department of Emergency Medicine, University of Minnesota Medical School. I joined the faculty in 2009 after completing my residency and a simulation fellowship at HCMC. In the past 3 years, I have designed and integrated a simulation curriculum into the Emergency Medicine residency program, and have been appointed the Director of Simulation for the institution. We have just completed the design phase of our new 10,000 square foot interdisciplinary simulation center, and anticipate being open for business by July 2012. I have also had the opportunity to speak locally, nationally, and internationally on simulation topics. In my role as assistant program director, I have devoted a great deal of my effort towards improving and enhancing resident education, specifically through curriculum design and structured educational opportunities, as well as resident and faculty development on educational theories and the changing needs of the millennial generation learners.

Christine Criscuolo Higgins

Christine Criscuolo Higgins attended medical school at the University of New Mexico and completed her postgraduate training at CHRISTUS Santa Rosa Family Medicine Residency program, where she was also a chief resident. Dr. Higgins has completed an Academic Medicine Fellowship at the Faculty Development Center in Waco, Texas and currently is completing an Educational Leadership Fellowship through the Keck School of Medicine at the University of Southern California. She currently serves as clinical faculty at her alma mater, CHRISTUS Santa Rosa, in San Antonio, Texas. When not working, Dr. Higgins enjoys spending time with her husband, running with her dogs, and competing in triathlons.

Maurice Hitchcock

Maurice Hitchcock is currently Professor and Director of the Division of Medical Education at the Keck School of Medicine at the University of Southern California (USC). Prior to joining the faculty at USC in 1996, he was: Director of Faculty Development at the John A. Burns School of Medicine of the University of Hawaii 1991-96; Chief of the Division of Educational Research and Development in the Department of Family Medicine at Duke Medical Center (1989-91); and originator and Director of the Family Practice Faculty Development Center of Texas (1978-89). He received his masters degree in counseling (1976) and his doctorate in educational psychology (1979) from Baylor University and is a licensed psychologist (Texas). He has published numerous articles on faculty development, research development, and clinical teaching in medicine and is a leading international consultant on faculty development, Problem Based Learning and professionalism of faculty.

Cecelia Holden

I have worked in the health care profession since 1984 as a Registered Nurse. I have extensive experience in emergency nursing, nursing administration, program design (forensic nursing), and policy development. I have served on an interdisciplinary sexual assault task force for 4.5 years which afforded me the opportunity to collaboratively work with law enforcement, child protective services, victim witness representatives, and several District Attorneys. I have successfully written and received funding for two grants which were used for the development of a forensic nurse program and an educational forum to raise health care provider's awareness on various interpersonal violence topics. I have conducted local, state, national, and international podium presentations on interpersonal violence topics. I have specifically designed two interdisciplinary conferences for health care providers and the academic community. My doctoral research focused on the interpersonal violence theory-practice gap that exists and the need for improved interpersonal violence topics transfused more consistently throughout the nursing curriculum. I currently volunteer at Abuse Alternatives Inc, an organization that provides emergency shelter and counseling services for victims of interpersonal violence. clholden@king.edu

Karimi Moonaghi Hossein

BS nursing, University of Shahid Beheshti Medical Sciences, Iran Msc medical education, University of Mashhad Medical Sciences, Iran

Hans House

Hans House, MD, MACM, FACEP is an Associate Professor of Emergency Medicine at the University of Iowa where he serves as the Associate Chair for Education. Dr House graduated from medical school at USC in 1997 and completed a combined Emergency Medicine / Internal Medicine residency at UCLA in 2002. In 2011, he completed the Masters of Academic Medicine program at USC. He has published articles on medical education, infectious disease and travel medicine, and on mass-gathering events. Dr House currently serves on the Board of Directors of the American College of Emergency Physicians. He lives in Iowa City, Iowa with his wife, daughter, and two wonderful dogs.

Sarah Houssayni

Sarah Houssayni, MD is a board certified pediatrician in practice since 2009. She is a full time assistant professor at the department of Family Medicine, KU Wichita at Via Christi Hospitals teaching and practicing pediatrics. She teaches Family Medicine residents competencies in pediatrics throughout their training as well as medical students rotating through Via Christi hospital. She runs the asthma clinic at the subspecialty clinics where students occasionally rotate, this clinic takes care of diagnosing, educating and following pediatric patients with asthma who are otherwise challenging for the family medicine residents and who present with frequent hospitalizations.

Dr Houssayni completed medical school at the American University of Beirut in Beirut, Lebanon in 1998 and completed a transitional year at that same school and affiliated hospital before starting her pediatric residency at SUNY, Syracuse in Upstate New York. Half way through the residency she transferred for family reasons to KU Wichita where she completed her residency in 2003. From 2003 until 2006 Dr Houssayni did some work at the outreach clinics of Beirut and met the J1 visa requirements. In 2006 started work at a busy private clinic in Newton Kansas for almost three years before transferring to the current position.

Mara L. Hover

Mara Hover is currently the Associate Chair of the Department of Family and Community Medicine, and the Director of the Clinical Affairs Unit at A T Still University School Of Osteopathic Medicine in Arizona. In her role, she leads a main campus team of six staff members as well as 22 Regional Directors of Medical Education at 11 different Community Health Centers nationwide. The Clinical Affairs Unit oversees the medical student education process in years two through four. Dr. Hover also Chairs the Ad Hoc committee on clinical curriculum and is a member of the General Curriculum Committee, Clinical Promotions Board, the SOMA catalog committee and the contextual learning campus research team. She is Co-Principal Investigator of a grant to support the development of a dual Master's/DO degree and a Masters degree in Medical Informatics, which is awarded by the United States Health Resources and Services Administration.

In addition to her Administrative position, Dr. Hover is Course Director for the second year Medical Skills course and a contributing content -expert lecturer for many of the first and second year didactic courses. She received the Excellence in Teaching award from AT Still University for her work as a Regional Director Of Medical Education prior to taking her current position.

Dr. Hover received her Doctorate from Lake Erie College of Osteopathic Medicine, where she was a member of the inaugural Problem-Based Learning class. She completed her residency in Pediatrics at St. Joseph's Hospital and Medical Center/Barrow Neurological Institute in Phoenix, Arizona, and took a Fellowship in Forensic Pediatrics at Brown University in Providence, Rhode Island.

Paul Humphries

Paul Humphries is a professor in the Department of Family Medicine at the University of Alberta, as well as a family physician. Dr. Humphries is a former Program Director, and is currently is the director of Enhanced Skills Programs in the Department. Dr. Humphries has decades of experience in teaching residents, which he brings to the CBAS development and evaluation process.

Sergio Infante

Dr. Infante is a board certified nephrologist currently practicing at LLUMC. Dr. Infante's special interests are critical care medicine and acute kidney injury. He also has a big interest in medical education in the underserved population's medical care. He is graduated from medical school and internal medicine from Colombia, completed his internal medicine at Charles Drew University and nephrology fellowship at UC Davis. His previous experience as health educator includes the development of several programs for chronic disease prevention that are now implemented at Los Angeles County. Currently, he voluntarily attends the Nephrology clinic at SACHS in San Bernardino County for underserved communities.

Dr. Infante has had experience as a medical teacher at Mount San Antonio College and has earned an award as the Best Resident Teacher at UCLA.

Jenny Jaque

Originally from Chile, Dr. Jaque holds an undergraduate degree in Business Administration with minors in economics and biology. After graduating from Loma Linda University medical school, she completed a residency in obstetrics and gynecology at LAC-USC where she currently holds the position of Assistant Program Director and Director of Simulation Education. She's received multiple teaching awards. When she's not working, Dr. Jaque enjoys spending time with her family, traveling and music..

Rima Jubran

Rima Jubran, MD, MPH, Assistant Professor of Clinical Pediatrics, Keck School of Medicine, USC. Dr Jubran been on faculty since 1999 and throughout that time she has been a practicing Pediatric Hematologist/Oncologist at Childrens Hospital Los Angeles (CHLA) as well as the Medical Director of the Retinoblastoma Program. In July of 2006 she became the Deputy Division Head for Education and Fellowship Program Director for the Division of Pediatric Hematology/Oncology. She serves on institutional and national education committees including the CHLA GME committee, the Children's Hospital Institute of Medical Education Steering Committee as well as the American Society of Pediatric Hematology Oncology Training Committee.

Imad Kafilmout

Imad Kafilmout, MD , DGO. Faculty at Natividad Medical Center Family Medicine Residency program since 2010. Graduated from University of Baghdad College of Medicine, and did 11 years of post grad training, including 4 years in obstetrics and gynecology residency at UOM, 2 years obstetric ultrasound and reproductive endocrinology fellowships in London UK, one year internal medicine at MCV and 3 years family medicine at WVU as well as one year fellowship in maternal child health at WSH. My experience as an educator, includes 2 years as an ICM instructor at West Virginia School of Medicine, Assistant Professor at UNC department of Family medicine/Faculty at MAHEC (2001-2008), Obstetric and Ultrasound instructor at KP Fontana, residency program (2008-2010). My professional interest includes women's health, residency training redesign and (of course!) teaching. Married and love to hike, swim (when I have the time) and follow current events and news.

AbdulSattar Khan

AbdulSattar Khan, Assistant Professor in Family Medicine department, Ataturk University having three qualifications in Family medicine, public health and medical education with research experience in all three fields with publications. drsattarkhan@gmail.com

Junaid Sarfraz Khan

Dr. Junaid Sarfraz Khan is a General, Breast Cancer and Reconstructive Surgeon with special interest in Medical Education especially in Assessment and Evaluation. Presently, he heads the Department of Assessment and Evaluation at the University of Health Sciences, Lahore, Pakistan which is the largest Medical University of the region with over 80 Medical, Dental and Allied Health Sciences Institutions affiliated with itself. Dr. Junaid Sarfraz Khan has 13 Publications in International peer-reviewed journals to his credit and has been actively involved in training the next generation health professional educationists in the country through UHS. junaidсарfraz@hotmail.com

Diane Kirby

Diane Kirby, MD completed her undergraduate studies at the University of New Orleans where she participated in research developing PCR amplification techniques, and received her B.A. in Biology in 1992. She received her medical degree in

1996 and completed her pediatric residency in 1999, both at Louisiana State University School of Medicine in New Orleans. She is a member of Alpha Omega Alpha Honor Medical Society and a fellow of the American Academy of Pediatrics. After one year in private practice, Dr. Kirby returned to LSU as Assistant Professor of Clinical Pediatrics, teaching medical students and residents, and serving as a third year clerkship preceptor on both the New Orleans and Baton Rouge campuses of the LSU Health Sciences Center. In August 2010, she began her current position as medical director of the continuity clinic at Our Lady of the Lake Regional Medical Center Pediatric Residency Program in Baton Rouge. With a focus on curriculum and faculty development in this new residency program, Dr. Kirby completed the Keck School of Medicine of USC's Teaching and Learning Fellowship in 2011, and is a fellow in the Educational Leadership program this year. Dr. Kirby's current and future research interests involve improving oral health and promoting professionalism through educational innovations. She can be reached via email at diane.kirby@ololrhc.com.

