



COMSEP

Better Health for All Patients
Through Pediatric Education

2019 ANNUAL MEETING

ST. PETERSBURG, FL

TUESDAY, MARCH 19 - FRIDAY, MARCH 22

Here Comes the Sun:
Letting Resilience Shine Through

Accreditation Statement

Satisfactory completion

Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Physicians

Accreditation Statement - In support of improving patient care, this activity has been planned and implemented by Amedco and COMSEP. Amedco is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation Statement - Amedco designates this live activity for a maximum of 22.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Hello!

Welcome to the annual COMSEP meeting!!

Drs. Patti Quigley and Bob Dudas from Johns Hopkins University School of Medicine and Ms. Kelly Paulina and Dr. Antoinette Spoto-Cannons from the University of South Florida College of Medicine have ensured that you feel welcome in their home city. I appreciate their energy, ideas and hard work – thank you!

If you are new to COMSEP or our annual meeting, experienced COMSEP members are ready to meet with you and help you learn about how the meeting and organization are structured, and assist you in meeting colleagues and becoming involved. If you would like a meeting guide, please ask at the registration desk.

A focus of this year's meeting is networking and collaboration and opportunities to become involved in COMSEP. Several aspects of the meeting will achieve this goal:

1. Collaboratives – The purpose of Collaboratives is to meet with colleagues, share ideas, work collaboratively, and come up with innovative, creative, and scholarly projects. There are 10 COMSEP Collaboratives – the Collaborative leaders are ready to welcome you!
2. Programs & Partners Session – During this informal session, you will have the chance to learn about programs that COMSEP offers and other organizations we partner with - the purpose of this session is to provide you with opportunities to enhance your career.
3. Networking Lunch – This session is designed to be an opportunity to meet with colleagues who share something in common and collaborate on new projects together.
4. Poster Session – The poster session is purposely designed to be an opportunity to meet with colleagues and learn together.
5. Workshops – You will have an opportunity to attend 3 different workshops during the meeting (plus a pre-conference workshop if desired).

To many, COMSEP is an important academic home and the meeting is a source of inspiration, education, and joy. I hope you feel welcome at this meeting and leave in a better position to both further your career and the pediatric education programs you lead.

Susan

Susan Bannister
President, COMSEP



COMSEP Executive Committee

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2019 Annual Meeting ■ St. Petersburg, FL

Program Schedule

Tuesday, March 19, 2019

8:00am–5:00pm	Registration	Lobby II
9:00am–5:00pm	Pre-Conference Workshops (<i>see page 17 for workshop descriptions</i>)	
	Pre-Conference Workshop 1	St. Petersburg I
	The ABCs of Medical Education: Fundamentals for Pediatric Educators (New Clerkship Directors)	
	Pre-Conference Workshop 2	St. Petersburg II
	PEDS LEADS: An interactive leadership development course for existing and emerging leaders in medical education	
1:00–5:00pm	Pre-Conference Workshops (<i>see page 17 & 18 for workshop descriptions</i>)	
	Pre-Conference Workshop 3	St. Petersburg III
	Time to Build Resilience Through Compassion - Bring on the Light!	
	Pre-Conference Workshop 4	Demens
	Medical Education Scholarship 101	
	Pre-Conference Workshop 5	Williams
	Clerkship Administrators Certification Workshop and LCME Review	
5:00–9:00pm	Executive Committee Meeting (<i>invite only</i>)	Hilton Training Center 3
7:00pm	Dine Around	Hotel Lobby
	<i>If you signed up to have dinner with your colleagues, please meet in the lobby at 6:30pm.</i>	

Wednesday, March 20, 2019

6:30am–4:00pm	Registration	Lobby II
7:00–8:00am	Continental Breakfast.....	Grand Bay Ballroom
7:00–8:00am	First Time Attendees Welcome Breakfast	Harborview
7:00am–7:30pm	Posters available for viewing.....	Lobby II
8:00–9:30am	Welcome / Annual Update / President's Address (<i>see page 9 for agenda</i>)	Grand Bay Ballroom
9:30–10:00am	Poster Viewing / Break.....	Lobby II
10:00am–12:00pm	Workshop Session One (<i>see pages 20-23 for workshop descriptions</i>)	
	1. Building a Resilient Clerkship Administrator.....	St. Petersburg I
	2. Scholarly Work: From COMSEP to MEdEdPortal.....	St. Petersburg II
	3. PrEPAring for success - from UME to GME to Practice	St. Petersburg III
	4. Just Dance: Teaching Clinical Reasoning using Non Clinical Methods	Skyway/Pier
	5. Un-Blinded Me With Science: Integrating Basic Science Into Clinical Reasoning	Demens

