2008 CGEA SESSION ABSTRACTS

CONCURRENT SESSIONS
National Conversation Series Small Group Discussion: Teaching Awards at Medical Schools - A Conversation About Intended and Unintended Consequences

Friday, April 11, 2008
10:15 am - 11:45 am

Kathryn Huggett, PhD, Creighton University School of Medicine
Deborah Simpson, PhD, Medical College of Wisconsin
Linda Perkowski, PhD, University of Minnesota Medical School
Ruth Greenberg, PhD, University of Louisville School of Medicine

Teaching awards have existed at medical schools for many years. A modest literature exists, mostly outside of medicine, about the relative impact of different types of awards. With the recent growth of the teaching academy movement and the ongoing conversation on the scholarship of teaching, the need to explore the nature of teaching awards and their impact on recipients and institutions is needed. This discussion will focus on the kinds of teaching awards currently used at medical schools, their intended and unintended effects, and the kinds of investigations that might inform our understanding of this important tool for recognizing teaching excellence.

CONCURRENT SESSIONS
Population Medicine SIG Sponsored Small Group Discussion Addressing Health Disparity: Results and Implications for Population Health Approaches

Friday, April 11, 2008
10:15 am - 11:45 am

Karen Peters, DrPH, University of Illinois at Chicago
Margaret Gadon, MD MPH, University of Illinois at Chicago
Ben Mueller, MS, University of Illinois at Chicago
Sergio Cristancho, PhD, University of Illinois at Chicago
Diana Marcela Garces, MD MSPH, University of Illinois at Chicago

The Population Health SIG will explore the issue of addressing health disparity using population health approaches. Results from a series of surveys conducted among medical students, providers and community residents willbe presented and implications for addressing health disparities from a variety of population health perspectives will be examined. Audience participation is highly encouraged in this interactive session sponsored by the Population health SIG.

CONCURRENT SESSIONS
Standardized Patients SIG Sponsored Small Group Discussion The Role of Standardized Patients in Teaching Critical Care Communication Skills

Friday, April 11, 2008
10:15 am - 11:45 am

Rachel Yudkowsky, MD, MHPE, University of Illinois at Chicago
Christine Sullivan, MD, FACEP, University of Missouri-Kansas City School of Medicine
Stefanie Ellison, MD, FACEP, University of Missouri-Kansas City School of Medicine

Standardized Patient SIG Session Ineffective communication has been identified by the Institute of Medicine as a key factor in the occurrence of medical errors. There is no patient care setting in which it is more crucial to demonstrate effective communication than in the management of a critical patient. In addition, the recent AMA report has reported gaps in medical education both with a physician's ability to communicate in difficult situations as well as to effectively communicate as a member of the healthcare team. The nature of the critical patient encounter

makes it the perfect scenario to address these gaps. The use of standardized patients and healthcare team members in simulated critical care encounters will allow a safe environment for the learner to practice and acquire these crucial communication skills. This small discussion group will discuss the need to expand SP curricula to address critical patient encounter communication, including team communication.

CONCURRENT SESSIONS
UGME Sponsored Session A Thousand Points of Data: Making Meaning Out of Competency Testing Results

Friday, April 11, 2008
10:15 am – 11:00 am

Christopher Reznich, PhD, Michigan State University College of Human Medicine
Mary Noel, PhD, Michigan State University College of Human Medicine
Rebecca Henry, PhD, Michigan State University College of Human Medicine
Brian Mavis, PhD, Michigan State University College of Human Medicine

With the increasing use of complex, competency-based assessments, medical schools are generating vast amounts of performance data. For example, our eight station OSCE "gateway" produces more than 10,000 discrete ratings of student performance. Given the expense of conducting performance assessments, it becomes critical that we develop effective ways to analyze the vast amounts of data we own and translate findings for meaningful student feedback, and for faculty and administrators who must make curricular decisions based upon the results. This small group discussion will explore creative approaches for sifting large amounts of data and compiling that data into multiple reporting formats for different audiences.

CONCURRENT SESSIONS
Improving Patient Care: Self and Peer Evaluation in a Team Setting at Indiana University School of Medicine-South Bend

Friday, April 11, 2008
11:00 am – 11:45 am

Edward McKee, PhD, Indiana University School of Medicine-South Bend
Stacey Jackson, MS, Indiana University School of Medicine-South Bend
Rudolph Navari, Indiana University School of Medicine-South Bend

Within the team environment, self-perception can play a critical role in team dynamics which ultimately influences patient care. Indiana University School of Medicine (IUSM) is focusing specifically on opportunities for students to be self-aware of one's own actions, biases, and feelings through its competency-based curriculum. By using self and peer assessment techniques within the team-based learning (TBL) environment, IUSM-South Bend is utilizing a powerful form of self-reflection in teaching students about patient-doctor and peer-peer communication. This general session will offer insight into the use of self and peer assessment techniques utilized in basic science courses at IUSM-SB. We will discuss the process for forming the TBL groups, in-class student training on giving effective feedback, and evaluation methods/tools administered as well as outcomes observed.

RIME Session 1: Facets of Professionalism
Lifelong Learning Competency: Medical Students' Perceptions at Indiana University School of Medicine

Friday, April 11, 2008
10:15 am - 11:45 am

Frances Brahmi, PhD, Indiana University School of Medicine Libraries

This study explored medical students' perceptions of Lifelong Learning (LLL) at Indiana University School of Medicine (IUSM). The IUSM was selected because it has been in the forefront of the competency-based curriculum movement since 1999, a trend for which IUSM is now a leader among undergraduate medical education. This study addressed the following issues: 1) definition of LLL, 2) LLL development, 3) LLL attitudes and behaviors, 4) role models, and 5) LLL and technology. Semi-structured interviews were conducted at the IUSM. Students were selected by random number tables and snowballing techniques. Results focused on three areas: 1) what characterized LLL practices and attitudes of medical students, 2) how these practices and attitudes differed across the four years of medical school, and 3) how medical students use technology to help them cope with information overload. Most often, differences between students' perceptions of LLL correlated to whether they were preclinical or clinical students. Preclinical students spoke more generally about LLL and its role in their education, whereas clinical students related LLL to medical practice and patient care. Most students agreed that LLL began as an innate curiosity and that childhood influences were significant in their development of LLL, role models at all stages of their education were deemed extremely important. Medical students' characterized the Internet as a quick and easy way to access much information but were keenly aware of its limitations, in terms of lack of peer review and reliability. Implications for medical educators are discussed.

RIME Session 1: Facets of Professionalism
Assessing Professionalism in the Learning Environment

Friday, April 11, 2008
10:15 am - 11:45 am

Kimberly Ephgrave, MD, University of Iowa Carver College of Medicine
Kristi Ferguson, PhD, University of Iowa Carver College of Medicine
Scott Vogelgesang, DO, University of Iowa Carver College of Medicine
Jerry Woodhead, MD, University of Iowa Carver College of Medicine

Medical professionalism is manifest in specific behaviors which vary in frequency. The purpose of this analysis was to determine what factors affected frequency of professionalism behaviors observed in faculty and residents. METHODS: We previously developed and tested a professionalism assessment tool rating professionalism behavior frequency on a 7 point Likert scale. The tool was shortened to 12 items and subsequently used by faculty, residents and students to rate faculty and residents in 3 departments. RESULTS: Two large clinical departments used the assessment for two academic years, including student assessments for the first year. One surgical department used the tool for one year, including student assessments. The percentage of 'Always' rankings varied by department and item, from a low (surgical specialty) of 55% for 'Understands learners' needs...' to a high of 83% (Pediatrics) for 'Maintains control over emotions...'. In Pediatrics, overall resident rankings of faculty (6.77) were nearly identical to faculty ratings of residents (6.74). Faculty were rated higher than residents in Medicine (6.74 vs. 6.6). In the surgical department, residents (6.50) had higher professional behavior ratings than faculty (6.36). Student rankings in the surgical department fell midway between faculty and resident rankings of each other, while for Pediatrics residents and faculty rated each other higher (6.7) than students rated either group (6.3). Ratings varied more between departments than from year to year in the same department. CONCLUSIONS: Different disciplines show distinct patterns of professionalism behaviors. The viewpoints of students rotating between disciplines vary from the views of residents and faculty.

RIME Session 1: Facets of Professionalism
What Medical Educators Know: A Pilot Investigation

Friday, April 11, 2008
10:15 am - 11:45 am

Kimberly Ephgrave, MD, University of Iowa Carver College of Medicine
Thomas Henzel, EdD, National Board of Medical Examiners
Mark Wilson, MD, University of Iowa Carver College of Medicine

Joel Gordon, MD, University of Iowa Carver College of Medicine
Jerry Woodhead, MD, University of Iowa Carver College of Medicine
Colleen Kennedy, MD, University of Iowa Carver College of Medicine
George Bergus, MD, University of Iowa Carver College of Medicine
William Iverson, MD, University of Iowa Carver College of Medicine
Janeta Tansey, MD, University of Iowa Carver College of Medicine

Background: Specialty board certification assures that clinicians attain adequate knowledge, and maintenance-of-certification will maintain knowledge within disciplines. However, medical academicians are also responsible for role-modeling life-long learning and educating those who still need broad-based medical knowledge. It is currently unclear whether medical academicians can model use of current medical information outside their own specialties. Purpose: To assess faculty acceptance of and performance on an array of nationally validated basic medical knowledge assessments. Methods: Several dozen educational leaders were invited to pilot validated short (< 2 hours) medical knowledge examinations on-site. Nine clinical faculty members with involvement in undergraduate, graduate, and/or continuing medical education agreed to take one or more of five standardized clinical knowledge assessments developed by the National Board of Medical Examiners. Results: We obtained 20 scores across 5 exams and 9 examinees. The percentage correct varied from 68% to 92%. The scores clustered from 77-84%, with 10% above and 10% below. The practitioners had graduated from medical school from 12-36 year previously, representing general internal medicine, internal medicine specialties, family medicine, pediatrics, psychiatry, obstetrics-gynecology, and surgery. Some had additional expertise in evidence-based medicine, medical ethics, women's health, and/or teaching and assessment of basic clinical skills. Comment: Clinician/educators who graduated from 12-35 years prior scored above 70% in 19/20 instances. It is thus possible that enough current medical faculty members can educate our students and junior trainees broadly at the requisite Step III level, but larger faculty sample sizes and additional institutions will be necessary to answer this question.