Mojca Remskar Konia

Mojca Remskar Konia, MD, PhD is currently an Assistant Professor in the Department of Anesthesiology at the University of Minnesota. She is a fellowship trained cardiac anesthesiologist. In 2010 she took over the position of Residency Program Director at the Department of Anesthesiology. She teaches third and fourth year medical students, and anesthesiology residents PGY-1 through PGY-4 and has received several Teacher of the Year awards. She began working with simulation in 2009 and is now a Clinical Director of Simulation Laboratory in the SimPORTAL at the University of Minnesota. Dr. Konia is an active member of The Board of Directors and Champions Executive Committee of SimPORTAL at the University of Minnesota. She is involved with curriculum development of the anesthesiology and surgery residency simulation program and is developing multidisciplinary educational curricula, which utilize high- and low-fidelity simulation. Her special area of interest is translation of clinical skills, medical knowledge and attitudes obtained in the simulation laboratory into the clinical world. She is also developing a faculty development program for anesthesiology faculty with help of GME Office at the University of Minnesota. Prior to joining University of Minnesota she worked at the University of California, Davis as a cardiac anesthesiologist. She received her doctorate and masters in cardiology from the University of Ljubljana, Slovenia, investigating neo-intimal in-stent re-stenosis and inflammatory involvement in acute coronary syndrome in the laboratory of Dr. Ganz at Cedars Sinai Medical Center, California (UCLA). She has written journal articles and book **chapter in medical and simulation literature.** konia012@umn.edu

Peter Koopman

Dr. Peter Koopman is a graduate of the University of Pittsburgh Medical School class of 1992. He pursued a year of Internal Medicine training at the University of Pittsburgh Medical Center before hearing the call to Family Medicine. A three year residency at St. Margaret's Memorial Hospital was then completed in 1996. For ten years he practiced privately in both Florida and South Carolina before hearing a new call to academics. Since 2007 he has been an Assistant Professor in the University of Missouri Family and Community Medicine Program. He maintains an active busy practice in Columbia, Missouri in a suburban office with six other Academic Family Physicians. He also enjoys his time involved as a part of residency and medical student education.

Desiree Lie

Desiree Lie, MD, MSED, is Clinical Professor of Family Medicine at the Keck School of Medicine, USC and is co-director of the Professionalism and the Practice of Medicine course and faculty facilitator for the USC Primary Care Physician Assistant Program. She has published in broad areas of research in medical education (RIME) including innovations in curricula for communication skills, integrative medicine, the Humanities, evidence-based medicine and cultural competence with a focus on language access. Her interests include faculty development, use of standardized patient cases, evaluation and validation of assessment tools and interprofessional education among the health professions. Past projects encompass international faculty development for nursing and medicine, community preceptor program development, leadership and negotiation and Correctional Medicine faculty training. She favors mixed methods approaches in RIME and is committed to improving health care quality and disparities reduction through education.

Karen Lind

Medical Education Fellow at Maimonides Medical Center in Brooklyn, New York. I am an emergency medicine attending physician of Maimonides Medical Center and also serve in the role of Medical Education Fellow. When not working clinically, I am completing a 2 year fellowship program exploring various aspects of emergency medical education. I am undertaking educational projects with the simulation and international medicine faculty at Maimonides, and I am working closely with the residency faculty to learn the logistics of emergency medicine residency administration. During my two-year fellowship I will also be completing the Master of Academic Medicine program at USC. I graduated from residency at Maimonides in June 2011 and I am enjoying the start of this new stage of my career. Prior to residency in New York, I attended medical school in Dallas, Texas and went to Michigan State University for my bachelor's degrees in physiology and linguistics.

Michele Long

Michele Long, MD is an Assistant Professor of Pediatrics at the University of California at Davis. Dr. Long graduated from Vanderbilt University School of Medicine and trained as a pediatric resident at the University of California at San Diego. She has practiced as a pediatric hospitalist at Rady Children's Hospital San Diego, at Lucile Packard Children's Hospital, and at UC Davis. Her academic areas of interest focus on student education, particularly the areas of professional development, clinical reasoning, and remediation. She is a UC Davis pediatric medical student co-clerkship director, and she is chair of the third year clerkship directors group. She is currently in the Academic Pediatric Association (APA) Educational Scholars Program, and serves as a co-leader of the APA Medical Student Special Interest Group.

Kate Martin

Dr. Martin received her medical degree from the University of Nevada School of Medicine, where she completed her residency training in family medicine, serving as Chief Resident in her final year. Prior to medical school, Dr. Martin graduated summa cum laude from the University of Nevada, Las Vegas with a Bachelor of Science degree in Cellular and Molecular Biology. She has an extensive background in teaching at various levels of higher education and currently functions as the Medical Student Clerkship Director for Year III and IV medical students within the Department of Family and Community Medicine at the University of Nevada School of Medicine – Las Vegas campus. Her clinical research interests trace back to residency, where she obtained grant funding from the American Academy of Family Physicians to study cardiovascular disease in women. This work inspired her to seek advanced training in public health, and she matriculated at the University of Massachusetts-Amherst into a Master of Public Health program in Public Health Practices last year. Dr. Martin hopes to develop a model that incorporates diabetes prevention and awareness into a traditional family medicine clerkship curriculum.

Catherine Matheson

Catherine Matheson is a researcher in medical education at the University of Nottingham, UK. She is also a tutor on the Teaching Improvement Programme Scheme as well as a doctoral supervisor at the UK Open University. She has recently completed a major project concerning the preparedness for practice of newly qualified medical graduates in the UK as well as an evaluation of the UK Foundation Programme covering the first two years after graduating from medical school. She has also evaluated both the immediate and long term impact of the Preparation for New Doctors course and the FOOT scheme [Finals Oriented OSCE Training] both for final year medical students in Nottingham as well as Special Study Modules in Global Health and International Development offered by the Universities of Leicester and Nottingham in their undergraduate medical degrees. She was a member of an ILO expert group into lifelong learning and co-editor of Educational Issues and the Learning Age. Dr Matheson has published a wide range of refereed journal articles and chapters on educational theory and practice and on medical education.

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David Matheson

David Matheson has widely published on educational theory and practice and on medical education. He has recently completed a major research into the preparedness for practice of newly qualified medical graduates in the UK as well as work related to the new Foundation Programme for interns in the UK, the FOOT [Finals Oriented OSCE Training] scheme, the teaching of cataract surgery to ophthalmology residents and the immediate and long term impact of a Preparation for New Doctors course. Dr Matheson is editor of the influential An Introduction to the Study of Education which entered its third edition in May 2007. He is currently preparing a newly revised fourth edition. david.matheson@nottingham.ac.uk

Win May MD PhD

Win May, MD, PhD is currently an Associate Professor in the Division of Medical Education, Department of Pediatrics, in the Keck School of Medicine at the University of Southern California. She began working with standardized patients in 1988 with Dr. Abrahamson and Dr. Wallace, and is now the Director of the Standardized Patient Program at USC. Dr. May is an active member of the California Consortium for the assessment of Clinical Competence. She teaches Year II medical students in the ICM (Introduction to Clinical Medicine) Program and has been a faculty mentor for the Professionalism and the Practice of Medicine course since its inception. She taught in the MSEd program and has been involved in curriculum and faculty development for medical and other health professions faculty. She has also served as an external examiner of doctoral theses for several universities in Australia. Her research areas of interest are in standardized patient feedback, assessment of clinical performance, cultural competence and emotional intelligence in medical students. She is one of the awardees of the AMA Medical Education Research Consortium planning grant, collaborating with UCI and UCLA to form the Southern California Collaborative. Prior to joining USC in May 2000, she worked for the World Health Organization (WHO) in Geneva, and in New Delhi. She was the founder and Dean of the Institute of Nursing in Yangon, Myanmar, prior to which she was a faculty member at the Institute of Medicine (I), Yangon. She received her doctorate in education from the University of Southern California, her master's degree in health personnel education from the University of South Wales, Australia, her master's degree in physiology from the Institute of Medicine, Mandalay, and her medical degree from the

Institute of Medicine (I), Yangon. She has written many journal articles and some book chapters in medical and nursing education.

Garrett Meyers

Dr. Meyers is a board certified family medicine physician, currently a Faculty Development Fellow at Madigan Army Medical Center at Joint Base Lewis-McChord, Washington. He is also approaching completion of the Master of Academic Medicine program at USC's Keck School of Medicine. He is a career U.S. Army officer, having graduated from the U.S. Military Academy at West Point and earned an MD at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. He then completed residency at Martin Army Community Hospital in Fort Benning, Georgia. He is also a current student in the MPH program at the University of Washington. His interests include medical education research and curriculum development.

Alicia Milan-Flanigan

Alicia Milan-Flanigan is an International Medical Graduate who received her medical degree from the Universidad Autonoma de San Luis Potosi, Mexico. She completed her residency training in Family Medicine at the University of Illinois at Rockford, serving as a Chief Resident in her last year. She was named Outstanding Family Practice Resident and received the Resident Teaching Award by the Society of Teachers of Family Medicine. Upon graduation, Alicia worked as a primary care physician at PrimeCare a FQHC where she provided care to the minority uninsured and underserved population and worked as a community preceptor in the residency program. One year later, she joined the Family Medicine Residency Program of Saints Mary and Elizabeth Medical Center as a full time faculty where she is the Maternity Care and Women's Health curriculum coordinator. She completed the fellowship in Learning and Teaching Experiences and the Educational Leadership Fellowship at University of Southern California.

Board Certified in Family Medicine, she is active in the Society of Teachers of Family Medicine and is a member of the American Academy of Family Physicians (AAFP) and ASCCP. She holds faculty appointment as a Clinical Assistant Professor in the Department of Family Medicine of the University of Illinois College of Medicine.