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	6. Advising Students At Risk in the match	<i>Williams</i>
	7. Your assessment is only as good as your validity evidence	<i>Bayboro</i>
	8. PDSA meets Feedback Friday: Using QI methodology to integrate improved feedback into your program	<i>Hilton Training Center 1</i>
	9. Get Promoted! Academic Advancement for Educators	<i>Hilton Training Center 2</i>
12:15–1:30pm	Networking Lunch (<i>see page 10</i>)	<i>Grand Bay Ballroom</i>
12:15–3:00pm	Administrators Lunch/General Session (<i>see page 10</i>).....	<i>St. Petersburg I, II</i>
12:30–2:30pm	Needs Assessment Focus Group A	<i>Hilton Training Center 1</i>
12:30–2:30pm	Needs Assessment Focus Group B	<i>Hilton Training Center 2</i>
1:30–2:30pm	Programs and Partners (<i>Please see page 14 for additional information</i>)	<i>Grand Bay Ballroom</i>
1:30–2:30pm	Works in Progress (<i>invite only</i>)	<i>Hilton Training Center 3</i>
1:30–2:30pm	Professor Rounds (<i>invite only</i>).....	<i>Lobby II</i>
3:00–4:30pm	Miller Sarkin Fun Run/Walk	<i>Meet in Hotel Lobby</i> <i>If you engage in this exercise or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, and assume all risk of injury to yourself.</i>
	Dance Lessons.....	<i>Kenwood</i> <i>Running not your thing? Join your fellow COMSEP members for dance lessons.</i>
5:00–6:30pm	Poster Reception	<i>Lobby II</i>

Thursday, March 21, 2019

6:30am–4:00pm	Registration	<i>Lobby II</i>
7:00–8:00am	Continental Breakfast	<i>Grand Bay Ballroom</i>
	Collaborative Leaders Breakfast (<i>invite only</i>)	<i>Hilton Training Center 3</i>
	Grants Committee Breakfast (<i>invite only</i>)	<i>The Board Room</i>
7:00am–3:30pm	Posters Available for Viewing.....	<i>Lobby II</i>
8:00–10:00am	General Session.....	<i>Grand Bay Ballroom</i>
	• Awards / Recognitions	
	• 2019 Miller Sarkin Lecturer: Kathi Kemper, MD, MPH	
	Dr. Kemper is a Professor of Pediatrics at the Ohio State University and has served on the faculty of the University of Washington, Yale, and Harvard University. She has founded three academic Centers for Integrative Medicine: in Boston, North Carolina, and Ohio. Dr. Kemper has published over 180 peer-reviewed research papers and 4 books for the public (The Holistic Pediatrician; Mental Health Naturally; Addressing ADD Naturally; and Authentic Healing).	

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She is Past President of the Academic Pediatric Association, and she founded the American Academy of Pediatrics Section on Integrative Medicine. She serves as the Editor in Chief of the highly cited and impactful international journal, *Complementary Therapies in Medicine*.

Dr. Kemper is recognized internationally as the founder of the field of integrative pediatrics, and is frequently consulted by media including the New York Times, Chicago Tribune, Newsweek, ABC News, the Wall Street Journal, Redbook, and USA Today.