RIME Session 1: Facets of Professionalism
Who Participates in Learning Communities?

Friday, April 11, 2008
10:15 am - 11:45 am

Kristi Ferguson, PhD, University of Iowa Carver College of Medicine
Marcy Rosenbaum, PhD, University of Iowa Carver College of Medicine
Peter Densen, MD, University of Iowa Carver College of Medicine

Purpose The purpose of the study was to identify attitudes and characteristics of students who were more or less active in our learning communities (LCs) Methods This study is based on responses to a two-page questionnaire that was distributed by email in 2003 to all M2, M3, M4 and MD/PhD students, followed by two reminders. Students were classified as low, medium, or high engagement based on their average response to questions about participation in team sports, community service projects, fine arts activities, social activities, and other learning community activities during the previous year. We also asked students to identify the extent to which LCs contributed to seeking advice from upperclassmen, professional development and meaningful interaction with faculty. Finally, we assessed students' perceptions of the learning environment using a modified version of the Medical School Learning Environment Scale (MSLES). Results We received responses from 289 students and found statistically significant differences in perceptions of the learning environment across levels of engagement, with more favorable attitudes at each level of engagement. There were also significant differences in perceived contributions made by the learning community to the individual student. Non-married students (or those not living with a partner) were significantly more likely to have a higher level of engagement, as were students at earlier stages of their medical school careers. Significance The results suggest that we can identify students who are more or less involved in learning communities, and can use this information to extend the benefits of learning communities to more students.

RIME Session 1: Facets of Professionalism
Assessing Patient-Centered Care Competencies: Identifying and Understanding Relationships and Complexities

Friday, April 11, 2008
10:15 am - 11:45 am

Kimberly Hoffman, PhD, University of Missouri-Columbia
Joe Donaldson, PhD, University of Missouri-Columbia
Melissa Griggs, MEd, University of Missouri-Columbia
Wei Hsin Lue, PhD, University of Missouri-Columbia

Title: Assessing Patient-Centered Care Competencies: Identifying and Understanding Relationships and Complexities Authors: Kimberly Hoffman, Ph.D., Joe F. Donaldson, Ph.D, Melissa D. Griggs, M.Ed., & Wei Hsin Lu, Ph.D. Purpose The University of Missouri-Columbia developed eight key competencies supporting our overarching goal to educate physicians who provide effective patient centered care. Some competencies are assessed by traditional testing, while others (such as communication and collaboration) can provide assessment challenges. Our goal was to develop behavioral descriptors of the competencies to aid in our assessment tools. Methodology Behavioral descriptors were developed by 1) extensive literature review, 2) survey responses, and 3) focus groups. We solicited the opinions of patients (adolescents, elders, and adults), students (M1-M4), and faculty. Competency specific surveys assessed 1) importance of the descriptor, 2) goodness of fit with the competency, and 3) confidence it could be observed. Both quantitative (mean scores) and qualitative (coding of transcripts) methods of analysis were used. Results A concept map illustrates the complex relationship among the competencies and their relationship to patient centered care. Communication, collaboration, honest with high ethical standards emerged as a cluster as did respect and information sharing. Two independent coders achieved an inter-rater reliability of .90. Plot charts illustrate agreement among faculty, student, and patient perceptions. Patients' 20 most important behavioral descriptors were plotted against faculty and student mean scores for each descriptor and indicate faculty and student agreement on the importance of each descriptor as well as the confidence the descriptor can be measured. Significance These descriptors have informed educational innovations in: 1) the admission process, 2) review of pre clinical PBL cases, and 3) development of a third year OSCE.

RIME Session 1: Facets of Professionalism
Developing Virtuous Physicians

Friday, April 11, 2008
10:15 am - 11:45 am

Richard Randolph, PhD, Kansas City University of Medicine & Biosciences

Surprisingly, virtues play absolutely no role in the 7 ethics learning objectives delineated by the AAMC. Yet, virtues occupy a prominent historical role in ethical thought since its emergence as a disciplined form of intellectual inquiry. Historically virtues were central to the ethical theories of Plato and Aristotle in the West and Confucius in the East. Virtues continue to play an important role in contemporary ethics. For some present-day philosophers and theologians, virtues form the key building blocks for their entire ethical systems. At the Kansas City University of Medicine and Biosciences (KCUMB), we have attempted to incorporate virtue theory into our bioethics curriculum this year. Following an introductory presentation on virtues and virtue theory, medical students wrote brief reflective essays on the core virtues they considered indispensable for physicians. In other words, the students identified core virtues essential for their vision of themselves as physicians. This poster will describe the reflective process used to help students identify their core virtues for medicine. It will also report on the most popular virtues selected by students and offer some preliminary analysis as to why these particular virtues were so highly prized by medical students.

CONCURRENT SESSIONS
CME Sponsored Lecture Implications of the New ACCME Criteria for Medical School CME Units

Friday, April 11, 2008
1:30 pm - 3:00 pm

George Mejicano, MD, University of Wisconsin School of Medicine and Public Health
Mark Albanese, PhD, University of Wisconsin School of Medicine and Public Health

In 2008, the Accreditation Council for Continuing Medical Education (ACCME) will start to utilize new criteria to determine the accreditation status of CME providers. The new criteria have significant implications for the design, delivery, and evaluation of individual CME activities (as well as entire CME programs) because they strongly embrace the notion that the purpose of CME is to improve physician competence, physician performance, or patient outcomes. As a result, CME providers will now be expected to measure the impact of educational interventions in terms of competence, performance, or patient outcomes. CME units associated with academic medical centers will need to change their operations as a result of these new criteria. For example, staff will need to learn about performance measures and ACGME competencies. Connections will need to be forged between CME offices and the quality improvement committees associated with faculty practice plans and teaching hospitals. CME personnel will need to move away from the traditional role of meeting planner and towards the responsibility of educational consultant. Instructors will likely need to undergo faculty development related to educational methods that are more likely to change the behavior of physician learners. Evaluation methods will move away from "happiness" scores and towards data registries that are linked to dashboards which will be used for Maintenance of Certification, Pay for Performance, and Joint Commission surveys. This session will explore these and other issues in an effort to help CME units within medical schools prepare for the challenges just around the bend.

CONCURRENT SESSIONS
Faculty Development SIG Sponsored Workshop Translating Those Stacks of Written Evaluations and Comments into Meaningful Information Through Qualitative Data

Friday, April 11, 2008
1:30 pm - 3:00 pm

Deborah Simpson, PhD, Medical College of Wisconsin
Janet Riddle, MD, University of Illinois College of Medicine
Kathryn Huggett, PhD, Creighton University School of Medicine
Christine Taylor, PhD, Cleveland Clinic
Marcie Rosenbaum, PhD, University of Iowa Carver College of Medicine
Patricia Mullan, PhD, University of Michigan
Fredrick McCurdy, MD, PhD, MBA, Texas Tech University Health Science Center at Amarillo
Diane Brown, Medical College of Wisconsin

Residents Program Directors, Course and Clerkship Directors, CME Directors and other educators often want to get "learner's opinions" regarding the value or utility of a program, course, session, instructor, or new innovation. Data collected by national organizations (e.g., AAMC Graduation Questionnaire) also provide opportunities for learners to respond to general "describe the strengths and weaknesses" questions. These "open ended" questions are rich sources of data to inform what we as educators do but reducing the stacks of paper to meaningful information is often a bewildering and tedious task. This session will demonstrate how a team of individuals can work together to transform the stacks into categories of meaningful data. Following a brief overview of qualitative data methods – session attendees will be asked to review some existing data associated with how key stakeholders define "success" for faculty development programs – a form of continuing professional education. Attendees as part of a "coding team" will record a memo for each key concept in their data. These memos will then be clustered, using an affinity progress, to identify common themes emerging from the "stacks" of data. These themes will then be clustered into associated categories to transform the stacks into

meaningful, cogent data sets that can be communicated to key stakeholders to inform and guide educational decisions. The session will close with a general discussion of how this coding method can be applied to other data sets.

CONCURRENT SESSIONS

Academic Development SIG Sponsored Small Group Discussion Academic Development: How Do We Assist Students Experiencing Academic Crises?

Friday, April 11, 2008
1:30 pm - 3:00 pm

Gina Paul, PhD, Southern Illinois University School of Medicine
Susan Kies, EdD, University of Illinois College of Medicine at Urbana-Champaign
Georgia Hinman, PhD, University of Wisconsin School of Medicine

There are a number of issues that cause medical students to struggle academically in medical school. At most Midwestern institutions there are limited staff providing students with assistance. The primary objective for this session is to provide a networking format to share ideas, solutions, and professional concerns/needs for those assisting medical students in academic crises. Preliminary results of a study conducted by CGEA's Academic Development SIG, of medical schools located in the central region of the United States, will be presented. The small group discussion will provide a brief overview of the research findings from the study. Three presenters from different schools will share techniques and strategies they use to work with students. A facilitated discussion among attendees along with sharing of information will be a valuable component to this discussion.

IME Sessions

A Faculty Learning Community Model for Advancing the Scholarship of Teaching and Learning in Medical Education

Friday, April 11, 2008
1:30 pm - 3:00 pm

Mark Terrell, EdD, Lake Erie College of Osteopathic Medicine
Larry Hurtubise, MA, The Ohio State University College of Medicine
Rollin Nagel, PhD, The Ohio State University
Tamara Gutierrez, MD, The Ohio State University

We developed a faculty learning community (FLC) to help foster a learning-centered culture among faculty in the medical sciences at The Ohio State University during the 2007-08 academic year. Our FLC focused on advancing educational technology scholarship and consisted of ten cross-disciplinary health science faculty participants and ten instructional technology consultants who all shared a common interest in using technology to enhance student learning. Individual faculty projects included internet streaming I-videos, animations, and digital narratives in online learning environments. The FLC met regularly for monthly meetings to collaboratively learn, construct knowledge, and gain experience on topics related to the advancement of educational activity along a three-level continuum: teaching  scholarly teaching  the scholarship of teaching and learning. The meeting format consisted of education-based presentations, workshops, and discussions facilitated by educational consultants and experts. Seminar topics were determined progressively by the FLC throughout the year to maintain the highest level of topic relevancy. Direct results of our FLC: 1) enhanced student learning in multiple health-science courses, 2) developed faculty scholars in educational technology innovation, and 3) created a supportive community that enabled risk taking and the achievement of both individual and team objectives. Additional results included the transformation of faculty development; facilitating change in medical education by elevating the awareness, status, and importance of teaching; and contributed publications of evidence-based educational practices in specific disciplines in the medical sciences that will inform the practice of teaching beyond individual classroom walls.