Karen Hughes Miller

Karen Hughes Miller, PhD Assistant Professor, Graduate Medical Education Director for Graduate Medical Education (GME) Curriculum Design, Evaluation, and Research University of Louisville School of Medicine. As the Director for Graduate Medical Education (GME) Curriculum Design, Evaluation, and Research, I provide oversight and/or support for the design, implementation, and dissemination of GME education improvement initiatives. In the past two years I have published six peer reviewed articles (with one in press); have made three national and three international conference presentations; and have provided four invited faculty development lectures at U of L. Along with my colleagues in undergraduate medical education, we have implemented a new award on the health sciences campus to foster medical education research. My area of special interest is strategies for teaching academically advanced learners. Karen.miller@louisville.edu

Richard Mink

Richard Mink, MD, MACM is Professor (X) of Pediatrics at the David Geffen School of Medicine at UCLA. He is currently the Chief of the Division of Pediatric Critical Care at Harbor-UCLA Medical Center in Torrance, CA and also serves as the Director of the Pediatric Critical Care Medicine Fellowship. He has been at Harbor for the past 13 years. He recently completed the Masters of Academic Medicine Degree at the Keck School of the University of Southern California. He has many responsibilities that include supervision and teaching of fellows and residents in the delivery of patient care, giving lectures, organizing conferences, mentoring fellows and junior faculty and administration. In addition, he has a laboratory-based research program and assists fellows in clinical projects as well. He serves on various hospital committees and is Vice-President of the Medical Staff. He is also on the Executive Committee of the American Academy of Pediatrics Section on Critical Care and is Vice-Chair of the Council of Pediatric Subspecialties (CoPS). rmink@ucla.edu

Vedprakash Mishra

Dr. Vedprakash Mishra, Pro-Chancellor of DMIMS (DU), Nagpur. Dr. Vedprakash Mishra being M.B.B.S., M.D. he has got 30 years of teaching experience out of which Post Graduate Teaching Experience is 18 years. He is the first Indian Medical Teacher to be nominated on the Finance and Development Committee of International Association of Medical Regulatory Authority, which is an International Organization with representatives from 142 countries all over the Globe. He has been invited by the Foundation for Advancement of International Medical Education & Research (FAIMER), Philadelphia (U.S.A.) as Key Note Speaker for International medical Education Day (October, 2009); and also by the Centre for Medical Education, Dhaka Bangladesh (July 2010). Srilanka Medical Council (Aug. 2010) and Karlstad University Sweden (Sept. 2010); University of Washington U.S.A. (Sept. 2011) for an interactive meetings.. He has been Conferred with several awards namely Hind Ratna Award; Glory of India Award; Educational Excellence Award; Bharat Vikas Ratna Award; Rajiv Gandhi National Excellence Award and Life Time Achievement Award etc. As of now, he is the First whole time Pro-Chancellor of the Datta Meghe Institute of Medical Sciences (Deemed University) Nagpur. He is also the Member of the

Core Advisory Committee for development of learning resource for Doctors training programme and Member of the National Committee on health care Research & delivery of Indian Council of Medical Research, New Delhi. He is also a Member of Expert group of World Health Organization for continuing medical education for South East Asia Region.

James Moon

James Moon is a senior lecturer at UCL and consultant cardiologist at the Heart Hospital and UCLH, where he is the director of the cardiac MRI service. He trained at Cambridge and Oxford, with his MD being conducted at Imperial College. His clinical and research work focuses on the better characterization of acquired and inherited cardiac disease through the use of advanced imaging techniques to better understand pathology and target therapy. On March 8th 2010, the new Heart Hospital Imaging Centre opened, a state of the art £2.2million development he runs. Within the first 5 months over a 1000 patients benefited from the cardiac MRI service. There are now 5 research fellows, more than £1million in active research money and extensive collaborations within UCLH, partners and other groups.

Kimberly A Moore

A recent graduate of Westmont College in Santa Barbara, Kimberly has worked with Dr. Segall-Gutierrez and the Family Planning Department for the past 4 years. She is interested in Women's Health especially Contraception and has plans to attend Pharmacy School in Fall 2012. She has worked on various projects within the Family Planning Department including studies on obesity, diabetes, and depression in infertile women as well as Gestational Diabetes. She has worked closely with Drs. Segall-Gutierrez and Natavio to develop and execute this project. mooreka@usc.edu

Victoria Niklas

Victoria Niklas M.D., M.A., A.B., is an Associate Professor of Pediatrics, Keck School of Medicine at USC and attending neonatologist at Children's Hospital Los Angeles. She graduated from Harvard Medical School and completed her residency in Pediatrics at Children's Hospital Los Angeles. She received her training in Perinatal and Neonatal Medicine at the University of California, Los Angeles. She returned to CHLA in 2005 as a faculty member. In addition to her clinical duties, she directs a NIH-funded clinical research program devoted to understanding the role of intestinal immune system and factors in breast milk that protect premature newborns from life-threatening bacterial infections that enter through the intestinal lining and is involved in post-graduate mentorship and education of fellows in Neonatal and Perinatal Medicine and Pediatrics. She has been a featured physician for programs on Discovery Health and a physician spokesperson for the office of Major Gifts and Annual Giving at Children's Hospital.

Julie G. Nyquist

Julie G. Nyquist, PhD is a Professor in the Division of Medical Education at the University of Southern California. She directs the Master of Academic Medicine program and was the Chair of the division's annual Innovations in Medical Education Conference from 2003-2008. In the Master of Academic Medicine program she designed and teaches Introduction to Academic Medicine (ACMD 501) and Accreditation & Program Evaluation (ACMD 514) and is part of the team that teaches Leading Change (ACMD 503) and the team that teaches theory and curriculum design (ACMD 511). Dr Nyquist has given over 500 workshops and presentations on topics in academic medicine including program evaluation, evaluation of learners, career development, teaching ACGME competencies, curriculum development, leadership, and cultural competence to a health care professions' faculty members (with over 225 in past 5 years). From 1993 to 2001 she also served as the Director of Medical Education at Kern Medical Center, a regional training center in Bakersfield, California where she was in charge of coordinating all educational activities (undergraduate, graduate, CME and faculty development) within the medical center. Dr. Nyquist joined the USC faculty in 1981, serves as program evaluator for the Medical Student curriculum within the medical school and serves on multiple curriculum committees. She has been the author or co-author on 14 federally funded education-related grants including serving as evaluator on six HRSA-funded faculty development grants. Dr. Nyquist received her doctorate in Educational Psychology from Michigan State University in 1981.

Sharon Obadia

Sharon Obadia, DO is a general internist, certified by the American Board of Internal Medicine. She is a full-time assistant professor at A.T. Still University, School of Osteopathic Medicine in Arizona. Dr. Obadia is a Medical Skills facilitator and co-course director for the first-year medical student courses Neurosciences & Musculoskeletal I & II. Dr. Obadia is the Faculty Development Coordinator for SOMA. In March of 2011, she completed the USC Keck School of Medicine Teaching and Learning Fellowship and is a current fellow of the USC Keck School of Medicine Educational Leadership Fellowship.

Dr. Obadia graduated from A.T. Still University, Kirksville College of Osteopathic Medicine in 1997 and graduated from the Banner Good Samaritan/Phoenix VA Medical Center internal medicine residency program in Phoenix, Arizona in July of 2000. Thereafter, Dr. Obadia was an attending physician in the residency program's internal medicine outpatient clinic through 2007. Dr. Obadia saw patients in a private internal medicine practice in Phoenix from 2000-2002. From 2007 through January of 2010, Dr. Obadia volunteered seeing patients and teaching residents at the Health Care for the Homeless

Clinic in downtown Phoenix. From January of 2001 through the present, Dr. Obadia remains a consulting physician for Liberty Life Assurance Company of Boston.

Carlos O'Bryan-Becerra

Dr. Carlos O'Bryan-Becerra is a community physician at Las Islas, a satellite clinic of Ventura County Medical Center located in Oxnard, California, practicing full spectrum family medicine with a focus on diabetes and community health. Along with seeing his patients in clinic, he plans on continuing his practice in obstetrics, emergency medicine, and inpatient care.

Dr. O'Bryan-Becerra is currently a board member of the Mixteco/Indigena Community Organizing Project, a non-profit organization focused on empowering indigenous immigrants from Southern Mexico living in Ventura County. He recently took a Mixteco language course in Oaxaca, Mexico with the goal of improving care for this unique patient population through a better understanding of the language and culture.

Dr. O'Bryan-Becerra received his baccalaureate degree from U.C. Santa Barbara; his medical degree from U.C. Davis; and completed his residency training in 2011 at the Ventura County Family Medicine Residency program.

Jane Oh

Dr. Jane Oh completed her pediatrics residency at Children's Hospital Los Angeles in 2011, and is currently doing a chief resident year. As a chief resident, she started the first formal sign-out curriculum for the incoming intern class. She has also worked on a pharmacy education program, where real-time feedback is provided for the pediatric residents. She leads weekly morning reports for the residency program, precepts and teaches in continuity clinic for the residents, and has her own private clinic. She also attends on the inpatient ward. She is a member of the educational team for the critical response systems committee at CHLA and helps coordinate bimonthly mock codes for the residents, nurses, and code teams. Her professional interest lie in general pediatrics, resident education, and international outreach.

Michael Ostapchuk

Michael Ostapchuk, M.D., M.S.Ed. Associate Professor, Family and Geriatric Medicine Program Director of the Family Medicine Residency Assistant Dean of Graduate Medical Education Assistant Senior Associate Dean for Medical Student Affairs. Dr. Ostapchuk is Associate Professor in the Department of Family and Geriatric Medicine. He is the Program Director of the Family Medicine Residency. Dr. Ostapchuk is also Assistant Dean of Graduate Medical Education as well as Assistant Senior Associate Dean for Medical Student Affairs. Dr. Ostapchuk graduated from the University of Kentucky Medical School and completed a Pediatric residency at the University of Eastern North Carolina. He practiced as a private Pediatrician for five years prior to entering and then completing a Family Medicine Residency at the University of Louisville. Dr. Ostapchuk completed a Master of Science Degree in Education at the University of Southern California. He has published two articles in the past two years and made two international conference presentations.