10:00–10:15am	Break	Lobby II
10:15am–12:15pm	Collaborative Meetings (<i>see page 11 for descriptions</i>)	
	Administrators	St. Petersburg I
	Assessment and Evaluation	Bayboro
	Career Advising.....	Williams
	Core Clerkship	Hilton Training Center 2
	Faculty Development.....	Hilton Training Center 1
	Pre-clerkship and Clinical Skills.....	Skyway/Pier
	Post Clerkship (M4 & Residency prep)	St. Petersburg II
	Research and Scholarship.....	St. Petersburg III
	Student Wellness.....	Demens
	Technology.....	Harborview
12:30–1:45pm	Research Platform Presentation/Lunch	Grand Bay Ballroom
	<i>See page 32 for a listing of Platform Presentations</i>	
2:00–4:00pm	Workshop Session Two (<i>See pages 23-27 for workshop descriptions</i>)	
	10. Teaching Rebooted for Today's Learner.....	St. Petersburg I
	11. Rise and Shine: Welcome to Your Pediatrics Clerkship.....	St. Petersburg II
	12. Moving Beyond Professionalism to Professional Identity Formation	St. Petersburg III
	13. Using Emotional Intelligence Skills to Develop Resilience and Reduce Burnout	Demens
	14. The Clinical Learning Environment: Sharing stories of mistreatment and reframing communication.....	Hilton Training Center 3
	15. Preparing for Success: Designing pediatric pre-clerkship activities at your institution	Hilton Training Center 1
	16. Too Busy, Too Bored, Too Burnt-Out: Practical Theory-based Tools to win back the unmotivated learner.....	Williams
	17. Naming and Reframing: Portrayal of Race and Culture in Medical Education.....	Harborview
	18. When Opportunity Comes a Knockin'! Applying Planned Happenstance to Medical Student Advising	Skyway/Pier
6:00–10:00pm	Dinner and Dancing on Yacht StarShip Dining Cruises (<i>must have signed up to attend</i>) <i>Group will meet in the hotel lobby and depart the hotel on foot at 5:45pm.</i>	

2019 Annual Meeting ■ St. Petersburg, FL

Friday, March 22, 2019

6:30am–12:00pm	Registration	Lobby II
7:00–8:00am	Continental Breakfast.....	Grand Bay Ballroom
7:00–8:00am	Executive Committee and Collaborative Leaders Breakfast (<i>invite only</i>)	Hilton Training Center 3
8:00–9:30am	Collaborative Meetings (<i>see page 11 for descriptions</i>)	
	Administrators	St. Petersburg I
	Assessment and Evaluation	Bayboro
	Career Advising.....	Williams
	Core Clerkship	Hilton Training Center 2
	Faculty Development.....	Hilton Training Center 1
	Pre-clerkship and Clinical Skills.....	Skyway/Pier
	Post Clerkship (M4 & Residency prep)	St. Petersburg II
	Research and Scholarship.....	St. Petersburg III
	Student Wellness.....	Demens
	Technology.....	Harborview
9:30–10:00am	Break	Lobby II
10:00am–12:00pm	Workshop Session Three (<i>see pages 27-31 for workshop descriptions</i>)	
	19. Resiliently Publishing your Manuscript: Moving from Rejection to Resubmission, to Redemption	Skyway/Pier
	20. Mentor for a Day, a Year, a Lifetime: How to Build and Customize Your Skills as a Mentor	St. Petersburg I
	21. Infusing the Pediatric Curriculum with Social Determinants of Health	St. Petersburg II
	22. Teaching Diagnostic Reasoning Using an Assessment for Learning Tool: A Train-the-Trainer Session.....	Demens
	23. Assessment and Evaluation and Feedback, Oh My!.....	St. Petersburg III
	24. “Yes, and”: Applying lessons from improvisation to teaching	Hilton Training Center 1
	25. Finding Your Flow with Aquifer.....	Williams
	26. Charting a new path: teaching self awareness to the problem learner through expert feedback and coaching, empathy and empowering change	Bayboro
	27. Making the Most Out of Direct Observation: How to Foster Differential Diagnosis Formulation and Enhance Clinical Reasoning Skills.....	Harborview
12:15–1:30pm	Closing Ceremonies/Lunch	Grand Bay Ballroom
1:30–5:00pm	PUPDOC	Tangerine South



Strategic Pillars

Pillar 1: Member Engagement

We will ensure COMSEP is a welcoming organization that engages its members fully, seeking to meet their needs

We will:

1. Enhance the Welcoming Program for new members.
2. Enhance ways for COMSEP members to become involved in the organization.
3. Provide onboarding resources for new members.
4. Support our administrative professional members to develop as a community.
5. Facilitate MOC mechanisms for faculty in their role as educators.
6. Understand members' medical education interests and their roles and responsibilities outside of COMSEP.
7. Identify potential new members and develop a plan to grow our membership base.

Pillar 2: Professional Development

We will provide professional development opportunities and resources to our members, to help them grow and thrive as pediatric medical educators.