IME Sessions
Students Igniting a Passion for Professionalism

Friday, April 11, 2008
1:30 pm - 2:15 pm

Linda Stone, MD, The Ohio State University College of Medicine
Eileen Mehl, MA, The Ohio State University College of Medicine
Mary Fleming, 2nd year medical student, The Ohio State University College of Medicine
Alicia Alcamo, 2nd year medical student, The Ohio State University College of Medicine

In the last decade there has been an increasing focus in medical schools on basic professionalism. So, in 2001 a course on professionalism was introduced into our patient-centered medicine curriculum. Twenty students who attended that first class had a vision of creating a culture centered on professional ideals. Those 20 students started Project Professionalism, a project that now involves over 200 students representing all 4 years of medical school. This student driven initiative includes committees that focus on service to others (the Community Service Committee, MedServe, Clowning in Columbus & Humanism in Medicine), the Class Oath Committee, a rejuvenation of the Student Honor Board which has become the Honor and Professionalism Council (HPC), Difficult Discussions, Ether Arts (creative activities, a student art show and publication of a student arts magazine), History of Medicine (supports projects highlighting the rich traditions of medicine) and student members sit on the Medical Center Professionalism Council. The project also involves collaborations with The Gold Foundation and Healer's Art and extends opportunities to undergraduates thinking about a career in medicine. Working with our students is a constant reminder of the commitment, intelligence, creativity and energy they bring to medicine. We will share the implementation process from an administrative and student perspective so that participants will be able to implement any part of it that might work at their institution.

MERE
Sharing Resources for Curriculum Integration

Friday, April 11, 2008
2:15 pm - 3:00 pm

Charles Hitchcock, MD, PhD, The Ohio State University College of Medicine
Dale Vandre, PhD, The Ohio State University
Mary Beth Fontana, MD, The Ohio State University

There is a marked interest in the design and implementation of integrated curricula for preclinical medical education. To paraphrase Justice Black "I know an integrated curriculum when I see it". Ohio State University is into its 6th year of an Integrated Pathway (IP) curriculum. Many other schools within the CGEA have developed their own ideas of what an integrated curriculum is. Now is the time to bring together interested individuals to demonstrate what they have designed at their own institution. The panel of moderators from OSU will provide background material (schedules) on the overall design of the IP curriculum, learning objectives, testing, the use of various learning resources, and examples of small group activities.

IME Sessions
Getting Started with Team-Based Learning

Friday, April 11, 2008
1:30 pm - 3:00 pm

Dean Parmelee, MD, Wright State University Boonshoft School of Medicine
Gary Nieder, PhD, Wright State University Boonshoft School of Medicine
Michael Petty, PhD, Rush Medical School

Although Team-Based Learning (TBL) has been used very successfully in the business school environment for many years, it has been only in the past five years that medical schools have begun to adopt it for pre-clinical and clinical curricula, and graduate medical programs. As an educational strategy, it is very much "Learner Centered" and can help medical schools transform instruction into 'active learning' and promote the development of professional competencies in interpersonal skills, teamwork and peer feedback. In addition, unlike Problem-Based Learning (PBL), TBL does not require a multitude of faculty to facilitate small groups, and it can either replace or supplement lectures that occur in the 'traditional' lecture hall. Interest in Team-Based Learning continues to grow, along with publications on its effectiveness in various settings and courses. TBL is best learned in an experiential format, therefore, the purpose of this workshop is to provide its participants with a 'real' TBL module, specially designed for medical educators who have little or no knowledge about it. Participants must complete an advanced reading assignment, take a ten-minute Individual Readiness Assurance Test (IRAT), a ten-minute Group Readiness Assurance Test (GRAT) as team members, and a thirty-minute Group Application Exercise. The workshop presenters will conduct the module with little 'sidebar' commentary until it is completed, thereby ensuring that participants best understand the process from the learner's perspective.

CONCURRENT SESSIONS

Technology in Medical Education SIG Sponsored Panel Presentation Electronic Health Record in Medical Education: What are the Right Questions to Ask?

Friday, April 11, 2008
3:15 pm - 4:45 pm

Larry Hurtubise, MA, The Ohio State University College of Medicine
David Resch, MD, Southern Illinois University School of Medicine
Bruce Slater, MD, MPH, University of Wisconsin School of Medicine and Public Health
Mary McIlroy, MD, The Ohio State University College of Medicine
Elizabeth Ryan, EdD, Northwestern University Feinberg School of Medicine

Given that with informatics and genomics (also known as bioinformatics) we are seeing a transformation of medicine bigger than anything we have experienced in our lives and that the "genomic revolution" would be unthinkable unless couched in a well established Electronic Health Record (EHR), it would seem time well spent to contemplate the question "What is the impact of EHRs on the education of medical students or the development of clinical reasoning processes?" This session will allow participants to begin a dialogue and establish networking contacts to address the opportunities and challenges the implementation of EHRs brings to medical education.

RIME Session 1: CONSULTATION REQUEST SESSION
A Chief Resident Leadership Course: Can We Improve its Evaluation and Influence on Practice?

Friday, April 11, 2008
3:15 pm - 4:45 pm

Jeffrey Morzinski, PhD, Medical College of Wisconsin

Objective: To aid analysis and frame an ongoing evaluation study for phase-two of a chief resident leadership training course designed to enhance practice based learning & improvement. Background: Chief residents hold crucial leadership positions in residency programs. Their competence impacts overall program function and viability. While national leadership training programs exist (e.g., AAFP), most chiefs assume their positions without preparation and receive inadequate peer support during their chief year. We addressed our need for chief training by initiating a statewide course. The Wisconsin Family Medicine Chief Resident Leadership Course is conducted in two phases. Phase one culminates in a one-day retreat on core themes and cases. Phase two consists of a refresher half-day on practice-based challenges and dilemmas. The refresher half-day occurs in the middle of the chief year. We email a pre-needs assessment

requesting that chiefs submit dilemmas and challenges that have emerged from practice. Identifiers are removed from submissions, which are then emailed to up to two faculty for their written responses. Submissions and responses are then prepared in a written report for chiefs to preview prior to discussing at the refresher half-day. Significance: We now possess four years of data in the form of submissions, responses, and summary ratings of the half-day. We would like the consultation to 1) help us summarize a plan for data analysis and 2) improve the evaluation plan to maximize the positive influence of this session on short and long-term chief leadership practices.

RIME Session 1: CONSULTATION REQUEST SESSION
An Assessment of Faculty's Competencies and Faculty Development Programs in a Philippine Medical School

Friday, April 11, 2008
3:15 pm - 4:45 pm

Olivia Ojano Sheehan, PhD, Ohio University College of Medicine CORE

Objectives/Purpose The overall goal of the study is to assess the academic competencies of the medical faculty in a Philippine medical school and examine existing faculty development programs for medical faculty. Methodology The researcher will use both quantitative and qualitative methods. The study will begin with a modification of an academic competencies' questionnaire developed by Harris et al (2007). This questionnaire will be given to a random sample of medical faculty (M.D. and Ph.D.). Descriptive statistics, using the Statistical Software for the Social Sciences (SPSS), will be used to capture the data from this questionnaire. Next, an examination of existing faculty development programs offered at the medical school will be conducted. Research will be conducted in the medical education or academic affairs department. Faculty development program materials (curricula), program resources, and references will be analyzed and individuals involved in faculty development programs will be interviewed. Results/Conclusion/Point of View Results of the study will be unique and beneficial since there is a dearth of resource in the Philippine medical education literature pertaining to faculty development for medical faculty. Educational Significance: This study is helpful because it will lend a closer look of medical education in the Philippines and assess the academic competencies of medical faculty in a Philippine medical school. This study is significant because it will examine the status of faculty development programs and will, hopefully, provide recommendations.

RIME Session 1: CONSULTATION REQUEST SESSION
Assessment of Cultural Issues in a Medical Education Environment

Friday, April 11, 2008
3:15 pm - 4:45 pm

Mary Kay Smith, MD, The University of Toledo College of Medicine
Kelly Bowes, BS, The University of Toledo College of Medicine
James Kleshinski, MD, The University of Toledo College of Medicine
Sadik Khuder, PhD, The University of Toledo College of Medicine
Sheryl Milz, PhD, The University of Toledo College of Medicine
Christopher Bork, PhD, The University of Toledo College of Medicine

Background: As the global community becomes increasingly interconnected, the burden increases for the medical education communities to ensure preparation for graduates to meet the ensuing needs. In order to educate and prepare physicians, it is essential to assess their baseline understanding of cultural issues encountered in the profession. Objective: To assess knowledge, self-awareness, attitudes and practice regarding a variety of culture-related issues among key stakeholders in a medical education environment. Methods: A 46-item survey, the Survey of Cultural Issues in a Medical Education Environment (SCIMEE), was developed and given to all medical students, residents and faculty. The survey utilized a four-point Likert scale, along with questions to collect demographic data. Results/Outcomes/Improvements: There are some striking differences between the medical student (n=343), resident (n=155), and faculty (n=114) group

responses. Differences exist within medical student groups as well. For instance, regarding the statement, "Racial differences are important to consider in medical practice due to corresponding hereditary risk factors," 6% of first year medical students disagreed and 21% of third year students disagreed, highlighting the need for targeted education regarding poorly understood concepts. Significance: In examining the results from the SCIMEE survey, we obtained invaluable information to assist us in educational performance improvement and program development. The ability to assess the baselines of our medical students, residents, and faculty will be critical in developing an educational approach to cultural competency that involves all stakeholders in the lifelong commitment to learning.