Pradip D. Patel

Pradip D. Patel, MD Professor of Pediatrics, Division of General Pediatrics Associate Vice Chair for Pediatric Medical Education Member, U of L SOM Educational Policy Committee University of Louisville School of Medicine In addition to the roles shown above, I am one of the SOM's Academic Advisory Deans. The advisory dean program has become the key element for enhancing the students' professional development throughout their student training. I focus on topics like career counseling, professionalism, humanism, and wellness resources in order to provide personalized mentoring and advising for each student. I embrace teaching as an opportunity to inspire and empower. As an educator, it is my goal to enhance learning as a transformative experience. I have been a long-standing member of the Counsel on Medical Student Education in Pediatrics (COMSEP). I am interested in curriculum innovation utilizing technology. I have been a member of COMSEP's Learning Technology Task-force since 2001. For two years, I was one of the Co-Chairs for the LTTF, and I currently am a member of the Executive Committee of COMSEP. As we enter an era whereby all of our students are natives of the digital age, educational scholarship investigating the utility of technology merges with my passion for curricular innovation.

Rowena D. Pingul-Ravano

Rowena D. Pingul-Ravano, MD is the Maternity Care Director at Forbes Family Medicine Residency Program. She is a graduate of the University of Southern California, and received her medical training at the University of the East. She completed her residency training and served as Chief Resident at The Western Pennsylvania Hospital Family Medicine Residency Program. She pursued a fellowship in Maternal Child Health at Brown University where she served as Clinical Assistant Professor in the Department of Family Medicine and was actively involved in medical student and resident education.

During her fellowship, Dr. Pingul-Ravano piloted and implemented *Centering Pregnancy: A Model for Group Prenatal Care*. She also served as a co-instructor for the *Advanced Life Support in Obstetrics (ALSO)* course. Dr. Pingul-Ravano is board certified by the American Board of Family Medicine. Her special medical interests include obstetrics in family medicine (especially prevention and education for preterm labor), HPV, women's health care, global health for women and

evidence based medicine. Dr. Pingul-Ravano enjoys volunteering internationally in Jamaica at The Treasure Beach Women's Group Medical Mission, volunteering locally at The East End Cooperative Ministry (shelter for the homeless in Pittsburgh, PA), photography, ballroom dancing, traveling, and most importantly, spending quality time with her husband and their two daughters.

Andrea Pinnick

Andrea C. Pinnick, D.D.S., Assistant Professor of Clinical Dentistry, USC School of Dentistry. Full-time clinical faculty member at the Ostrow School of Dentistry of USC in the Division of Dental Public Health and Pediatric Dentistry. I am the Director of the USC + QueensCare Mobile Dental Program, which provides free comprehensive oral health care to low-income elementary school students in the Los Angeles Unified School District. Vice President of the USC Pediatric Dentistry Alumni Association and an active member of the California Society of Pediatric Dentistry and the American Academy of Pediatric Dentistry. I work as a pediatric dentist at the USC Oral Health Center Faculty Practice and in private practice in Northridge, CA. pinnick@usc.edu

Seth Politano

After completing my Internal Medicine Residency, Chief Resident Year and serving as Associate Program Director at the University of Texas Houston, I started my position as USC. I am currently Assistant Professor of Clinical Medicine in the division of General Hospitalist Palliative and General Internal Medicine at USC. I also serve as Associate Program Director for the Internal Medicine Residency at USC. I enjoy teaching residents and students, as well as having an interest in innovation educational methods, and stressing the importance of the evidence behind the care we provide our patients.

Simi Rahman

Simi Rahman, MD is a pediatrician, student in the Masters of Academic Medicine program at Keck & adjunct teaching faculty at the Professionalism in the Practice of Medicine Course at the Keck School of Medicine. simirahm@usc.edu

Gail Rice

Gail Rice, EdD, is Director of Faculty Development at Loma Linda University and a professor in the School of Allied Health Professions. She is a faculty member in the Harvard Macy Scholar Project, a health professional education program taught each year at Harvard University School of Medicine. She has held professorial positions at four universities in seven schools or departments and has graduate degrees in nursing, public health education, educational psychology and higher education administration and leadership. She serves on several editorial boards for professional journals and boards for professional societies. Dr. Rice's present work focuses on assessment in higher education, faculty development, formative dialogues, faculty learning communities, and "right-side-up" learning.

Michelle Rickard

Michelle S. Rickard, BS, Academic Programs Manager, Department of Pathology, University of Washington, Seattle, Washington. I have always been a science geek who found her niche in administrative medicine. I am the administrative manager for graduate medical education programs including the anatomic and clinical pathology residency program, ten subspecialty pathology fellowship programs, and pathology courses for medical students provided by the Departments of Pathology and Laboratory Medicine. I have been in this position since 1997 and serve on the Residency Management Committee, Residency Recruiting Committee, Pathology Management Committee and Teaching & Training Committee. The highlight of my career to date was receiving in 2011 the ACGME Program Coordinators Excellence Award. On a national level I am the Chair and founding member of the newly formed GME Administrators Section (GMEAS), Association of Pathology Chairs. Over more than thirty years of my professional life I have discovered a passion for adult education, teaching most recently in the areas of electronic management of GME and professional development. In 2007 I presented a poster at the ACGME Annual Meeting on "Effective and Efficient Collection of Data for Phase III Outcomes Using an Electronic Program Management System", winning the Marvin R. Dunn Poster Session Award. I am originally a Montana gal and enjoy genealogy, needlework and reading for hobbies.

Luis Rigales

Luis Rigales MD a board certified family physician at La Familia Medical Center in Santa Fe, NM. La Familia Medical Center is a FQHC that serves as the outpatient continuity clinic site for the Northern New Mexico Family Medicine Residency Program. Dr. Rigales is the Academic Director and Associate Program Director for the residency program. He serves as a Clinical Assistant Professor at the University of New Mexico School of Medicine in the Department of Family and Community Medicine. He is a full time physician and practices full-spectrum family medicine including obstetrics and inpatient pediatrics. Dr. Rigales graduated from the University of New Mexico School of Medicine in 1998. He then completed his residency at the UCSF affiliated Salinas Family Practice Residency Program in 2001. He has been attending in both the inpatient and outpatient settings since 2003. In 2010 he received the Dr. Neal Devitt Education Award from the NNMFRP for recognition of personal commitment to the education of residents. Dr. Rigales is currently a fellow in the USC Keck School of Medicine Educational Leadership Fellowship.

Jane Rosenthal

Jane Rosenthal, MS.Ed., Ed.D.-C, is the Learning Resources Specialist at the USC Keck School of Medicine. In this capacity, she provides academic support, personal counseling and study strategies for students in workshops and in one-on-one settings. This work includes helping students manage stress, improve test-taking strategies, and assist in the transition from undergraduate program to medical school academics and to the clinical setting. Prior to joining the Keck team in February 2010, Jane was the Assistant Director of Academic Advising and Student Retention at New York University College of Dentistry & Nursing for 6 years. She has also taught at the University of Pennsylvania, Temple University, and other institutions, and was formerly an office manager at Kaiser Hospital in Northern California. She received her Masters of Sciences in Education at the University of Pennsylvania and is currently a doctoral candidate in Educational Psychology at the USC Rossier School of Education. Her research focus is on the interaction among motivation, learning strategies, and academic performance. janerose@usc.edu

Shelley Rossis

Shelley Rossis an assistant professor and Education Researcher at the University of Alberta. Her training is in Educational Psychology, with a focus in assessment and learning. Dr. Ross collaborates with members of the Department of Family Medicine on scholarly activities in education. Together with Mike Donoff and Paul Humphries, she helped develop the Competency-Based Achievement System (CBAS), which is based on formative feedback and assessment for learning.

Vincent Rowe

Dr. Rowe holds the title of Associate Professor of Surgery at the Keck School of Medicine of USC. He is the Chief of Vascular Surgical Services. As well as his duties at LAC+USC County Medical Center, Dr. Rowe maintains an active practice at Keck USC University and Childrens Hospital of Los Angeles.

Dr. Rowe received his Bachelor of Arts in Biophysics from the University of California Berkeley in 1987. After earning his medical degree from the University of Southern California School of Medicine, he completed his surgical residency at Kaiser Permanente Medical Center in Los Angeles. In 1996, he returned to USC as a Clinical Instructor of Surgery, Division of Vascular Surgery, and subsequently completed a two-year Vascular Surgery Fellowship at the University of Tennessee Medical Center at Knoxville. In 1999, Dr. Rowe was recruited back to the faculty at USC, as an Assistant Professor of Surgery, Division of Vascular Surgery.

Dr. Rowe is certified by the American Board of Surgery, with added qualifications in general vascular surgery and has specialty training in endovascular surgery. He is a member of numerous vascular societies and was recently honored as a *Distinguished Fellow* of the Society for Vascular Surgery.

In recognition of Dr. Rowe's commitment to surgical education, he received the "Outstanding Leader in Surgical Education" Award by the Keck USC School of Medicine Medical Faculty Assembly in 2003, "Outstanding Teacher of the Year" by the Keck USC School of Medicine, Department of Surgery in 2001, and won the C.J. Berne Outstanding Faculty Teaching Award in 2000, 2004, and 2008 from the Surgical Residents of the USC Department of Surgery. He currently serves as the Associate Program Director for the Vascular Surgery Fellowship training program at USC.

Pamela Schaff

Pamela Schaff, M.D., is Assistant Dean for Curriculum and Director of the Program in Medical Humanities, Arts, and Ethics at Keck School of Medicine of the University of Southern California. She graduated from Pomona College with a B.A. in English Literature, and received her M.D. from the Mount Sinai School of Medicine. She has practiced pediatrics since completing her residency at Children's Hospital of Los Angeles, and has taught in the Introduction to Clinical Medicine (ICM) program since 1986. She was Director of the ICM program from 1996 to 2007, and has served as a mentor to Year I and II students in the Professionalism and the Practice of Medicine (PPM) program. Her current areas of investigation include professionalism education/assessment, and the role of the arts and humanities in medical education. Dr. Schaff was awarded the Excellence in Teaching Award in 1998, 2002, and 2005, and KSOM's Master Teacher Award and the USC-Mellon Mentoring Award in 2008. She is currently pursuing her Ph.D. in Literature and Creative Writing at USC.

Ann L. Schultz

Ann L. Schultz, MPAS, RRT, PA-C, Instructor of Clinical Family Medicine, Department of Family Medicine, USC Primary Care Physician Assistant Program, Keck School of Medicine. My current career responsibilities as full-time faculty in the USC PA Program include course director for Topics in Medicine III and Advanced Topics in Education. I lecture in women's health, pediatrics, pulmonary and clinical medicine. I have been faculty at USC since 2007 and have practiced clinical medicine since 1979. Although I have taught as a clinical preceptor for 30 years I am very new to the classroom environment. Additionally, I practice clinically in a FQHC in the San Gabriel Valley 3 or 4 days per month. I have served as Chair of the Course Director's Committee within our program, have served as a volunteer member of the Los Angeles County Medical Reserve Corp. (MRC) since 2002 and currently sit on the Advisory Board. I am a Captain in the US Army Reserve as a part of AMEDD, and am currently assigned to an Airborne Unit providing ground medical support for airborne exercises.