We will:

1. Establish recurring process and resources for effective onboarding of new leaders.
2. Develop and deliver a leadership development program.
3. Develop and deliver programs to support the development of pediatric education administrators.
4. Develop and deliver programs to help pediatric educators grow in their teaching/education skills.
5. Enhance mentorship opportunities and programming.
6. Develop and programs to support members pursuing promotion and tenure.
7. Establish a system to recognize members' contributions to COMSEP.

Pillar 3: Educational Excellence

We will develop and share exemplary educational resources and practices.

We will:

1. Review the COMSEP curriculum, exploring how well we are meeting the needs of patients and our members, and in comparison to similar ventures mounted by other medical education organizations.
2. Revise and expand the COMSEP curriculum, including learning materials and assessment tools.
3. Develop tools and resources to assist members with faculty development.
4. Develop tools and resources to assist members with program evaluation and/or accreditation.

Pillar 4: Innovation and Scholarship

We will advance the science of medical education.

We will:

1. Explore opportunities to expand the COMSEP Grants Program.
2. Identify the barriers members face in developing their own scholarship, and explore ways to decrease them.
3. Create a collaborative research network.

Pillar 5: Collaboration and Leadership

We will work across professional organizations to lead, influence and guide pediatric and medical education issues.

We will:

1. Expand our influence in pediatric medical education.
2. Expand our influence in undergraduate medical education.
3. Encourage and sponsor opportunities for collaboration with other organizations.

Guiding Principles of COMSEP

- ▶ Patient/family centeredness, teamwork, professionalism, humanism and service are essential core values of pediatrics
- ▶ Excellent education leads to improved healthcare and patient health
- ▶ Pediatric medical student education makes all students better doctors
- ▶ The Learning environment should be safe and enjoyable for all
- ▶ Teaching should be excellent, innovative and scholarly
- ▶ All members contribute to the success of COMSEP
- ▶ Administrators are educators and all educators are leaders
- ▶ Diversity enables COMSEP to thrive
- ▶ Strong mentor/mentee relationships are critical for our success
- ▶ Collaboration with other organizations strengthens us

Agendas - Wednesday, March 20

Welcome and Annual Update

8:00-9:30am ~ *Grand Bay Ballroom*

- Welcome
- St. Petersburg Host Committee Presentation
 - ♦ COMSEP Gives Back
- Meeting Goals
 - ♦ COMSEP Initiatives
 - ♦ Strategic Plan Update
- Election Results
- President's Address

Networking Lunch

12:15-1:30pm ~ *Grand Bay Ballroom*

- M4/Sub I
- Pre-Clinical
- Student Advising/Mentoring
- Promotion/Professional Development
- Work Life Balance
- Humanism in Medicine
- Integrated Clerkship (LIC)
- Simulations in Clerkship
- Recruiting Community Preceptors
- Interprofessional Education
- LCME
- South
- Midwest
- Northeast/Pennsylvania
- New York/New Jersey
- West/California
- Canada
- Just Chat

Administrators General Session

12:15-3:00pm ~ *St. Petersburg I, II*

- Welcome to COMSEP
- Susan Bannister
- Welcome from our host coordinator Kelly Paulina
- CGEA Presentations
- Administrators Collaborative: Our Journey
- CAMP Announcements
- Group Photo

Agendas - Thursday, March 21

General Session

8:00–10:00am ~ Grand Bay Ballroom

- Welcome
- Awards
 - ♦ Grant
 - ♦ Posters
 - ♦ COMSEP
- Recognitions
- Miller Sarkin Address: Kathi Kemper, MD, MPH

Collaborative Meetings

10:15am–12:15pm

Administrators

Wilhelmina Bradford

The COMSEP Administrator's collaborative is a group of professionals working towards sharing ideas and concerns to better assist us in the improved management of our Pediatric Clerkships. We strive to achieve the overall COMSEP mission to advance medical student education in pediatrics through a vibrant community of educators. We seek to advance professionally in research & development, technology through collaboration with other COMSEP collaboratives. Current Administrator Collaborative projects are: Academic Writing , Toolbox – Assembling the best tools for Coordinators, Using Technology: Evaluation Technology Tools, Pediatric Clerkship and Residency Coordinator collaboration, Curriculum change: The integration of MS2 and MS3 into Clerkships, Curriculum Change – Transitioning from longer to shorter rotations, Best Practices– Improved Evaluations to increase student satisfaction.