RIME Session 2: ASSESSMENT
The Effect of Judge Selection on Standard Setting

Friday, April 11, 2008
3:15 pm - 4:45 pm

Elaine Cohen, BA, Northwestern University
Diane Wayne, MD, Northwestern University
Gregory Makoul, PhD, Northwestern University
William McGaghie, PhD, Northwestern University

Background: The Communication Assessment Tool (CAT) is a patient survey assessing 14 physician attributes within the competency of interpersonal and communication skills. We wanted to use a panel of expert judges to set a minimum passing standard (MPS) for the CAT. Although judge selection is considered important in standard setting, the actual impact of judges' expertise and background on the standards imposed is unknown. Methods: We formed five panels to set an MPS for the CAT using the Angoff and Hofstee methods. Each panel had 10-14 judges representing communication skills faculty, program directors, postgraduate trainees, university hospital patients, and Veterans Affairs hospital patients. Panels completed standard setting exercises on two occasions, eight weeks apart. An MPS for the CAT was calculated and compared to performance data from a pilot group of 30 residents. Results: MPSs ranged from 46% to 66% using the Angoff method and 33% to 69% for the Hofstee. When MPSs were applied to the performance of residents in the pilot group, the pass rate varied from 77% to 100%. Communication experts were the most stringent, while postgraduate trainees were the most lenient judges. Conclusions: The background of judges dramatically affected the MPS set for a patient survey instrument. Our results highlight the importance of judge selection in standard setting. Awareness that judges from different backgrounds impose highly different standards is critical when designing programs to assess trainee competence.

RIME Session 2: ASSESSMENT
Characterization of Manual Skill in Open Suturing using Microelectromechanical Sensors (MEMS)

Friday, April 11, 2008
3:15 pm - 4:45 pm

Stanley Hamstra, PhD, University of Michigan Medical School
Brent Gillespie, University of Michigan
Jun Xiao, Wuhan University
Noel Perkins, University of Michigan
Tom Armstrong, University of Michigan
Steven Kasten, University of Michigan
Rebecca Minter, University of Michigan

Objective: Most learning for suturing takes place during unsupervised practice or during actual procedures in the operating room. To better support medical student and resident training, we developed a needle driver with embedded microelectromechanical sensors (MEMS) for tracking instrument motion. Methods: An integral feature of our approach is the use of digital video recordings, synchronized with the sensor signals, to parse surgical procedures into a series of

actions based on a task analysis. In this pilot study, we examined the orientation of a needle driver about its long axis and the timing of subtasks to look for indicators of performance variability and excess trauma to bench model tissue. Two surgeons and one engineer sutured an incision in simulated tissue. Each subject performed 10 trials of completing a single suture with forceps. Results: Subject 1 Subject 2 Subject 3 Performance Measure mean SD mean SD mean SD Start angle (deg) -43.3 4.67 -38.5 3.95 -64.6 7.69 Stitch angle (deg) 128.8 14.4 89.3 10.7 84.0 22.7 Stitch time (s) 1.85 0.48 0.92 0.15 1.25 0.72 Subject 3 was the non-surgeon, and exhibited higher standard deviations in all three measures. Note that any given subject can be distinguished from the others based on their means in three measures. Conclusions: These results suggest motion tracking of the surgical instrument could be used to discern performance differences between experts and non-experts. We envision the parsed video and motion tracking signals as assessment and formative process feedback for extended individualized coaching.

RIME Session 2: ASSESSMENT
Procedural Skills Training and Competency Assessment Among Training Programs of Different Specialties

Friday, April 11, 2008
3:15 pm - 4:45 pm

Maria Lucarelli, MD, MS, The Ohio State University
Rollin Nagel, PhD, The Ohio State University
Catherine Lucey, MD, The Ohio State University

Background: Procedural skills (PS) training occurs in residency programs across specialties. Differences likely exist between programs for training and for assessing competency; however the extent of the differences is unknown. We investigated the differences between programs across specialties in PS training and competency assessment. Methods: A survey consisting of 17 questions regarding training and competency assessment for common bedside procedures was mailed to program directors in the specialties of internal medicine (IM), emergency medicine (EM), surgery and anesthesiology. Results: 898 surveys were sent. Responses from 534 programs (59.5%) have been collected. Of these, 47.4% were IM, 23.4% surgery, 15.2% anesthesiology; 14.0% EM. For central line placement mentored bedside experience remains the most common training approach (94.2%). Independent readings (61.9%), lectures (61.5%), simulation (46.4%) and video training (31.6%) are also used. For competency assessments, bedside assessment of skills by faculty (73.6%) and residents (64.9%) and total number of procedures performed (71.4%) are the most common methods used. Standardized tools are used in only 12.2% of programs. Additionally, 17.6% of programs rely on assessment by other trainees to establish competency. Similar results were found for other bedside procedures. Conclusion: Despite the potential complications by inexperienced operators, procedures are done by trainees in each procedurally based specialty. There does not appear to be a consistent approach to training or competency assessment across specialties. Variations in training and assessment may lead to less skilled operators performing procedures independent of skilled operator supervision.

IME Concurrent Peer Reviewed Session
Adjudicating Professionalism Lapses: Who Should Take the Lead?

Friday, April 11, 2008
3:15 pm - 4:45 pm

Carol Hasbrouck, MA, The Ohio State University College of Medicine
Joanne Lynn, MD, The Ohio State University College of Medicine
Polly Moss, MEd, Northeastern Ohio Universities College of Medicine
Dean Parmelee, MD, Wright State University Boonshoft School of Medicine
Constance Shriner, PhD, University of Toledo College of Medicine

When students have lapses in professionalism, who should take responsibility for handling them? Professionalism in medicine goes well beyond the doctor-patient relationship; it should be evident

in classrooms, laboratories, hallways, and patient areas. Likewise, lapses of professionalism can occur anywhere. Recent literature highlights the continuing importance of professionalism, although not much has been written about Student Honor Boards/Councils or about best processes for adjudicating professionalism lapses. How does an institution address Whitcomb's goal, "to create within medical schools and teaching hospitals an institutional culture that places value on commendable professional behaviors and that is intolerant of behaviors that do not conform to established standards." (Whitcomb, 2002: 474) Who should take the lead in establishing the standards and in adjudicating professionalism lapses – faculty or students? Many schools have developed student honor councils charged with promoting professionalism education, as well as adjudicating student professionalism issues. Their structures and functions vary. Four schools in Ohio will outline how their institutions handle student lapses in professionalism and address who should take the lead. By the end of the session, participants will be able to: describe multiple approaches for promoting professionalism and adjudicating professionalism lapses by students; identify the role and structure of Honor Boards in the process of managing professionalism lapses; describe a range of interventions utilized to address lapses; analyze strengths, weaknesses and barriers to different approaches; and consider what approaches might work at their home institution. The panel session is structured to allow 45 minutes for audience debate and discussion.

IME Concurrent Peer Reviewed Session
How to Integrate Teaching Communication with Patient Care Skills for a Critical Patient in a Clerkship or Residency Program

Friday, April 11, 2008
3:15 pm - 4:45 pm

Stefanie Ellison, MD, University of Missouri-Kansas City School of Medicine Truman Medical Center
Christine Sullivan, MD, University of MIssouri-Kansas City School of Medicine

Recently the American Medical Association (AMA) identified medical education gaps which included: the physician's ability to rapidly synthesize information while simultaneously caring for patients; the physician's role as a member of the healthcare team; the physician's ability to communicate effectively in difficult situations, and to do so in a caring manner. The critical patient encounter is the ideal scenario to integrate all of these essential skills. In order to amend these gaps in learners, curricular change should focus on strategies to integrate data gathering and synthesis; effective communication with patients, healthcare team members and consultants; while simultaneously caring for and reassessing patients. It is important to create a curriculum that integrates providing these technical aspects of patient care with effective communication skills. This workshop will provide a forum for the extended discussion of participants' communication curriculum needs. It is intended to provide educators and program directors that are either considering, or engaged in curriculum changes, with information on curriculum development for communicating with the critical patient. The discussants will direct the workshop so that participants will be able to develop their own learning objectives for integrating the technical aspects of patient care with communication skills, determine learning activities to meet these objectives, and discuss potential assessment methods. The discussants will also present their own curriculum as a model of this integration in an emergency medicine (EM) clerkship and residency. This presentation will include their objectives, learning activities, including a critical care standardized patient encounter, and assessment methods.

IME Concurrent Peer Reviewed Session
A Behavioral Science Curriculum Change Process at The Ohio State University College of Medicine

Friday, April 11, 2008
3:15 pm - 4:00 pm

Douglas Post, PhD, The Ohio State University Department of Family Medicine

The social and behavioral sciences play key roles in patient health outcomes. Given this reality, successful development of social and behavioral science curricula in medical education is critically important to the quality of patients' lives and the effectiveness of health care delivery systems. The Institute of Medicine, in a recent report, recommended that medical schools enhance their curricula in these areas and identified four institutions as "exemplars" of social and behavioral science education. It is the purpose of this presentation to describe an ongoing curriculum development and improvement process that produced one such exemplar program at The Ohio State University College of Medicine. The presenter will provide a historical perspective on behavioral science education at Ohio State, discuss issues that led to curricular change, and describe the principles and processes utilized to implement reform. Critical factors underlying positive change will be addressed: we increased active learning, recruited a core group of primary care physician small group facilitators, diversified teaching methods, supported student-directed educational initiatives, enhanced student-teacher relationships, centralized course administration, obtained funding, implemented a faculty development program, and applied curriculum quality improvement methods. Outcome data from evaluations completed by both students and small group physician faculty will be presented, and future directions regarding further revision will be outlined. An interactive question and answer session regarding the potential application of presentation content to attendees' own institutions will be conducted.