Alexandre Sebaldt

Alexandre Sebaldt is a third year medical student at the University of Ottawa. He is the co-founder and Co- Editor-in-chief for the University of Ottawa Journal of Medicine (UOJM).

Sylvia Shaw

Dr. Sylvia Shaw is Clinical Associate Professor of Medicine at the Keck School of Medicine, University of Southern California Los Angeles, in the Division of Diabetes/ Endocrinology. She serves as Chief of Rehab Medicine and president of the Professional Staff Association (chief of staff) at Rancho Los Amigos National Rehabilitation Center. She attended the University of California Medical School at Davis and completed her internship, residency and fellowship in Internal Medicine and Endocrinology at LAC+USC Medical Center in 1988 and then joined the clinical faculty at USC Keck School of Medicine. She transferred to the Endocrine Division of Rancho Los Amigos National Rehabilitation Center in 1991 and is the chief of the Endocrinology service which provides clerkship training to 3rd and 4th year medical students from USC Keck School of Medicine and Western University School of Osteopathic Medicine. She is co-chief of the Ortho Diabetes Service which offers specialized service to the diabetic patients requiring amputations and management of diabetes complications. In addition to the clinical work, she has an interest in clinical research in diabetes complications, and is experienced in clinical trials. She is passionate in teaching, team work, and clear communication. She and her husband have been married for more than 30 years and have three teenage sons. She likes to take walks along the beach, travel and listen to jazz.

Vanila Singh

Clinical Associate Professor of Anesthesiology/Pain Management at Stanford University. I have been practicing as a full time faculty member of the Department of Anesthesiology and Pain Management at Stanford University Medical Center for 8 years. I had begun my career in sciences at UC Berkeley in Molecular and Cell Biology with a second major in Economics. I have various interests but medicine was always what I wanted to pursue. I enjoyed attending George Washington University Medical School. I completed my medical internship at Yale New Haven Hospital, and residency and pain fellowship at Cornell- Weill Medical College New York City (I was there on 9/11). I dove into academic medicine when I went to UCLA Medical center for one year. I enjoyed teaching and the ensuing collegiality of the faculty. Currently at Stanford I sit on multiple committees including the clinical competency committee for the residency, resident education committee, and the hospital ethics committee. I am very involved in resident and fellow education through direct teaching, formal lecture series, and curriculum development. I helped establish the ultrasound guidance program, in addition to all many other aspects of education and academia for the regional anesthesia division and thoroughly enjoy this. I am also practicing pain medicine where I teach medical students, residents, and fellows. I have been invited to multiple invitations to conferences abroad and nationally to teach ultrasound guidance of nerve blocks. I cherish time spent with my 2 children and husband. Our family enjoys short weekend trips locally to Lake Tahoe and Napa Valley as much as those trips internationally. I enjoy scuba diving, skiing, hiking, geopolitical interests and Indian classical dance.

Denise Souder

Denise Souder, RN, EdD is an Assistant Professor of Clinical Skills and Associate Director of the Clinical Skills Education and Evaluation Center at the Keck School of Medicine of the University of Southern California. She has been involved in standardized patient education since 2002, and is responsible for educating actors to portray patients in scripted cases with the medical students, residents, physicians' assistants, and nursing students. She serves as workshop faculty in the Introduction to Clinical Medicine course for Year 1 and Year 2 students, and as exam and remediation faculty for Year 3 and Year 4 medical students. Additionally, Dr. Souder teaches in the Fellowship Program offered through the Medical Education Office, Keck School of Medicine and conducts faculty development workshops related to feedback.

Her current research interests include learning theories in medical education, feedback, and self-assessment. Dr. Souder's research, "Teaching Interpersonal and Communication Feedback Skills to Standardized Patients: Assessment of a Cognitive Model", evaluated methodology for teaching standardized patients to give more effective feedback to medical students.

Dr. Souder is a member of the Group on Educational Affairs of the Association of American Medical Colleges, the Western Group on Educational Affairs of the Association of American Medical Colleges, the California Consortium for the Assessment of Clinical Competence, the Medical Student Educators at the Keck School of Medicine, and the Clinical Curriculum Committee at the Keck School of Medicine. She is also a member of the Association of Medical Education in Europe, the Society for Simulation in Healthcare, and the Association of Standardized Patient Educators.

Dr. Souder earned her nursing degree from the LAC+USC School of Nursing, a bachelor's of arts degree from Mount St. Mary's College, a master's of science in education from the University of Southern California, and her Ed.D. with a major in educational psychology from the University of Southern California.

Karen J. Souter

Karen J Souter MB BS FRCA. Associate Professor, Department of Anesthesiology and Pain Medicine University of Washington, Seattle WA. As the Residency Program Director and Vice-chair for Education for Anesthesiology I am responsible for providing compliant and innovative education for 96 anesthesiology residents in a 4 year training program. I also have oversight for our growing ACGME and non-ACGME fellowship training programs. We recently achieved a 5-year re-accreditation cycle from the ACGME for our core program and our 4 ACGME fellowship programs, my second maximum accreditation cycle in 6 years as a program director. I serve on a number of educational committees within our department and institution including the Graduate Medical Education committee and the Faculty Academic Affairs committee. Nationally, I am a board member for the Society for Education in Anesthesia and was recently appointed as the secretary for the Association of Academic Core Program Directors in Anesthesiology. Last year I received the Parker J Palmer "Courage to Teach" award from the ACGME. My medical education and board certification in anesthesiology were completed in the UK. I subsequently completed a fellowship in neuroanesthesiology in Canada and was a practicing neuroanesthesiologist in UK before moving to Seattle 10 years ago.

Ann Spangler

Dr. Spangler came to Dallas in 2002 to do a fellowship in Breast Cancer Care jointly sponsored by UT Southwestern and the Komen Foundation, and remained on the faculty in radiation oncology concentrating on breast cancer. She has been the residency program director since 2005.

Sal J. Suau

Sal J. Suau, M.D., Attending Physician, Department of Emergency Medicine, Maimonides Medical Center, Brooklyn, NY. I have been a clinical instructor in the residency program since 2009, when I completed my emergency medicine residency. In addition to resident and medical student education, my interests include Emergency Ultrasonography and Clinical Research. I wrote and executed the first Prospective, Randomized, Double-Blinded, and Non-Inferiority Trial at Maimonides Emergency Department, which was presented at 2011's Society of Academic Emergency Medicine Conference.

Saima Tabasum

Ms. Saima Tabasum is the Assistant Controller of Examinations at University of Health Sciences, Lahore, Pakistan. She has a Masters Degree in 1st Division in Biochemistry and has a special interest in Assessment and Evaluation techniques with five publications in International peer reviewed journals to her name.

Sarika Thakur

Sarika Thakur, MPH, EdD is the the Director of Research, Scholarship, and Humanism in the Student Affairs Office at the David Geffen School of Medicine at UCLA. Her role includes advising medical students on pursuing research activities locally, across the nation and worldwide. Her own research focuses on medical student involvement in scientific research activities, with an emphasis on future careers in academic medicine. sthakur@mednet.ucla.edu

K. Douglas Thrasher

K. Douglas Thrasher, DO is originally from Southern California, Dr. Thrasher attended the University of Redlands and graduated with a Bachelor of Science degree in Chemistry. As an undergraduate, he established himself as a self-proclaimed "lab rat," studying the physical properties of a Human Myeloma Immunoglobulin. His postgraduate training took him to the Weizmann Institute of Science in Rehovot, Israel where he studied with world-renowned structural biologist Dr. Henryk Eisenberg. Here he applied his research skills to study an enzyme from the archaeobacteria, *Halobacteria maris mortui*, found only in the Dead Sea.

He later worked for Beckmann Coulter (formerly Beckmann Instruments), as a research chemist developing prototype analytical instrumentation for the hospital laboratory. In 1983, he co-founded Quantum Diagnostics, Inc. and provided contract product research and development (R&D) services for larger companies wishing to expedite their R&D process. Ultimately, Dr. Thrasher decided to pursue his lifelong desire of becoming a physician. He completed medical school at Western University of Health Sciences (formerly College of Osteopathic Medicine of the Pacific) and residency in Family Medicine at the Shenandoah Valley Family Practice Residency Program—a program sponsored by the Medical College of Virginia.

When asked what his specialty is, he'll tell you, "its the skin and its contents," a quote he acquired from his grandfather who was a General Practitioner/Surgeon in Los Angeles for more than 30 years. More specifically, Dr. Thrasher has keen interests in lipidology (the study of cholesterol and its effects on the inside of arteries), diabetes and metabolic syndrome in both children and adults. He is a strong proponent of patient-oriented technologies such as insulin pumps and continuous glucose monitoring devices. Board Certified in Family Medicine, he is as comfortable with children as he is with adults and seniors.

Dr Thrasher is a Diplomate of the American Board of Family Medicine, and a Fellow of the American Academy of Family Physicians. He is active in the American Diabetes Association, and the National Lipid Association.

"I consider my role in my patient's lives as that of consultant, confidant, comforter and mechanic," says Dr. Thrasher. *"In the metaphysical sense, I am personally driven by the philosophy of the French Philosopher and Jesuit Priest, Teilhard de Chardin who said, 'We are not mortal beings in search of a spiritual experience, but spiritual beings having a mortal experience.' It is my job then to help ensure the mortal experience is optimized from a health standpoint so we are not distracted from all we are to gain here."*

Janet Trial

Janet Trial Ed.D. M.S.N.; is an assistant professor at the Keck School of Medicine at the University of Southern California. Currently, she is a faculty member in the Division of Medical Education at Keck School of Medicine. Additionally, she directs and is a student mentor for the Professionalism in the Practice of Medicine Course. During the 2007-2009 academic years she was project coordinator for the Liaison Committee of Medical Colleges Accreditation Site Visit Preparation Team. Previously, she held the position of Medical Student Educator, for the OB/GYN clerkship at Keck, providing clinical instruction and coordinating the OB/GYN curriculum for MSIII required clerkship. Prior to joining the faculty of Keck School of Medicine in 1998, Janet was in private practice as a Certified Nurse Midwife. She obtained her undergraduate degree in nursing from Loma Linda University, her Certified Nurse Midwifery and Master of Nursing, Women's Health from the University of Southern California; and her Ed.D. in Teaching and Learning from the Rossier School of Education at University of Southern California. trial@usc.edu

Julie Truong

I am in the second year of my fellowship in Pharmacy Education Administration at Touro University California College of Pharmacy. I work primarily with first and second year student pharmacists and provide them with academic support and counseling. I also coordinate student activities such as Freshman Orientation and White Coat ceremony. In addition to student services, I practice as a resident in various pharmacy areas including community practice, ambulatory care and acute care psychiatry and precept third and fourth year student pharmacists. Lastly, I conduct institutional research. My last project involved surveying postgraduate year 1 pharmacy residents and their self-perceived readiness for residency which I presented at the Western States conference in 2010.