Assessment and Evaluation

Cindy Osman, Valli Annamalai, Brian Pomeroy

Do you struggle with how to get your faculty and residents to complete assessments or evaluations of your students? Do you wish you knew more about assessing students, including national resources and guidelines, the pros and cons of the various methods of assessment and how to find information about validity evidence for these tools? Would you like to hear about ongoing projects related to assessment & evaluation that you could get involved in? Have you ever wondered why some people say “assessment” and others say “evaluation”? If you answered yes to any of the above questions, then the Assessment & Evaluation Collaborative is for you!

We have a few Action Teams that you may want to join – the Student Workplace-Based Easy Evaluation Tool (SWEETool), the Script Concordance Testing, and the Assessment Practices Survey. You may also want to connect with others to form your own Action Team. In this collaborative, we aim for participants to:

1. Gain knowledge about assessment and evaluation
2. Connect with others interested in this topic
3. Share frustrations and strategies related to assessment and evaluation
4. Provide opportunities for members to get involved in an Action Team if they so choose
5. Share assessment tools. We welcome you to join us and share your ideas!

Career Advising

Gwen McIntosh, Jenny Soep, David Levine

Continuing the work of the “UnMatched Student Working Group” and the successor “Navigating the Match Working Group”, the Career Advising Collaborative will continue to work on issues related to career advising across all 4 years

of medical school with particular emphasis on the NRMP Pediatric Match. Career advising strategies and policies will be developed and refined. Our leadership includes Clerkship Directors and Student Affairs Deans. Please join us as we help students to master the Match process and help faculty hone their skills as career advisors. Our current projects include development of a Career Advisement Primer and a Career Advisement Competitiveness Worksheet. Please bring your energy and ideas to our Collaborative as we continue to navigate the changing landscape of the Pediatric Match.

Core Clerkship

Jon Gold, Kristen Bettin, David Hersh

The goal of the Core Clerkship Collaborative is to discuss, develop, and share new ideas and best practices related to the core pediatric clerkship curriculum. Ongoing projects are focused on revising the COMSEP Clinical Cases (C3), identifying core objectives and instructional methods for the new COMSEP curriculum and using illness scripts as point-of-care tools. If you have interest in participating in one of these projects and/or have questions about how to get involved in the Core Clerkship Collaborative, please contact the collaborative co-leaders.

Faculty Development

Amy Creel, Alisa Losasso, Deborah Rana

The Professional and Faculty Development Collaborative provides tools and best practices to aid COMSEP members with their personal, professional, and career development, and is a resource for COMSEP members to enhance those skills within their community. Members are currently working on projects in areas of new member engagement, professional development, and faculty development resources. This collaborative also serves as home for the ongoing T4 – Teachers Traveling to Teach Teachers program. We welcome your participation and new ideas. Please contact us for more information.

Pre Clerkship and Clinical Skills Collaborative

Adam Weinstein, Melissa Held, Elizabeth Van Opstal

During the preclerkship curriculum, all medical students, regardless of ultimate career choice should, participate in the care of patients of all ages in order to gain a foundational understanding of pediatric health and disease processes. Students therefore need to experience pediatric conditions embedded into the basic science curriculum, and gain exposure to families and children of various ages throughout medical school to enhance communication and physical exam skills.

Post Clerkship (M4 and Residency Prep) Collaborative

Michele Long, Molly Rideout, Jennifer Plant

The goal of the Post Clerkship Collaborative is to discuss, develop, and share new ideas and best practices related to pediatric post-clerkship experiences and residency preparation. Current projects include residency preparatory course (Boot Camp) curriculum development, Post-clerkship Director job description, EPAs for transition to pediatric residency, and more. The Post Clerkship Collaborative works in conjunction with the Core Clerkship and Pre-Clerkship Collaboratives where projects overlap. Please contact Molly Rideout, Jennifer Plant, or Michele Long with questions. New members are always welcome.

Research and Scholarship Collaborative

Caroline Paul, Amal Khidir, Jennifer Trainor

The goals of the COMSEP Research and Scholarship Collaborative are to promote and facilitate medical education scholarship, equip its members to engage in sound research and scholarship, and help provide a collaborative network to grow medical educators. Specific collaborative tasks include:

1. Partner with annual meeting committee in the abstract and innovations review process.
2. Provide a forum for research projects.
3. Present workshops regarding medical education scholarship.
4. Foster collaboration among COMSEP members to produce scholarship via multi-institutional projects, systematic reviews and workshops presented at COMSEP and other national and international meetings.
5. Foster collaboration about research & scholarship between COMSEP & other medical education organizations.