IME Concurrent Peer Reviewed Session
Diagnosis of Delayed Learning Progress During Clinical Education

Friday, April 11, 2008
4:00 pm - 4:45 pm

Ronald Markert, PhD, Wright State University Boonshoft School of Medicine
Gerald Crites, MD, MEd, Wright State University Boonshoft School of Medicine
W Scott Richardson, MD, Wright State University Boonshoft School of Medicine

Clerkship directors, residency program directors, and faculty often encounter a medical student or resident who lacks the expected level of medical knowledge, clinical skills, or professional attitudes for his/her stage in the medical education continuum. Such delayed learning progress may be due to deficiencies in the areas of academic, cognitive, personal, and/or psychological development. This small group discussion will build on an analogy for clinical differential diagnosis to assist participants in identifying the medical student or resident who is delayed in learning progress. The experiences of the presenters and the participants will be integrated with interpretation of the relevant literature on the delayed learner. A brief introductory presentation will draw an analogy between the steps in arriving at a clinical differential diagnosis and a systematic approach for understanding the causes of a learner's delayed progress in clinical education. Then, working in small groups, participants will list behaviors indicative of delayed learning progress in clinical education. Next, an interactive plenary session will be used to categorize the list of problem behaviors into four causal domains: academic, cognitive, personal, and psychological. Returning to their small groups, participants will list the methods and resources they use to diagnose the causes of a learner's delayed progress; subsequently participants will reconvene for a plenary session in which consensus will be reached on preferred and effective methods and resources. Finally, the facilitators will summarize the session, and the group will recommend future directions for addressing the issue of the delayed learner.

Peer Review of Teaching Study: Designing, Implementing and Evaluating a National Faculty Development Plan

Friday, April 11, 2008
5:15 pm – 6:15 pm

Heather Hageman, MBA, Washington University School of Medicine
Karen Marcdante, MD, Medical College of Wisconsin
Deborah Simpson, PhD, Medical College of Wisconsin
Patty McNally, EdD, Loyola University Chicago Stritch School of Medicine

Medical schools recognize the need to better measure and reward faculty member's educational contributions and clinical care performances, including the development of guidelines and valid and reliable comprehensive evaluation systems. This workshop will provide a review of the literature on the use/impact of peer review and describe a national project that includes a study to design, implement and evaluate a national peer review of teaching program based on observations and feedback. The ultimate goal is to develop a program that can be adapted by interested medical schools. Included in the program will be tools that can be used across institutions to standardize effective teaching in the lecture and small group formats. Within the program, as we train faculty members to observe teaching and give feedback, we will aim to develop and validate one instrument that can be used when observing lectures and small group teaching formats. The workshop will include a small group interactive session with participants completing the assessment tool provided while observing a vignette; a summary discussion and group refinement and enhancement of the tools; discussion of next steps for the project; and recruitment of faculty to participate in peer reviews.

CONCURRENT SESSIONS
CME Sponsored Lecture CME as a Link to Quality

Saturday, April 12, 2008
10:15 am - 11:45 am

George Mejicano, MD, University of Wisconsin School of Medicine and Public Health
Kate Regnier, MA, MBA, Accreditation Council for Continuing Medical Education

CME units at academic medical centers are often marginalized because they are not thought of as strategic assets that help medical schools and their affiliated teaching hospitals achieve their missions. At the same time, it is widely accepted that every physician has the professional responsibility to remain current in their respective field. In contrast, many physicians have not warmed up to the idea that their performance should be routinely measured in order to ensure their ability to provide quality healthcare to their patients. Further, the complex individual relationships that many medical school faculty members have with commercial interests have eroded the line between promotion and education. In response to these and other challenges, this session will explore the current healthcare environment and demonstrate how CME units are a vital component of any organization that is serious about improving healthcare quality. Indeed, numerous studies and an Evidence Report from the Agency for Healthcare Research and Quality have documented the effectiveness of continuing medical education. In addition, the new decision criteria advanced by the ACCME mandate that providers sponsor CME activities that improve physician competence, physician performance, and/or patient outcomes. Thus, the continuing professional development of physicians, including medical school faculty, has now evolved from a culture of educational enrichment that valued "learning for learning's sake" to one that mandates CME aimed at closing gaps in quality, focuses on a defined scope of practice, and has a firm expectation that the impact of CME activities will be rigorously measured.

RIME Oral Abstracts: STRUCTURING AND EVALUATING CURRICULA
Suicidal Ideation Among U.S. Medical Students: A Multi-institutional Study

Saturday, April 12, 2008
10:15 am - 11:45 am

Liselotte (Lotte) Dyrbye, MD, Mayo Clinic College of Medicine
Matthew Thomas, MD, Mayo Clinic College of Medicine
F Stanford Massie, Jr, MD, University of Alabama
David Power, MD, University of Minnesota
Anne Eacker, MD, University of Washington
William Harper, MD, University of Chicago
Christine Moutier, MD, University of California, San Diego
Tait Shanafelt, MD, Mayo Clinic College of Medicine

Psychological distress among medical students is common. Prevalence of suicidal ideation (SI) among U.S. medical students has not been well studied. The authors explored the prevalence of suicidal ideation and associations with burnout among U.S. medical students. Students (n=4,287) at 7 medical schools were surveyed in 2007 with the Maslach Burnout Inventory and standardized questions about SI during the preceding 12 months. Analysis included descriptive summary statistics for estimating prevalence and simple logistic or linear regression for assessing trends in proportions/continuous variables. 2,248 (52% response rate) students completed the survey. Burnout was present in 50% of respondents. High emotional exhaustion (EE), high depersonalization (DP), and low personal accomplishment (PA)–all domains of burnout–were present in 40%, 32%, and 31%,. Eleven percent of students (249/2,433) reported SI in the preceding 12 months. Students with burnout were three times more likely to have had SI than their peers without burnout (OR 3.46, p<.0001). With each one point increase in EE and DP, or one point decrease in PA score the odds of SI increased 5-8% (OR 1.05-1.08, all p<.0001). For example, a 10 point increase in EE was associated with a >70% increased odds of SI. Only 33% (80/240) of students who reported SI accessed mental health resources. SI is common among U.S. medical students and exhibits a dose response relationship with burnout. Most students with suicidal thoughts do not access mental health resources. Further research is needed to evaluate the causes of SI, its relationship to training-related distress, and how to increase students' use of mental health resources.

RIME Oral Abstracts: STRUCTURING AND EVALUATING CURRICULA
Survey of Medical Schools' Efforts to Obtain Feedback on the Performance of Recent Graduates

Saturday, April 12, 2008
10:15 am - 11:45 am

Kathryn Huggett, PhD, Creighton University School of Medicine
Amanda Lofgreen, MS, Creighton University School of Medicine
William Jeffries, PhD, Creighton University School of Medicine

Objectives: The LCME requires medical schools to evaluate graduates' performance, but little is known about medical schools' efforts to survey residency program directors about the academic preparation of graduates. Less is known about efforts to survey alumni about their medical school experience. The purpose of this investigation is to catalogue and describe medical schools' post-graduate evaluation procedures. Methods: All U.S. medical school deans (n=126) were invited to complete an online survey. The survey addressed methods to obtain feedback about graduates; survey topics and design; consent procedures; survey administration; response rates; and data use. The survey also requested information about alumni survey procedures. Results: 69 (55%) medical schools completed the survey. 61 (48% of U.S. medical schools) survey residency program directors. 35 (28% of U.S. medical schools) survey recent graduates. Surveys of program directors are conducted primarily by mail (80%) and online (31%). The median response rate is 67%. Sources consulted for survey items include schools' learning goals and objectives (77%), ACGME competencies (59%), and faculty/staff suggestions (54%). Most frequently cited uses of survey data were "Share with faculty to highlight strengths and weaknesses in the

curriculum" (82%) and "Inform or direct curricular change" (80%). Educational significance: Nearly half of U.S. medical schools survey program directors about the performance of recent graduates. Alumni surveys are less widely-used. Data from this investigation can inform educators who develop new surveys or modify existing follow-up surveys. The prospect of a national survey instrument has also been discussed recently at national medical education meetings.

RIME Oral Abstracts: STRUCTURING AND EVALUATING CURRICULA
Impact of Team-Based Learning on Second-Year Medical Students' Performance on Pathology-Based Exam Questions

Saturday, April 12, 2008
10:15 am - 11:45 am

Paul Koles, MD, Wright State University Boonshoft School of Medicine

IMPACT OF TEAM-BASED LEARNING ON SECOND-YEAR MEDICAL STUDENTS' PERFORMANCE ON PATHOLOGY-BASED EXAM QUESTIONS Paul Koles*, Adrienne Stolfi, Stuart Nelson, Dean Parmelee, Boonshoft School of Medicine, Wright State University, Dayton, OH 45435 U.S.A. Purpose The impact of team-based learning (TBL) upon academic performance has not been extensively evaluated. Observations lead us to hypothesize that TBL is associated with two performance outcomes: (1) higher performance on exam questions related to TBL content than on questions unrelated to TBL content, and (2) greater benefit for students in lowest academic quartile than for those in highest academic quartile. Methods Performance of 91 students on 13 major examinations was reviewed. Of 1290 examination questions, 352 were classified as pathology-related exam questions (PREQs). All PREQs were divided into two groups: (1) TBL-related questions (TR), examining content related to a TBL module, and (2) TBL-unrelated questions (TU), examining content conceptually unrelated to a TBL module. Students' scores on TR vs. TU questions were compared (paired t-tests). Highest vs. lowest quartile students' scores on TR vs. TU questions were also compared (two-way ANOVA). Results All students performed 7.8% higher on TBL-related PREQs than TBL-unrelated PREQs ($p < 0.001$). Lowest quartile students scored 9.1% higher on TR than TU questions, while highest quartile students scored 7.2% higher on TR than TU questions. This difference between academic quartiles is significant only at the $p = 0.221$ level. Conclusion Performance by second-year medical students on PREQs related to a TBL module is significantly higher than performance on PREQs unrelated to a TBL module. While there is a measurable tendency for lowest academic quartile students to benefit more from TBL than students in highest academic quartile, this tendency is not statistically significant.

RIME Oral Abstracts: STRUCTURING AND EVALUATING CURRICULA
Readiness To Advise and Be Advised: Is There a Mismatch of Expectations Between Medical Students and Their Faculty Advisors?