Ankeet Udani

Clinical Associate Professor, Department of Anesthesia, Stanford University School of Medicine. I am the director of the orthopedic rotation. I am interested in resident education and I sit at the department's Educational Committee. My research focus in the next 4 years is post-operative cognitive dysfunction in elderly morbidly obese patients. I graduated in Brazil in 1988, developed my career there until I move to US five years ago as a visiting professor. I had the opportunity to organize major anesthesia meetings in Brazil for many years. I served as president of Parana State Society of Anesthesiology from 2005-2006. I have been married for 23 years and have two boys, one is a senior at UC Berkeley and the other one is a junior starting this fall at UCSB, so we will be home alone. I love to run and watch soccer and hockey. Go Sharks! My MBTI letters are ISTJ. ptanaka@stanford.edu

Jayant Vagha

Dr. Jayant Vagha, 48 yrs, is a professor in Paediatrics at Datta Meghe Institute Of Medical Sciences (Deemed University) Sawangi (Meghe), Wardha, Maharashtra, Central India. He heads a unit in Department of Paediatrics, is a post graduate (MD and DCh) guide, examiner and in-charge of under graduate section. His fields of interest are Paediatric nutrition and Paediatric nephrology. He is the Convener of innovations of Medical Education in Paediatrics namely PBL, CBL, OSCE, One minute preceptor for UGs and PGs in Paediatrics. Dr. Vagha is dynamic secretary of Indian Academy Of Paediatrics, Wardha branch, District co-ordinator of Breastfeeding Promotion Network Of India (BPNI), life member of IAP, IMA (Indian Medical Association). Dr. Jayant Vagha is a reputed National faculty of the MCI Nodal Center at JNMC, Wardha and a well known resource person in the Department Of Medical Education (DOME). He is a FAIMER Philadelphia fellow at Christian Medical College, Ludhiana 2009 batch and has done D.M.Ed (Diploma In Medical Education), is doing MHPE (Masters Of Health Professionals' Education) and is registered for Ph.D (Medical Education). Dr. Jayant Vagha is the convener of the Communication Skill Lab at DMIMS and in-charge of Basic Skill lab, Advanced skill lab and behavioral skill lab. He has represented India in Rotary's Group study exchange programme to Southern African countries and has attended many National and International conferences. Dr. Jayant Vagha has plans of organizing National Conference of Health Professionals' Education in 2013 at JNMC, Wardha. jayantvagha@gmail.com

Sunita Vagha

Dr. Sunita Vagha, 47 yrs, is a professor and Head of department of Pathology at Datta Meghe Institute Of Medical Sciences (Deemed University) Sawangi (Meghe), Wardha, Maharashtra, Central India. She heads the Department of Pathology, is a post graduate (MD and DCP) guide, examiner and in-charge of post graduate section. Her fields of interest are histopathology and Haematology. Dr. Sunita Vagha is District co-ordinator of Vidarbha Association of Pathologist & Microbiologist, life member of VAPM, IAPM & IMA (Indian Medical Association). She is Member of Board of Studies at DMIMS & MUHS. Dr. Sunita Vagha is the Convener of MCI recognized Nodal Center and has organized many workshops on faculty development at Wardha and neighbouring regions. She is a reputed National faculty of the MCI Nodal Center at JNMC, Wardha and a well known resource person in the Department Of Medical Education (DOME). She is a FAIMER Philadelphia fellow at Christian Medical College, Ludhiana 2010 batch. She has brought laurels to her institute by getting her Nodal Center as one of the best Nodal Centers in the country. She plans to do her Ph.D in Medical Education.

Chelsia L. Varner

Dr. Varner is an Assistant Professor of Clinical Anesthesiology and is the Associate Director of the Residency Program in Anesthesiology at USC. She graduated from the University of Maryland School of Medicine and completed her residency there in 2007. As a medical student, she was awarded the Helrich Award for Excellence in Anesthesia and has always been committed to academic medicine. Prior to becoming an attending at USC, she conducted biochemical and genetics research at the University of Maryland and at the NIH, Department of Child Health and Human Development. Since joining USC, Dr. Varner has distinguished herself as a vital interdepartmental link for peri-operative services. She has served on numerous committees and is the Lead Physician on the Surgical Care Improvement Project where she has helped to improve compliance significantly throughout the hospital. Dr. Varner has devoted much of her time and effort to improving resident education and in 2011 was recognized as 'Mentor of The Year' by the graduating class. She has given numerous lectures at Los Angeles County and Keck Hospital since her arrival. She has taken a special interest in neuroanesthesia and has been a

driving force in improving the quality of that service. Most recently, Dr. Varner has coauthored a chapter for the new edition of the Handbook of Neuroanesthesia, which is awaiting publication.

Dale Vincent

Dale Vincent graduated from the United States Military Academy in 1976, and received his MD degree from the University of Texas Southwestern Medical School at Dallas in 1980. He completed his residency and Chief Residency in Internal Medicine at Tripler Army Medical Center in Honolulu. He subsequently completed a fellowship in Academic General Internal Medicine at Walter Reed Army Medical Center, and received an MPH degree from the Uniformed Services University of the Health Sciences in Bethesda, Maryland. After a career in the Army Medical Department, Dr. Vincent became Director of Telemedicine at the University of Hawaii's SimTiki Simulation Center. Board Certified in Internal Medicine and Geriatrics, and a Fellow of the American College of Physicians, he is currently Program Director in Internal Medicine at Tripler Army Medical Center, Honolulu, Hawaii. dvincent@hawaii.edu

Phil Wells

Dr. Phil Wells is the Professor of Medicine and is currently the Chief and Chair for the Department of Medicine. He is also Canada Research Chair who focuses on research on venous thromboembolic diseases. In particular, one of his most important works has been the introduction of clinical assessment in the diagnosing patients with suspected deep vein thrombosis or pulmonary embolism, known as the "Wells Model for DVT" and the "Wells Model for PE"

John Williamson

John Williamson is currently working as a core medical trainee in the London Deanery. John studied his pre-clinical medicine at Cambridge University and transferred to University College London for his clinical study. j.williamson@doctors.org.uk

Theresa Woehrle

Theresa Woehrle, MD, MPH, Assistant Professor of Clinical Family Medicine, is director of the Introduction to Clinical Medicine Program for the first and second year medical students at Keck School of Medicine at USC. Additionally, she is clerkship director for the required third year clerkship in Family Medicine. She is a current fellow at the Center for Excellence in Teaching at USC. woehrle@usc.edu

Ivan Wong

Ivan Wong, M.D., FRCS(C), Assistant Professor, McMaster University, Hamilton, Ontario, Canada is an Orthopaedic Surgeon at Hamilton General Hospital where he started working in 2009 after finishing a fellowship in Sports Medicine and Trauma at the Southern California Orthopaedic Institute in Los Angeles and an Orthopaedic Surgery Residency at McMaster University.

Beverly P. Wood

Dr. Wood is a Professor Emerita of Radiology and Pediatrics at the University of Southern California and a Professor of Radiology at Loma Linda University School of Medicine. She is immediate past chair of the American Academy of Pediatrics Committee on CME, an Editorial Board member of PediaLink, and Chair of the Committee on Pediatric Education and a past member of the National Conference and Exhibition Planning Committee. Dr. Wood is a member of the Editorial Board of Pediatric Care Online and is developing a section of PediaLink devoted to principles of teaching for residents. She is an education and educational innovation consultant for the AAP. She is a previous member of the Editorial Board of the AAP Grand Rounds. Dr. Wood teaches in Faculty Development at both USC and Loma Linda Medical School, teaches a series of conferences on the core competencies including courses on teaching and assessing the Competencies in the Master's of Medical Education at USC and teaches in the Fellowship program at USC on Learners in Difficulty. She is a member of multiple committees of education at radiology specialty societies such as the Radiological Society of North America, American Roentgen Ray Society, and Association of University Radiologists, and is the Chair of the Association of Program Directors in Radiology Committee on Education. She has instituted a teaching certificate program at the annual Association of University Radiologists meeting. She is the section editor for Pediatric Radiology for the American Journal of Roentgenology and a member of the Radiologic Society of North America Committee on Education. Dr. Wood chairs the ARRS Outcomes Subcommittee, responsible for measurement of the outcomes of educational activities. She has received the Teaching Award of the American Academy of Pediatrics in 2011. Dr. Wood serves the Accreditation Council on CME as a surveyor. She is a member of the Board of Directors of the Alliance for Continuing Medical Education. Her MS is in Medical Education and her PhD is in Education (Psychology and Technology). bwood@usc.edu

Sajjad Yacoob

Born in India and raised in southern California, Dr. Yacoob received his Bachelor of Sciences in Biology from UCLA where he graduated cum laude with Departmental Highest Honors in 1985. He went to the east coast when he was accepted to the

Albert Einstein College of Medicine in the Bronx, New York in 1987 and graduated there in 1991 with his medical degree. He came back to LA and completed his internship and residency in Pediatrics at Childrens Hospital Los Angeles from 1991 to 1994. He subsequently was chosen as one of two CHLA Chief Residents in 1994-1995. He continued his work at CHLA as an attending physician in the division of General Pediatrics starting in 1995. He has hospitalist responsibilities on inpatients and maintains an active outpatient practice at AltaMed Health Services clinic at Childrens Hospital Los Angeles. He is the co-director of the Pediatric Clerkship for the Keck School of Medicine of the University of Southern California. He is actively involved in the hospital's pediatric residency program, RN residency education, and hospital wide patient safety and quality initiatives. His interests include child safety, medical informatics, medical education and quality improvement/patient safety/patient satisfaction.