At our two collaborative meetings, in addition to other topics and activities depending on the needs of our collaborative, we include the following:

1. Review the abstract review process to inform, recruit and actively engage members for the upcoming year
2. Plan and recruit leaders/co-leaders for an annual medical education scholarship preconference and annual conference workshops
3. Review current multi-institutional scholarly projects and brainstorm for future scholarly projects with our members
4. Solicit ideas for projects that can foster the collaborative missionPresent workshops regarding medical education scholarship.
5. Foster collaboration among COMSEP members to produce scholarship via multi-institutional projects, systematic reviews and workshops presented at COMSEP and other national and international meetings.
6. Foster collaboration about research and scholarship between COMSEP and other medical education organizations.

Student Wellness

Angela Punnett, Jennifer Christner, Marisha Agana

The Wellness Collaborative will model best practices and provide faculty development to empower pediatric clerkship directors to lead student wellness initiatives in both their clerkship and institution. There is significant opportunity to support the activities of other Collaboratives as student wellness is a theme that crosses all of our activities as educators.

Our current projects include:

1. Working on a wellness toolkit
2. Submitting workshops with a wellness theme for COMSEP meetings
3. Providing a Tip of the Month for the Pediatric Educator
4. Studying burnout in clerkship directors and
5. Developing vignettes on wellness to serve as starting points for discussion with faculty, residents and students.

If you are interested in a project or just being a part of the collaborative, please join us!

Technology

Phil Malouf, Megan Treitz, Margaret Trost

The Technology Collaborative focuses on best practices for the application of technology in pediatric medical student education. As technology advances, our Collaborative reviews products and makes recommendations to the membership about ways to integrate these products into pediatric education. We aim to make technology less intimidating and show how it can make our job of teaching and practicing medicine easier. Our collaborative consists partly of “techies” and partly of individuals who would like to learn to be more tech savvy in their teaching. Everyone is welcome to participate, and every year we discover new and exciting tools to expand our teaching arsenal. Some of our projects include our Tech Table during the annual meeting where we demonstrate some of our favorite tech tools. We create and distribute a publication called Tech Bytes in which we share our favorite apps and tools with COMSEP. We are developing a database of useful tools for different educational needs and looking at ways to assess the impact of these tools. Our Collaborative meetings at COMSEP always include an inspirational “show and tell” session where our members present new apps and unique ways of incorporating technological tools into medical education.

Programs and Partners

Wednesday, March 20

1:30 pm – 2:30 pm ~ ***Grand Bay Ballroom***

Academic Pediatrics

Learn about opportunities to submit your scholarly work to one of the top pediatric journals.

Alliance for Clinical Education (ACE)

ACE is a multidisciplinary group whose mission is to foster collaboration across medical specialties to promote excellence in clinical education of medical students. COMSEP is one of the organizations that is a member of ACE. Other organizations represent leaders in education in emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, psychiatry, and surgery. COMSEP has opportunities membership on the ACE Council, as well as all three standing committees: Communications, Publications, and Research. ACE is responsible for overseeing the publication of some commonly used books on clinical education, including the Guidebook for Clerkship Directors and The Handbook on Medical Student Evaluation and Assessment. ACE has also sponsored multispecialty panel discussions at the AAMC Annual Meeting on topics such as “The Purpose of the Fourth year”, “Student Mistreatment”, “Evaluation and grading in the Clerkships”, and “Updating the Job Description for a Clerkship Director.” All of these activities are opportunities for COMSEP members to work with leaders in other disciplines to focus on medical student education. Come join me to talk about ways you can get involved!

Annual Survey

All COMSEP members have the opportunity to create great scholarship through the COMSEP Annual Survey. Each year, our educators answer research questions posed by our members. The selection process is supportive and we give feedback along the way. There is a short letter of intent that you submit to “get your ideas out” which is reviewed by the committee. If your topic selected, we provide input about survey design, question clarity and provide formal pilot testing. Results come your way each year by June. Stop by the Annual Survey table to learn more about the program and participate in a mini-skills session on designing Likert-scales.