Saturday, April 12, 2008
10:15 am - 11:45 am

Denise Gibson, PhD, University of Cincinnati College of Medicine
Linda Goldenhar, PhD, University of Cincinnati College of Medicine
R Stephen Manuel, PhD, University of Cincinnati College of Medicine

The primary goals of this research study were to begin to define how the term "advising" in medical school is perceived by students and faculty advisors and to explore the expectations medical students and advisors have of the advising relationship. Focus groups with faculty advisors and student advisees were held at two medical schools (University of Cincinnati and University of Missouri, Kansas City) to gather qualitative data on perceptions about advising and expectations of the advising relationship. Those data were then used to develop an online survey designed to measure the variables of interest. The online instrument was pilot tested at five collaborating medical schools within the Central Group on Educational Affairs and one in the Southern Region (UC, UMKC, University of Iowa, University of Kentucky and Wright State University). Data from this pilot project will be presented along with a model for advising using the

transtheoretical model of change. Key issues raised in this research project will be summarized and the implications for other advising programs in medical schools across the country will be discussed and solicited.

RIME Oral Abstracts: STRUCTURING AND EVALUATING CURRICULA
Factors that Influence the Scheduling of Fourth-year Electives

Saturday, April 12, 2008
10:15 am - 11:45 am

Amy Shumate, MA, University of Missouri-Columbia School of Medicine
Michael Hosokawa, EdD, University of Missouri-Columbia School of Medicine

Research Abstract: Factors that influence the scheduling of fourth-year electives Purpose The medical student fourth year curriculum is usually the most unrestricted in terms of requirements and time. The purpose of this study was to identify personal and professional factors students consider as they map out their final year. Methodology A survey was developed consisting of four statements and associated factors. The first statement consisted of a list of factors to be ranked in a Likert-like scale with the descriptors "strongly influenced" (5) to "not at all" (1) with a final response of "not applicable". The second statement included knowledge and skills factors. Statement three was about preparation for residency and statement four was about general interests. The survey was administered to the graduating class as an on-line, anonymous survey through Survey Monkey. Results The survey was administered to 90 students with a return rate of 62%. Respondents ranked residency visits/interviewing as their first influencing factor (75%) followed by study for boards (56%), "time off for non-academic activities (52%), "closeness to family/significant relationship in another community (27%) and "getting married". Furthermore, 63% felt increasing overall knowledge/skill strongly influenced or somewhat strongly influenced scheduling; 90% were somewhat or strongly influenced by residency preparation; 83% felt pursuing general interests somewhat or strongly influenced scheduling. Conclusions Residency is an important factor in several ways as students schedule interviews, enhance skills/knowledge and elect courses for residency preparation. This study will be carried on with additional classes to note similarities/differences and to describe "non-academic activities".

IME Sessions
Faculty's Unprofessional Behavior: How to Address it?

Saturday, April 12, 2008
10:15 am - 11:45 am

Ruth Rademacher, MD, Medical College of Wisconsin
Louise Arnold, PhD, University of Missouri Kansas City School of Medicine
Cynthia Ledford, MD, The Ohio State University College of Medicine
Karen Marcdante, MD, Medical College of Wisconsin

Accrediting bodies require that faculty assess the professionalism of medical students and residents and remediate them, if necessary. In academic medical centers, learning by example is the most frequent way that medical students and residents come to understand the accepted behaviors and culture. They observe many faculty behaviors – the good and the bad. In order to create a culture in which learners feel comfortable and supported, the faculty must conduct themselves as professionals and demonstrate appropriate behaviors for learners to model. However, not all faculty behavior is seen as professional. Observing unprofessional behaviors may actually promote modeling of those unprofessional behaviors in our learners. Therefore, appropriate means of addressing faculty's professional lapses are needed. Some institutions have processes already established; some do not, and many most likely struggle with the issue. This small group discussion will identify and critique ways to respond to faculty's unprofessional behavior. Multiple strategies implemented at several institutions – discipline, therapy, root cause analysis, and prevention through appreciative inquiry -- will be briefly described, and other approaches will be identified through group discussion. Participants will then attempt to apply the approaches to scenarios of faculty's professional lapses to determine strengths, weaknesses,

and suitability of different strategies to the various situations. Finally, the barriers to addressing faculty's unprofessional behavior as well as possible solutions to overcoming the barriers in order to foster a more learner-centered culture will be discussed.

IME Sessions
Towards Collaborative Development of An Assessment Toolbox for Educational Outcomes

Saturday, April 12, 2008
10:15 am - 11:45 am

Larry Gruppen, PhD, University of Michigan
Casey White, PhD, University of Michigan
Patricia Mullan, PhD, University of Michigan
Stanley Hamstra, PhD, University of Michigan
J Thomas Fitzgerald, PhD, University of Michigan

The demand for assessing and documenting educational outcomes is growing and has spread from undergraduate to graduate medical education and onwards to many facets of the educational enterprise. Unfortunately, many medical school faculty and GME program directors tasked with these assessment activities do not have training in psychometric principles nor are they aware of the array of assessment tools, methods, and processes that already exist. Even those faculty with experience and knowledge of assessment rarely have comprehensive expertise in the spectrum of assessment issues, such as scoring, standard setting, generalizability, validity assessment, and development of tools for diverse outcomes. The members of the CGEA have a wealth of expertise that can be applied to this situation. This workshop will explore the possibility of a collaborative effort to develop an assessment toolbox for the spectrum of educational outcomes. The workshop will provide a forum for the participants to define a consensual philosophy and purpose for an assessment toolbox, its format and organization, and some principles for its development and implementation. The goal of the workshop is to define some level of consensus on the value, purpose, format, implementation and dissemination of such an assessment resource. The workshop will also address mechanisms to assure the longer-term viability of this resource.

CONCURRENT SESSIONS
Faculty Development SIG Sponsored Workshop GME session Measuring Effectiveness of Competency-Based Learner Assessment and Program Evaluation Across the Education Continuum: Not for Sissies!

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Ernest Yoder, MD, PhD, St. John Health
Deborah Simpson, PhD, Medical College of Wisconsin
Kathryn Huggett, PhD, Creighton University School of Medicine
Stefanie Ellison, MD, FACEP, University of Missouri - Kansas City School of Medicine
Truman Medical Center
Michele Raible, MD, PharmD, University of Illinois at Chicago

Co-sponsored by the Faculty Development Special Interest Group and Graduate Medical Education Section Demonstrating that learners have obtained pre-defined competencies and evaluating the associated educational program are elements common from UGME to CME. Faculty members at all levels are expected to create and implement effective assessment tools for their learners and useful program evaluation instruments, but they may not have the knowledge, skills, or support system to demonstrate effectiveness through appropriate statistical measures of reliability and validity. For example, all GME programs are now engaged in full implementation of the ACGME General Competencies and must demonstrate assessment of resident acquisition of the six competencies and evaluation of programmatic effectiveness. Results should be accompanied by documentation demonstrating program improvement and documentation of resident-specific learning and development plans to assure that each resident

graduates with the expected level of competency. Embedded within these ACGME guidelines is the requirement that all evaluation and assessment tools and processes be shown to be valid and reliable with associated statistics. Such expectations are not limited to GME: Medical schools and continuous professional development programs are engaged in similar discussions of learner assessment and program evaluations tools. Participants in this workshop will be able to describe common approaches to assessing validity and reliability and leave the workshop with a plan for assessing these parameters for an instrument currently used in their educational programs.

RIME Papers: GUIDING CURRICULA AND CAREERS
Factors Linked to an Academic Career In Medicine: A Literature Review

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Nicole Borges, PhD, Wright State University Boonshoft School of Medicine
Anita Navarro, MEd, Virginia Commonwealth University School of Medicine
Amelia Grover, MD, Virginia Commonwealth University School of Medicine
J Denny Hoban, EdD, Virginia Commonwealth University School of Medicine

Purpose Medicine has different pathways in which physicians pursue their vocation. Historically, clinical practice, research, and academia have been common paths. Recently, academic careers have received increased attention in the literature as medicine and academic medical centers evolve. We examined this literature to identify research-based factors influencing physicians to choose an academic path. Specifically, this review attempted to answer the following questions: ● Why do physicians choose to enter academic medicine? ● At what point is the decision to practice in an academic setting made? ● Are there common factors that predict academic career choice across medical specialties? ● Do the reasons for entering academic medicine vary among specialties? Method PubMed and Medline databases were searched from 1960-2006 using the term "career academic medicine" and about 300 relevant articles were found. The article titles were reviewed and 9 major themes were identified relating to academic medicine career paths. Using the article titles, the each author coded a set of articles using the agreed upon list of themes. Articles for each theme identified as important and relevant were then read by each member of the study team. Comments were summarized collectively to capture what the literature, regarding that particular theme, contributed as a whole to the larger question, "How, when, and why do physicians choose an academic career in medicine?" Conclusions A summary of the literature review will help medical educators better understand the factors associated with choosing a career in academic medicine.

RIME Papers: GUIDING CURRICULA AND CAREERS
Using Patient Encounter Logs for Mandated Clinical Exposure in An Internal Medicine Clerkship

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Gary Ferenchick, MD, Michigan State University
Asad Mohmand, MD, Michigan State University
Jessie Mireles, MD, Creighton University
David Solomon, PhD, Michigan State University

Background Patient encounter logs help assess the adequacy of a student's educational experience. To our knowledge, no one has studied the use of logs as a means to document mandatory clinical encounters. Objectives To determine: 1) The effectiveness of "mandating" student exposure and logging of 18 core training problems. 2) Student and clerkship director perspectives on the degree of difficulty in meeting mandated requirements. 3) The accuracy of mandated log entries. 4) The degree to which log entries are questioned or rejected by preceptors. Participants 92 third year internal medicine students and 6 internal medicine clerkship directors at 10 geographically dispersed hospitals and 30 ambulatory sites. Design and Measurement In this descriptive study we directly measured the completion rate of mandated

logs, their degree of accuracy and the percent that were not validated over a single academic year. We surveyed students and directors on the perceived degree of difficulty in meeting mandated clinical requirements. Results 98% of our students met our mandated requirements and 93.8 % of students found it "easy" or "very easy" to meet this requirement. The amount of estimated time spent by clerkship directors helping students meet mandated requirements for the entire year was 4.5 hours. The accuracy of submitted logs was ~ 77% however, over 99% of log entries were "validated" by preceptors. Conclusions Mandating encounters with patients presenting with 18 core clinical problems represents an effective and efficient intervention. The accuracy of our students mandated logs is similar to previously published data, however even inaccurate logs were rarely questioned or rejected by preceptors.