He has been recognized for his involvement in education, teaching and clinical care with numerous awards including:

- Four time recipient of the Philip E. Rothman Memorial Teaching Award at CHLA
- Four time recipient of the Keck School of Medicine of the University of Southern California Teaching award
- The first recipient of the Barbara Korsch Excellence in Medical Education Award (CHLA)
- Recipient of the Arnold P. Gold Humanism in Medicine award (Keck School of Medicine)
- Recipient of Top Doctors of Pasadena award 2010
- Recipient of the esteemed distinction of *Master Teacher* at the Keck School of Medicine

In July of 2011 he was named Assistant Dean for Student Affairs at the USC Keck School of Medicine where his duties include career guidance and student counseling. He is the Chief Medical Informatics Officer at CHLA (since 2007) and has been the physician champion for the KIDS (Knowledge Information Decision Support) Clinical Information System at CHLA. His involvement as physician champion for the KIDS system (a comprehensive electronic medical record) included visioning and designing the system as well as facilitating house wide adoption. He was instrumental in the implementation of this system - KIDS - in 2004 and has continued as a vital champion by improving and enhancing its use in clinical care. He has guided the hospital's EMR to a HIMSS level stage 4.371.

He chairs the hospital's Medical Record Committee, Clinical Information Technology Portfolio Committee, and is heading up the hospital's effort to expand the EMR into the ambulatory clinics as he co-chairs the CHLA Ambulatory EHR committee. He also is actively involved with and sits on numerous hospital and medical staff committees.

Yuh-Cheng Yang

Yuh-Cheng Yang, MD., Professor. —Vice superintendent, Mackay Memorial Hospital (will become superintendent since 2012) —Supervisor about medical education of Mackay Memorial Hospital Ming-Liang Lai, MD., Professor. —Previous superintendent of Medical College, National Cheng Kung University, Tainan, Taiwan Pei-Yi Li, PhD, vice Professor —Vice professor, department of Educational Psychology and Counseling, National Taiwan Normal University, Taipei, Taiwan —Over 5 year experiences about the studies of medical and nursing education (all budgets supported by Taiwan National Science Council) Hong-Wen Chen, MD, PhD, Associate Professor —Hospice Palliative Care Center, Mackay Memorial Hospital, Taipei, Taiwan —Over 10 year experiences about intern training of medical education.

Joseph York

Joseph York is National Dean for Health Sciences for DeVry University, with responsibility for undergraduate and graduate health programs that annually enroll over 5,000 students. Joe was previously Assistant Dean for Graduate Medical Education at the University of Southern California's Keck School of Medicine in Los Angeles, with responsibility for the quality of education provided to medical residents throughout the USC system. Prior to joining USC, he was Associate Dean for Graduate Medical Education at the University of Washington in Seattle, and before that Associate Dean for Curriculum Administration the University of Illinois at Chicago College of Medicine, where he created and directed the UIC Online GME Core Curriculum, which was recognized by the Sloan Foundation as its Outstanding Online Program for 2002. Joe received his doctorate in Public Policy Analysis from the College of Education at University of Illinois, and an MBA in Finance and Accounting from the University of Chicago. Research interests include: medical educational development and evaluation throughout the continuum; graduate medical education governance, policy, and administration; technology-mediated education; meta-analytic techniques and applications to education; and leadership, cultural, and political issues in healthcare.

Stephanie K. Zia

Trojan blood runs through me—despite trying to resist becoming part of the “family legacy” (I was the 11th to attend USC), I have found my true calling in this USC family. I have spent all my post-high school years in the USC system, entering as a freshman in the Baccalaureate/MD program and graduating with an undergraduate degree in Education, continuing on at the Keck School of Medicine, then completing my residency in Combined Internal Medicine/Pediatrics at LAC+USC Medical Center. After serving as a Pediatric Chief Resident, I joined faculty in the Departments of Medicine & Pediatrics as a Med/Peds hospitalist, where I have the joy of educating my students as I provide care for hospitalized patients. In July, I also began a new role as the Assistant Program Director for the Med/Peds program. I feel incredibly fortunate to be able to influence the lives of patients and the practices & training of budding physicians in their delivery of evidence-based, compassionate care.

**Keck School of Medicine of the University of Southern California
Office of Continuing Medical Education**

**POLICY ON CULTURAL AND LINGUISTIC COMPETENCY
IN CONTINUING MEDICAL EDUCATION**

The Accreditation Council of Continuing Medical Education (ACCME) expects accredited providers to operate business and management policies and procedures of their CME program so that their obligations and commitments are met. As part of this accreditation requirement, the ACCME expects that accredited providers located in California will be in compliance with all applicable California state laws regarding continuing medical education delivered in California, including CA A.B. 1195, enacted in 2005.

In accordance with A.B. 1195, the Keck School of Medicine of the University of Southern California Office of Continuing Medical Education has adopted a policy of incorporating cultural and linguistic competency in the formulation and planning of Continuing Medical Education (CME) courses in order to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or improve the quality of care provided for patients.

These educational activities should include, but are not limited to, any of the following criteria:

1. Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine;
2. Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine;
3. Concern bioethics or professional ethics;
4. Are designed to improve the physician-patient relationship.

A.B. 1195 has provided three ways to comply with the law:

1. Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables a health care professional to care effectively for patients from diverse cultures, groups, and communities. Items to be addressed include linguistic skills, cultural information to establish therapeutic relationships, cultural data in diagnosis and treatment, and cultural and ethnic data applying to the process of clinical care. To comply with the cultural competency requirement, an activity should include the following:
 - a. applying linguistic skills to communicate effectively with the target population;
 - b. utilizing cultural information to establish therapeutic relationships;
 - c. eliciting and incorporating pertinent cultural data in diagnosis and treatment;
 - d. understanding and applying cultural and ethnic data to the process of clinical care.
2. Linguistic competency is defined as the ability of a physician to provide patients who do not speak English or who have limited ability to speak English with direct communication in the patient's primary language. To comply with the linguistic competency requirement, an

activity may incorporate translation/interpretation resources and/or strategies into activity materials.

3. A review and explanation of relevant federal and state laws and regulations regarding linguistic access. At the activity site, KSOM OCME will provide supporting documents and resources to the physicians, including, but not limited to, handouts, websites, patient education, and local resources.

Continuing medical education activities that are exempt from these requirements include those activities solely dedicated to research and other activities that do not contain patient care components (such as leadership).

Documentation of compliance will be presented on the application and/or planning form for the CME activity. This policy will be included in the planning packet for activity directors and faculty so that the program and presentations will comply with the law.

June, 2006

Cultural and Linguistic Competence Resources for Health Care Providers

Cultural and Linguistic Competence in Health Care

Center for Effective Collaboration and Practice

It is the mission of the Center for Effective Collaboration and Practice to support and promote a reoriented national preparedness to foster the development and the adjustment of children with or at risk of developing serious emotional disturbance. To achieve that goal, the Center is dedicated to a policy of collaboration at Federal, state, and local levels that contributes to and facilitates the production, exchange, and use of knowledge about effective practices.

<http://cecp.air.org/cultural/default.htm>

National Center for Cultural Competence (NCCC)

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

<http://www11.georgetown.edu/research/gucchd/nccc/>

NCCC Conceptual Framework and Model

The NCCC embraces a conceptual framework and model for achieving cultural competence based on the work of Cross et al. (1989).

<http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html>

Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care

- Public Health Rep 2003; 118: 293-302, July, 2003 / August, 2003, FEATURE ARTICLE
<http://www.med.umich.edu/multicultural/ccp/projects.htm#publications>

Study On Measuring Cultural Competence in Health Care Delivery Settings: A Review of the Literature

A literature assessment, sponsored by HRSA, that synthesizes and examines the measurement of cultural competence, as related to health care. This review will serve as a basis for decisions about the scope, content, and value of the cultural competence measurement profile to be developed.

Sponsoring organization: U.S. Department of Health and Human Services

<http://www.hrsa.gov/culturalcompetence/measures/default.htm>

Let Everyone Participate

Provides information on Federal programs and activities regarding language access to Federal agencies, recipients of Federal funds, and community individuals and organizations. Also provides demographic data. <http://www.lep.gov/>

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Cultural Competency Continuing Education Programs

An information portal of the most recent cultural competency materials and program developments. The website offers continuing medical education (CME) credit and equips family physicians with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

Sponsoring organization: U.S. Department of Health and Human Services

<http://www.thinkculturalhealth.org/>

DiversityRx

Promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.

<http://www.diversityrx.org/HTML/DIVRX.htm>

National Alliance for Hispanic Health

Mission is to improve the health and well being of Hispanics. The Alliance informs consumers, supports health and human service providers in the delivery of quality care, improves the science base for accurate decision making by promoting better and more inclusive research, promotes appropriate use of technology, insures accountability, advocates on behalf of Hispanics, and promotes philanthropy. Information in English and Spanish.

<http://www.hispanichealth.org/>

National Center for Cultural Competence

Mission is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

Information available in Spanish. <http://www.mchgroup.org/nccc/index.html>

National Center on Minority Health and Health Disparities

The mission is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and eliminate health disparities. NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities. <http://www.nih.gov/about/almanac/organization/NCMHD.htm>

National Council on Interpreting in Health Care

A multidisciplinary organization based in the United States whose mission is to promote culturally competent professional health care interpreting as a means to support equal access to health care for individuals with limited English proficiency. <http://www.ncihc.org/>

Think Cultural Health

Provides culturally competency continuing education programs and other resources for physicians, pharmacists, and nurses to better meet the cultural and linguistic needs of an increasingly diverse patient population. Offers a free online accredited educational program for health care providers. <http://www.thinkculturalhealth.org/>

Assessment Tools

National Center for Cultural Competence (HRSA grantee Web site):

<http://www11.georgetown.edu/research/gucchd/nccc/>

Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile (HRSA-funded Web site):

<http://www.hrsa.gov/culturalcompetence/indicators/>

Provider's Guide to Quality & Culture (not a U.S. Government Web site):

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Cultural Competency: Tools and Resources- University of Michigan

<http://www.med.umich.edu/multicultural/ccp/tools.htm>

Providers Guide to Quality and Culture- Management Sciences for Health

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Culture-/Language-Specific Sites

African-American

Be Safe Workbook: A Cultural Competency Model for African Americans (HRSA grantee Web site) http://www.aidsetc.org/pdf/p02-et/et-17-00/be_safe.pdf

American Indian/Alaska Native/Native Hawaiian

Clinician's Guide: Working with Native Americans Living with HIV (HRSA grantee Web site)

http://www.aidsetc.org/pdf/curricula/clin_guide_native_am.pdf

Native American HIV Care: A Training Platform (HRSA grantee Web site)

<http://www.mpaetc.org/scripts/prodview.asp?idproduct=95>

Changing Directions: Strengthening the Shield of Knowledge (HRSA grantee Web site)

<http://www.aidsetc.org/aidsetc?page=et-04-01>

Native Hawaiian Health

<http://www.nativehawaiianhealth.net/> (HRSA grantee Web site)

Asian American/Pacific Islander

Provider's Guide to Quality & Culture Asian American and Pacific Islander Seminars (Not a US Government web site) <http://erc.msh.org/aapi/index.html>

Shaman and Physicians Partner for Improving Health for Hmong Refugees (HRSA grantee Web site)

http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf#search=%22Shaman%20and%20Physicians%20Partner%20for%20Improving%20Health%20for%20Hmong%20Refugees%22

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Hispanic/Latino/Spanish

Puertas de Diversidad: Culturally Guided Interventions with Latinos (HRSA grantee Web site)
<http://www.mpaetc.org/scripts/prodview.asp?idproduct=102>

USA-Mexico Border Health Cultural Competency Page (HRSA grantee Web site)
<http://borderhealth.raonline.org/topics/topic.php?topic=cultural%20competency>

Training Providers Who Serve Mono/Bilingual Spanish Speaking Clients
(HRSA grantee Web site) http://www.aidsetc.org/ppt/pacific_latinos.ppt

Latino Be Safe Workbook: A Cultural Competency Model for Latinos (HRSA grantee Web site)
http://www.aidsetc.org/pdf/p02-et/et-17-00/be_safe_latino.pdf

Why The Difference Initiative

Designed to increase provider awareness about disparities in health care. The website also provides a Speaker's Kit to help physicians talk to patients about cardiovascular care.