APA Educational Scholars

The mission of the APA Educational Scholars Program is to assist pediatric educators in developing themselves as productive, advancing and fulfilled faculty members and to increase the quality, status and visibility of pediatric educators in academia. This program is offered to members of the Academic Pediatric Association who wish to earn a Certificate of Excellence in Educational Scholarship. The curriculum includes didactic sessions, self-directed learning activities, development of an educator portfolio, and a mentored project. Scholars are expected to complete the full curriculum, including projects, over 3-4 years.

APA Medical Education SIG

The Medical Student Education SIG is a dedicated home for all interested in medical student education. The SIG develops and disseminates information to members for faculty and career development. We partner with other organizations to bring together researchers and educators from different disciplines for networking, enhanced approaches to education and training, and generation of research/project ideas.

APPD Learn

The mission of APPD LEARN is to conduct meaningful educational research that advances the training of future Pediatricians by developing and promoting participation and collaboration in research by program directors for the purpose of improving the health and well-being of children. Our vision is to advance exemplary pediatric education through collaborative educational research by Pediatric program directors.

Aquifer

CLIPP has a new name!! Please visit us to discuss what's new (and what hasn't changed). We will be happy to demonstrate how to use our new learning management system to customize your students' experience, including options for cross-course and cross-discipline curricula. We can also answer any questions you have about case updates and the many teaching tools available in Aquifer beyond the cases, and arrange more formal curriculum consults for those who are interested.

Curriculum Action Team

Over the past 2 years, the Curriculum Revision Team has aimed to revitalize the COMSEP pediatric curriculum. We first began with a needs assessment by surveying the COMSEP membership, pediatric residency directors, other residency directors in other specialties, and even patients/families. We also conducted focus groups at the COMSEP meetings, and reviewed the literature on international curricular frameworks. The team then designed FOUNDATIONAL objectives for all clerkship students. These objectives are intended to be the basic objectives covered in a pediatric clerkship, regardless of duration or location. From here, there are additional CORE objectives, that are suitable for the MS3 level and may be chosen by the clerkship director based on clerkship and institutional needs. Finally, there are SUPPLEMENTARY objectives that may be selected for longer clerkships or the advanced MS3 student. The CORE and SUPPLEMENTARY objectives are further categorized into three main domains which include the "well child," "acutely ill child" and "child with chronic conditions." The FOUNDATIONAL objectives overlap in all three domains. We are completing our work on the objectives for the curriculum and hope to engage more COMSEP members in the design of activities and assessment tools.

Grants Program

The goal of the COMSEP Grant Committee is to promote and support innovative educational scholarship that is designed, implemented, and evaluated by COMSEP members. Committee activities include: a) preparation of the annual Letter of Intent (LOI) and Call for Proposals; b) participation in responding to queries about the LOI and grant proposal process; c) LOI and grant application review and awardee selection such that meaningful feedback is provided to applicants and d) attendance at the annual COMSEP Grant Committee Meeting to review the progress of active grants as well as process, outcome, impact and policy issues related to the COMSEP Grant Committee's work and the research products of grantees.

Journal Club

The goal of the Journal Club is to provide the COMSEP membership a synopsis of some of the latest evidence in teaching and learning. At the same time, the reviewers get a chance to analyze a medical education article in depth, giving them some familiarity with the structure and methodology of medical education scholarship. As with other medical evidence, we hope that members will apply some of the evidence to their interactions with students. We also hope that the reviews spark ideas for other medical education scholarship by COMSEP's members. Finally, all previous COMSEP Journal Clubs are archived and searchable on the COMSEP website, allowing for easy access to some of the recent highlights in medical education literature.

Leadership Opportunities

COMSEP has endless opportunities to get involved. Learn about leadership opportunities within the organization and how to get involved.

National Board of Medical Examiners

The high quality of National Board of Medical Examiners (NBME) assessment services is due to the valuable contributions of hundreds of volunteers who serve on NBME and/or United States Medical Licensing Examination (USMLE) committees. These groups develop test materials, review questions and test formats, construct exam blueprints, participate in content-based standard setting activities, advise on overall exam design and policy, and solve

questions associated with examination security. To develop measures in support of competency-based medical education (CBME), NBME team members are collaborating with the American Board of Pediatrics (ABP) and the Association of Pediatric Program Directors (APPD) to develop a competency-based assessment system for physicians. The system is aimed across the educational and practice continuum (known as the Pediatrics Milestones Assessment Collaborative, aka PMAC). We also sponsor national conferences focused on assessment and medical education: in 2017 TIME: the Timing Impact on Measurement in Education conference; in 2018 NBME convened an Invitational Conference for Educators to provide junior faculty with specialized training in assessment to serve as resources for their colleagues. NBME administers The Stemmler Fund, which provides support for research or the development of innovative assessment approaches designed to enhance the evaluation of those preparing to, or continuing to, practice medicine. Please stop by the NBME table during the Programs and Partners session to introduce yourself and tell us your interests.