RIME Papers: GUIDING CURRICULA AND CAREERS
Exploring the Connection: Honor Society Membership and Career Choice: Three Year Experience at The Ohio State University College of Medicine

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Sheryl Pfeil, MD, The Ohio State University
Linda Stone, MD, The Ohio State University College of Medicine
Carol Hasbrouck, MA, The Ohio State University College of Medicine

Background: Interest in primary care (PC) is steadily decreasing and becoming overshadowed by specialty fields. None of the "highly competitive specialties" [NRMP August 2007] are PC, and the most competitive specialties attract the greatest proportion of high academic achievers. The ACP workforce paper (2006) highlights the need to "reverse the impending collapse of primary care medicine." Objective: This preliminary descriptive survey examines career choices of graduating OSU medical students who are members of Alpha Omega Alpha and/or the Gold Humanism Honor Society - specifically examining the proportion of these members choosing PC fields. Methods: Specialty selection data were analyzed for 2005, 2006 and 2007 OSU graduates inducted into AOA and GHHS. PC specialties were designated as Family Medicine, Pediatrics, Internal Medicine and IM/Pediatrics. All students entering FM and Pediatrics were designated as PC; however, since a large percentage of IM residents pursue subspecialties, a correction factor of 20% [ACP WFPP 2006] was applied to predict IM-PC. Results: For 2005-2007, an average of 23.5% of the total class chose a primary care field compared to 13.2% of AOA students and 13.5% for those in both AOA and GHHS. However, 38.2% of GHHS only students chose PC. Conclusions: The trend for graduates to choose a specialty was accentuated among high academic achievers (AOA) and among "super achievers" (both AOA and GHHS). A noteworthy finding is that a greater percentage of GHHS only members chose PC. Whether GHHS and other humanism initiatives will ultimately impact interest in PC remains to be seen.

RIME Papers: GUIDING CURRICULA AND CAREERS
The Utilization of High Performance Psychomotor Skill and Mental Preparation Techniques To Increase Performance on Patient Simulations

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Cheryl Kristjanson, PhD, University of Manitoba
Eunice Friesen, RN, University of Manitoba
Mark Torchia, PhD, University of Manitoba

Drawing on research around the importance of mental cognition in high performance psychology and the effect that has on teamwork and performance our project investigated whether utilizing these strategies improves performance on patient safety simulation outcomes. The design of the demonstration project was a Pretest-Posttest Control Group Design. The participants were 12 residents randomly striated to one of two groups, a control group and an experimental group. Each group participated in the identical patient safety simulation (pretest) and post test. In the intervening time between simulations the experimental group received an educational

intervention. The residents in the experimental group attended educational sessions where they participated in discussions around the relationship of focus of attention and performance as it relates to physician practice. They also learned strategies to focus and shift their attention in response to stress and/or multiple distractions. We were unable to detect quantitative evidence that the intervention improved performance on the simulation checklists. However, the qualitative structured interviews revealed a trend that the interventions increased the number of residents able to deal with the scenario's distractions in order to synthesize the key elements into a holistic picture of the patient and initiate a decisive management plan. In addition, the first group of intervention residents were so enthusiastic about the intervention and its potential to assist with their individual preparation, confidence levels and dealing with uncertainty and distractions we provided it to the control group after the post test and administered a third simulation to both groups.

RIME Papers: GUIDING CURRICULA AND CAREERS
Caring for the Underserved: A Survey of Former Postbaccalaureate Program Physicians in Practice

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Leon McDougle, MD, MPH, The Ohio State University College of Medicine
Yosman Rucker, MSc, The Ohio State University College of Medicine
David Way, MEd, The Ohio State University College of Medicine

Introduction: Diversity in the physician workforce has been shown to be enhanced through postbaccalaureate programs which help to prepare underrepresented minority and disadvantaged students for medical school. Historically, medical students from underrepresented minorities and disadvantaged backgrounds have shown greater interest in providing care for underserved communities. Through a survey of practicing physicians, this study explored the relationship between successful completion of a premed-postbaccalaureate program and the propensity to provide care for the underserved. Methods: Graduates of a Midwestern university medical school from 1996-2002, who have been in practice for at least 1 year, were surveyed about their current practice population. Two groups were compared: physicians who are under-represented minorities (URM) and who completed a premed-postbaccalaureate program and physicians who were non-URM graduates who had not participated in the program. Results: The survey return was 73% with equal numbers from each group. Survey results showed that postbaccalaureate physicians were more likely to be providing service to patients who are medically indigent. PBP graduates were also more likely to be volunteering their services beyond their medical practice. Clinical experience with the underserved during medical school was shown not to be correlated with service to the poor in future practice. Conclusion: Premedical postbaccalaureate programs contribute to improving health care access to the underserved, by training physicians who are more likely to serve the medically indigent.

IME Sessions
Think Big! USMLE Changes Open the Door for New Models of Medical Education

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Aaron Michelfelder, MD, Loyola University Chicago Stritch School of Medicine
Patricia McNally, EdD, Loyola University Chicago Stritch School of Medicine
Michael Koller, MD, Loyola University Chicago Stritch School of Medicine
Gregory Gruener, MD, MBA, Loyola University Chicago Stritch School of Medicine

The NBME has announced that USMLE steps 1 and 2 will likely be collapsed into one licensing exam given to medical students 36 months after matriculation. This change would require that students be prepared to remember and integrate the knowledge from both the clinical and basic sciences. Therefore, the door is open to rethink medical education, since the old model of two basic science and two clinical years will be obsolete. This session will provide both a rational

framework for thinking about changing the medical school curriculum, while allowing opportunity to share ideas. Come prepared to "blow up" the traditional curriculum and think way outside of the box. In the end, you'll be expected to take home some very practical points to apply to your own curricular change.

IME Sessions
LCME Best Practices - Self-Study Process

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Heather Hageman, MBA, Washington Univeristy School of Medicine
John Thomas, Jr, PhD, Northwestern University
Aron Sousa, MD, College of Human Medicine at Michigan State University

Liaison Committee on Medical Education self study cycles at individual medical schools occur every eight years. In that time institutional memory has often waned and staff are left to reconstruct the process from scratch. Further, while a successful site visit is no doubt a goal, schools should use the opportunity to gain other tangible benefits from their efforts. Careful organization of the self study process is critical to a successful self study and site visit. The process can operationally be divided into data base management, staff/participant organization and the site visit. Schools undergoing a self study in the near future should attend to learn what other schools have found helpful to their processes. The objectives of this small-group are to identify best practices employed in the management of an LCME self study to most efficiently conduct the process while achieving internal goals. Areas to be discussed are: 1) Data base management, 2) Participant organization and committee formation, and 3) Site visit planning and conduct. Emphasis will be placed on expansion and other accreditation challenges. Small-group presenters will share their different perspectives in these areas and then divide participants into small groups for further discussion and identification of best practices employed in the self study process.

IME Sessions
Teachers' Report: A Collaborative Model for Faculty Development

Saturday, April 12, 2008
1:30 pm - 3:00 pm

Gerald Crites, MD, MEd, Wright State University Boonshoft School of Medicine
W Scott Richardson, MD, Wright State University Boonshoft School of Medicine
Ronald Markert, PhD, Wright State University Boonshoft School of Medicine

Faculty development methods for medical educators are often inadequate to build knowledge for teaching practices in complex, contextual, and time-sensitive situations. For these situations, collaborative faculty development models may be both effective and efficient. The goal of this workshop is to introduce participants to a novel approach for faculty development, called Teachers' Report (TR), which provides a problem-focused and collaborative method for developing teaching knowledge and skills. The TR method has foundations in experiential learning, social constructionism, and cognivitism. The TR method consists of problem formulation, literature search and reflection, solution formulation, application of the solution, follow-up reporting and further refinement of the solution. TR thrives in a flexible, collegial, supportive, and empathetic learning environment, and uses discourse and consensus to build knowledge and solutions. TR is analogous to the resident morning report model, and it has additional ties to action research, evidence-based practice, and communities of practice. TR provides flexibility in how teaching problems may be resolved. In this workshop faculty will lead participants in a series of active learning activities that will allow participants to integrate Teachers' Report principles and methods into their local faculty development programs.

IME Sessions
Education Chiefs for Medical Student Education--Enhancing the Medical Student Experience

Saturday, April 12, 2008
1:30 pm - 2:15 pm

Brenda Roman, MD, Wright State University Boonshoft School of Medicine
David Hart, MD, Wright State University Boonshoft School of Medicine
Andrew Reza Khavari, MD, Wright State University Boonshoft School of Medicine

Education Chiefs for Medical Student Education— Enhancing the Medical Student Experience Brenda Roman, MD Director of Medical Student Education in Psychiatry David Hart, MD and Reza Khavari, MD Education Chiefs for Medical Student Education Department of Psychiatry Boonshoft School of Medicine Wright State University Background: Residents teach medical students throughout their residency education; however beyond initial classes on "how to teach", most residents do not take an academic approach to medical student education. Additionally, residents often focus exclusively on their clinical responsibilities, and students end up feeling that their education is secondary. While residencies generally have chief residents, few have positions dedicated to medical student education. In the Department of Psychiatry, Boonshoft School of Medicine, a position of Chief Resident in Medical Student Education was created to fill the gaps in the education of medical students. Description: The education chiefs coordinate the teaching efforts for medical students by the residents, focusing on general skills of interviewing, presenting and integrating clinical knowledge--rather than simply focusing on the day to day clinical responsibilities that consume the inpatient work of the junior residents. This position was created specifically for residents who are interested in a career in academic psychiatry, especially medical student education, allowing the residents to move beyond simply teaching students and to become acquainted with the administrative tasks of medical student education. Not only do these residents actively teach medical students in the psychiatry clerkship, but also assist in the pre-clinical psychiatry curriculum, serve as a resource and a supervisor for junior residents in medical student teaching. Finally, academic research is a component of this position. Since the residents are given credit for time, up to 12 hours a week, as an education chief, there are not competing clinical duties, thus medical student education and teaching is a definite priority. Evaluation: Since this is the first year of the Education Chief program, data is still being collected. Thus far, the overall evaluation of the program is a 4.5 on a likert scale of 1-5, with 5 being the most positive. Residents also do self evaluation of their teaching skills and compare those self-evaluations with faculty evaluations. Conclusion: The Education Chief in Medical Student Education has been an over-whelming success thus far--already students are asking the Curriculum Committee to encourage other departments to establish similiar programs.