Sponsoring organization: Kaiser Family Foundation

<http://www.kff.org/whythedifference/>

The Cross Cultural Health Care Program

Serves as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate. Provides a combination of cultural competency trainings, interpreter trainings, research projects, and community coalition building.

Sponsoring organization: Cross Cultural Health Care Program

<http://www.xculture.org/>

Physician Toolkit and Curriculum: Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners

This toolkit aids healthcare providers in the practical application of the Cross-Cultural Clinical Practice Guidelines. It introduces the basic fundamentals of cross-cultural practice and offers steps and processes essential to delivering quality care to culturally diverse populations.

Sponsoring organization: HHS Office of Minority Health

<http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf>

Assessment of Organizational Cultural Competence

Survey tool to assist organizations in assessing their level of cultural competency.

Sponsoring organization: Association of University Centers on Disabilities

http://www.aucd.org/councils/multicultural/Cultural_Competence_Survey.htm

The Provider's Guide to Quality and Culture

Designed to assist healthcare organizations throughout the United States in providing high quality, culturally competent services to multi-ethnic populations.

Sponsoring organization: Health Resources and Services Administration

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

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Dictionary of Health Related Terms, 3rd Edition (English - Spanish)

An instrument for health care personnel and other professionals working with the Latino population in the United States. Purpose is to strengthen communication between Spanish-speaking populations and the health workers serving them, and facilitate dialogue by reducing cultural and linguistic barriers.

Sponsoring organization: California Office of Binational Border Health

http://www.uctv.tv/calpen_spanish/English-Spanish.pdf

A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment

A guide of self-assessment activities including the development of knowledge and products, dissemination, and the provision of technical assistance and consultation.

Sponsoring organization: National Center for Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/documents/ncccorgselfassess.pdf>

A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials

Provides guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence.

Sponsoring organization: National Center for Cultural Competence

http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf

Hablamos Juntos

Mission is to improve communication between health care providers and their patients with limited English proficiency. To accomplish this they develop affordable models that will help doctors, hospitals and their staff care for a changing patient population by funding ten demonstration sites in regions with established or emerging fast-growing Latino populations. Also includes resources on interpreter services, signage, and developing Spanish language materials.

Sponsoring organization: Robert Wood Johnson Foundation

<http://www.hablamosjuntos.org/default.asp>

Limited English Proficiency (LEP) and Hispanic Worker Initiative

Provides a variety of resources regarding multilingual and multicultural strategies for serving job seekers and workers with limited English proficiency.

Sponsoring organization: Employment and Training Administration

http://www.doleta.gov/reports/dpld_lep.cfm

Special Populations

Gay, Lesbian, Bisexual, Transgender

http://www.aidsetc.org/pdf/p02-et/et-17-00/msm_toolkit.pdf

Gay and Lesbian Medical Association

<http://www.glma.org/>

Children with Special Health Care Needs

http://www.familyvoices.org/diversity_statement.htm

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Geriatric

Curriculum In Ethnogeriatric Education.

This second edition of the five modules in the Core Curriculum in Ethnogeriatrics was developed by members of the Collaborative of Ethnogeriatric Education in 1999 and 2000, with support from the Bureau of Health Professions, Health Resources and Services Administration. The first edition of the Curriculum was reviewed, revised, and expanded by working groups from the membership of the Collaborative. This group is composed of faculty from 31 Geriatric Education Centers throughout the United States which serve as regional resource centers for geriatric education for multiple health care disciplines. The modules were developed to serve as a basic generic curriculum in ethnogeriatrics. Ethnic specific information is included as examples of the concepts only. More comprehensive coverage for individual ethnic populations of elders in the United States is being developed as companion modules for this Core Curriculum by members of the Collaborative and will be available in 2001. <http://www.stanford.edu/group/ethnoger/index.html>

The content of this site introduces a clinical tool for ethnogeriatric education, the ETHNICS Mnemonic. Each module contains the clinical tool in both an English and Spanish version and reference materials. It can be used as a supplement to the Core Curriculum in Ethnogeriatrics. <http://www.med.fsu.edu/geriatrics/ethnogeriatric/default.asp>

Diversity, Healing, and Health Care

A cooperative project of On Lok SeniorHealth and the Stanford Geriatric Education Center (Division of Family and Community Health, Stanford University School of Medicine), and partially funded through a grant from the Bureau of Health Professions, U.S. Department of Health and Human Services. Diversity, Healing and Healthcare presents cultural and religious information relevant to healthcare providers. It is not intended to be a complete view of any culture or religion, but rather 'sound bytes' to provide information that may impact communication between health care providers and patients who are from different cultures. Content experts, including clinicians, patients, diversity trainers, clergy, and educators have reviewed the information. <http://www.qasi.org/diversity.htm>

Homeless Population

National Health Care for the Homeless Council.

Although many people think that culture refers only to the knowledge, attitudes, beliefs, and behaviors influenced by race or ethnicity, the concept also includes factors such as age, gender, socioeconomic status, level of education, physical capacity, spirituality and religion, sexual orientation, and regional influences. This broad definition takes into account what Health Care for the Homeless (HCH) providers strive to do on a daily basis: skillfully deal with the individual concerns presented by each client.

<http://www.nhchc.org/cultural.html>

Farm Workers/Migrant Workers

<http://www.farmworkerhealth.org/pubs.jsp#>

<http://www.ncfh.org/>

<http://www.bphc.hrsa.gov/migrant/default.htm>

Publications

Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs
A guide to implement cultural broker programs in health care settings, particularly those that employ or serve as placement sites for National Health Service Corps scholars and clinicians in service. Sponsoring organization: National Center for Cultural Competence
Date: 2004

http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf#search=%22Shaman%20and%20Physicians%20Partner%20for%20Improving%20Health%20for%20Hmong%20Refugees%22

Compendium of Cultural Competence Initiatives in Health Care
Summaries of the activities accomplished by public and private sector organizations that seek to reduce cultural and communication barriers to health care.
Sponsoring organization: Kaiser Family Foundation
Date: 01 / 2003

<http://www.kff.org/uninsured/6067-index.cfm>

Cultural Competence in Serving Children and Adolescents With Mental Health Problems
Discusses the need for culturally competent systems of mental health care and describes what such systems should include.

Sponsoring organization: Substance Abuse and Mental Health Services Administration

<http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0015/default.asp>

Cultural Competence in the Prevention and Treatment of Obesity: Latino Americans
Discusses weight management among Latino Americans

Author(s): John P. Foreyt

Sponsoring organization: Kaiser Permanente

Journal citation: Permanente Journal Volume: 7 Issue: 2 Date: 2003

<http://xnet.kp.org/permanentejournal/spring03/latino.html>

Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups

Designed to provide readers with the tools and knowledge to help guide the provision of culturally competent mental health services within today's managed care environment.

Document derived from experts from four core racial/ethnic populations: Hispanics, American Indians/Alaska Natives, African Americans, and Asian/Pacific Islanders.

Sponsoring organization: Substance Abuse and Mental Health Services Administration

Date: 01 / 2001

<http://www.mentalhealth.samhsa.gov/publications/allpubs/sma00-3457/>

Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations and Add Value to Managed Care Arrangements

Identifies and describes successful programs that address the needs of underserved, culturally diverse communities, including interpreter services, cultural competence training for staff, targeted outreach programs, and other culturally appropriate interventions.

Sponsoring organization: Health Resources and Services Administration

<http://minority-health.pitt.edu/archive/00000278/>

KECK SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA
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Cultural Competence: It All Starts at the Front Desk

Discusses how developed policies, training, and direct resources targeted for support staff in health care organizations will develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways.

Sponsoring organization: National Center for Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/documents/FrontDeskArticle.pdf>

Improving Cultural Competency in Children's Health Care

Report describes the practical changes in processes to make healthcare providers and the systems in which they work more effective in responding to the needs of diverse children and how can health care delivery organizations track their progress.

Sponsoring organization: National Initiative for Children's Healthcare Quality

Date: 07 / 2005

http://www.hablamosjuntos.org/resources/pdf/NICHQ_Improving_Cultural_Competency_in_Childrens_Health_Care.pdf#search=%22Improving%20Cultural%20Competency%20in%20Children's%20Health%20Care%22

National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report

Provides a list and discussion of the National Standards for Culturally and Linguistically Appropriate Services in Health Care as issued by the U.S. Department of Health and Human Services' Office of Minority Health (OMH) to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner. These standards for culturally and linguistically appropriate services or CLAS are proposed as a means to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers.

Sponsoring organization: Health Resources and Services Administration

Date: 03 / 2001

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>

Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies and Practices

Reports the findings of an environmental scan that will serve to inform the development of Cultural Competence Curriculum Modules (CCCM) for family physicians. This work is supported by the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (DHHS) and represents the first effort to create such training materials at the national level.

Date: 03 / 2002

<http://www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf#search=%22Teaching%20Cultural%20Competence%20in%20Health%20Care%3A%20A%20Review%20of%20Current%20Concepts%2C%20Policies%20and%20Practices%22>