IME Sessions
Take this Job and Love It! Managing a Successful LCME Site Visit

Saturday, April 12, 2008
2:15 pm - 3:00 pm

Debra Klamen, MD, MHPE, Southern Illinois University School of Medicine

Take this Job and Love It! Managing a Successful LCME Site Visit Debra Klamen, MD, MHPE Associate Dean for Education and Curriculum Professor and Chair, Department of Medical Education Southern Illinois University School of Medicine Springfield, Illinois LCME site visits strike terror in the heart of even the most seasoned medical educators. Mounds of paperwork, dozens of (ever-changing) standards, and months of preparation precede these visits, culminating in a heart-stopping visit from LCME accreditors. Depending on one's approach to this visit, it can be painful and never-ending, with less than spectacular results, or, it can be used to activate faculty, motivate the school in its focus on educational endeavors, and end in a spectacular, no-deficiencies visit. This last result was the outcome of the January 2007 LCME site visit at Southern Illinois University School of Medicine. In this presentation, a step-by-step approach to a successful site visit will be laid out, and useful materials will be distributed. In addition, tips on 1) managing faculty time and effort for the visit; 2) getting the Dean and other

administrators involved; 3) coordinating and assigning working groups; 4) writing a successful self study; and 5) managing the site visit itself will be discussed. The presenter was the lead author of the self study, and the administrator principally in charge of the entire site visit at Southern Illinois University School of Medicine, which culminated in a zero deficiency LCME site visit, finalized in June 2007.

CONCURRENT SESSIONS
How Doctors Think: Implications for Curricular Change

Saturday, April 12, 2008
3:15 pm - 4:45 pm

Stuart Slavin, MD, MEd, Saint Louis University School of Medicine
Debra Schindler, PhD, Saint Louis University School of Medicine

Jerome Groopman's book "How Doctors Think" should be prompting medical educators to examine medical curricula and identify new methods of helping students develop clinical problem solving skills. In this book, Groopman focuses on pattern recognition as the primary method that physicians use to solve clinical problems and laments the lack of explicit teaching of this reasoning process in medical education. Two integrated courses at Saint Louis University School of Medicine- Applied Clinical Skills 1 and 2 use pattern recognition as their primary organizing theme. The goal of this workshop is to help participants begin to develop the knowledge and skills required to develop curricular initiatives at their own institutions that better address the diagnostic reasoning process. The workshop will begin with introductions, a brief overview of concepts found in "How Doctors Think", and a description of the structure and teaching approach of Applied Clinical Skills 1 and 2. An interactive demonstration of two approaches to case-based teaching, first- small group teaching with a standardized patient, and second- a large group teaching format, will then be conducted. Participants will then have the opportunity to work together in small groups to develop an initial curricular plan involving pattern recognition. Finally, the group will discuss challenges and barriers to implementation. Sample curricular materials from Applied Clinical Skills 1 and 2 will be provided to participants.

CONCURRENT SESSIONS
Does Timing Matter? The Impact of Curriculum Structures and NRMP Timelines on Students' Career Choice

Saturday, April 12, 2008
3:15 pm - 4:45 pm

Kathryn Huggett, PhD, Creighton University School of Medicine
Nicole Borges, PhD, Wright State University Boonshoft School of Medicine
Denise Gibson, PhD, University of Cincinnati College of Medicine
William Jeffries, PhD, Creighton University School of Medicine
Anita Navarro, MEd, Virginia Commonwealth University School of Medicine

It is important for medical educators to understand how the medical school environment, including the curriculum and other experiences, shapes how students make important and often life-long decisions about their career in medicine and the specialty in which they will practice. Numerous factors contribute to why medical educators should be informed about the impact of the educational process on students' career choices; these include but are not limited to: 1) changing trends in what specialties students are entering and reasons why, 2) increasing physician dissatisfaction with medicine, and difficulty and consequences (personal, financial, etc.) associated with career or specialty change in medicine, 3) impending changes to the USMLE Program which may enable or drive revision of the clinical years, and 4) medical schools responding to the call for competency-based education. This discussion will focus on the factors that influence career choice, including curricular structures and licensure; disadvantages and advantages from student affairs and academic affairs perspectives regarding restructuring the career selection and curricular timelines; career development in the pre-clinical years; and potential strategies to implement at their own institutions to promote medical students making

effective career decisions. The discussion will be guided by questions posed by the GEA Response to the IIME Report: Educating Doctors to Provide High Quality Medical Care.

CONCURRENT SESSIONS
Audience Response Systems: Leveraging Interactive Technology to Enhance Student Learning

Saturday, April 12, 2008
3:15 pm - 4:45 pm

Larry Hurtubise, MA, The Ohio State University College of Medicine
Laura Dast, BA, University of Wisconsin School of Medicine and Public Health
Kelly Noll, PhD, Washington University School of Medicine
Judith Westman, MD, The Ohio State University College of Medicine

Understanding of the value of Audience Response Systems (ARS), or "clickers", is intuitive to many medical educators. Research supports the efficacy of ARSs. They promote immediate feedback, focus learner attention, help identify gaps in knowledge, and enhance learner involvement. (Homme et al, Med Educ 2004, 38:575; Eggert et al, Med Educ 2004, 38:576; Pradhan et al, Am J Obstet Gynecol 2005, 193:1827; Latessa and Mouw, Fam Med 2005, 37:12). This workshop highlights the experiences of three different universities to implement ARS technology and to leverage it strategically in the curriculum and provides for hands on practice developing and delivering ARS questions.

CONCURRENT SESSIONS
Teaching and Learning Psychomotor Skills

Saturday, April 12, 2008
3:15 pm - 4:45 pm

Linnea Hauge, PhD, University of Michigan
Kristi Ferguson, PhD, University of Iowa

Workshop Rationale The advent of clinical simulation necessitates medical educators to understand and apply time-tested motor learning concepts relevant to teaching and learning clinical skills. Topic Outline The main points of this workshop session will focus on principles of teaching and learning psychomotor skills in the clinical setting, especially: • modeling and demonstrations • augmented feedback (knowledge of results and knowledge of performance), and • practice concepts and variables (deliberate practice, distributed vs. mass, part v. whole, random v. block). Instructional Methods and Session Format A brief lecture/discussion will be utilized to introduce basic motor learning theories and their general application to clinical skill development. Participants will then engage in learning the basics of putting (golf) via exercises designed to demonstrate the principles described above. Each participant will be provided the necessary equipment to remain actively engaged in several exercises, including: 1. large group practice with feedback, and 2. small group practice (4 stations: speed drill, push drill, putting with eyes closed, and putting) with individual scorecards to track station performances. Debriefing of large group and small group putting exercises provides opportunity for participants to reflect on their learning experiences, and reinforces psychomotor learning principles and concepts. The application of principles and concepts to teaching and learning clinical skills is emphasized during the debriefing. Participants will have opportunity to ask questions. Materials will be distributed including a handout with concepts and definitions, and a reference list of relevant resources.

CONCURRENT SESSIONS
The Wisconsin Transitional Clerkship: Providing Students with the Tools to Enter the Clinical Years

Saturday, April 12, 2008
3:15 pm - 4:00 pm

Yolanda Becker, MD, University of Wisconsin School of Medicine and Public Health
Roberta Rusch, MPH, University of Wisconsin School of Medicine and Public Health
Ann Ruscher, MD, University of Wisconsin School of Medicine and Public Health
Susan Skochelak, MD, MPH, University of Wisconsin School of Medicine and Public Health

Clerkship orientations may not be sufficient to ease the transition into the clinical years. Challenges include understanding roles, responsibilities, and expectations of multiple rotations and different sites, including understanding clerkship-specific logistics. At this academic medical institution, not only are students immersed into core clerkships at the start of their third year, but they are also assigned to varying sites across the state, reflective of our multi-site clinical campus. In addition, students must adjust to a new culture that includes understanding the team approach to patient care, and working in a multidisciplinary setting. As learners, students must also apply medical knowledge gained during their first two years to clinical decision making once on the wards. The goal of the two-day Transitional Clerkship is to reduce the student anxiety by orienting them to the unfamiliar culture, expectations, and procedures of the hospital and clinics where they will be posted. During this small group workshop, discussants will describe student challenges and stressors as they move from preclinical to clinical years, as well as share how they planned and evaluated a Transitional Clerkship. An interactive discussion will ensue to talk about what other institutions are doing, how we teach professionalism and other "hidden" curricular topics in this orientation, and what could we do better in the pre-clinical years to prepare our students before they transition?

CONCURRENT SESSIONS
Adapting the One Minute Preceptor Concept for the Operating Room

Saturday, April 12, 2008
4:00 pm - 4:45 pm

Nicole Roberts, PhD, Southern Illinois University School of Medicine
Reed Williams, PhD, Southern Illinois University School of Medicine
Michael Kim, MD, Southern Illinois University School of Medicine

Title: Adapting the One Minute Preceptor Concept for the Operating Room Presenters: Nicole K. Roberts, PhD, Reed G. Williams, PhD, Michael J. Kim, MD The One Minute Preceptor is a ubiquitous and powerful teaching tool, widely acknowledged by medical educators as a practical tool to guide clinical teaching and learning. Its utility in teaching in the ambulatory setting is well-proven. Currently, no such tool exists to guide teaching in surgery, yet the differences in surgical learning experiences make the One Minute Preceptor inadequate for that setting. During an operation, teaching "in the moment" is mostly focused on "how do you do something right now to get through the operation"—it is utilitarian and instrumental in nature. Teaching "after the moment" rarely occurs, and when it does, it is hampered by recall bias, thus it reflects subjective, general impressions of clinical performance and professional behavior or episodic highs or lows in trainee performance. Further, surgeons are notably busy, often rushing from one operation to the next with barely time in between to reflect or teach. Some suggest the concept of debriefing after surgery as an approach to teaching; however, the models proposed are often impractical (for instance, having surgeons review entire videotapes of operations). More useful, though still imperfect, approaches use concepts from flight crew management to guide principles of debriefing. Our goal for this discussion is to develop a practical, useful approach to debriefing after surgery to support teaching that can arise from operating room experiences.