***Pediatrics* Monthly Feature**

COMSEP sponsors a tri-annual publication in the Monthly Feature column of *Pediatrics*. The articles focus primarily on the skills of great clinical teachers. We have worked hard to ensure that these articles are “accessible” to the general readership of *Pediatrics* (which is different than the general membership of COMSEP). We have envisioned that a general pediatrician or subspecialist will see the article, read it, learn some great things, and immediately be able to put what he or she has learned into practice. Please visit our table if you would like to meet with members of the editorial group to get feedback on an idea or to learn more about the process. We will have copies of all the articles published to date to get a sense of the style of this type of manuscript.

Pre-Conference Workshop Descriptions

Tuesday, March 19, 2019, 9:00am-5:00pm

PRE CONFERENCE WORKSHOP 1: THE ABCS OF MEDICAL EDUCATION (NEW CLERKSHIP DIRECTORS WORKSHOP): FUNDAMENTALS FOR PEDIATRIC EDUCATORS

Corinne Lehmann, MD, M.Ed; Adam Weinstein, MD; Mark Harrison, MD; Angela Punnett, MD, FRCPC; Jennifer Christner, MD; Gwen McIntosh, MD, MPH; Valli Annamalai-Slavis, MD

Rationale: This interactive workshop is designed for new and “seasoned” educators, including clerkship, site, and sub-I directors, and anyone else wanting an exposure to the basics of leading a pediatric medical student clinical education program or looking to reinvigorate their programs and advance their scholarship. Participants will be introduced to and experience a variety of topics and innovations related to medical student education. If you have questions about getting started, infusing new elements into your clerkship, reviewing curriculum development and implementation, or ponder advising millennial learners or your own career development, then this workshop is for you! Join us for an informative, real world, and FUN workshop that will help you and your learners succeed.

Objectives:

- 1) Design curriculum within their clinical educational program
- 2) Describe strategies to incorporate innovative instructional methodology and approaches into their educational environment
- 3) Discuss how to best manage the educational enterprise and meet accreditation guidelines
- 4) Develop a plan for their own professional growth and scholarship

Methods and Content: Leaders will engage participants in an exploration of curriculum development. Each step in curriculum development will be introduced using innovative pedagogy with a variety of interactive techniques while simultaneously sharing best practices in teaching and assessment of learners, meeting accreditation standards and institutional requirements. Strategies on how to address challenges that arise during the administration of pediatric curricula, including working with learners in difficulty and advising millennial learners, will be discussed. The workshop will also focus on the professional development of educators, weaving in aspects of faculty/student wellness, to facilitate the cultivation of educational leaders who can be change agents within their institutions and beyond. The overall structure of the workshop contains a morning session which will lay the foundation for key concepts using interactive teaching strategies, followed by a collaborative luncheon, and then an afternoon session of facilitated discussions based on more targeted needs assessment of participants.

PRE CONFERENCE WORKSHOP 2: PEDS LEADS: AN INTERACTIVE LEADERSHIP DEVELOPMENT COURSE FOR EXISTING AND EMERGING LEADERS IN MEDICAL EDUCATION

Susan Bannister, MD, M.Ed; Michael Barone, MD, MPH; Robert Dudas, MD; David Keegan, MD

Rationale: Mid-career COMSEP members require leadership training to excel in their current and future leadership roles.

Objectives:

- 1) Describe insights from learning about their own leadership styles and emotional intelligence
- 2) Develop a plan to enhance their team's through structure and membership renewal
- 3) Develop a strategy to enhance their team's effectiveness
- 4) Acquire needed resources through new skills
- 5) Describe key connections for delivering on mandates in pediatric medical education

Methods and Content: The day will be divided into the following five sections: self, team, strategy, resources, and connections.

Within each module, participants will engage in a variety of activities including self-audits, peer consultations, and role-playing, and use customized materials to track their insights during the event.

This is a highly interactive, engaging day with approximately 40% of the time in large group sharing and discussion, 20% in individual activities, and 40% in pairs or other small group activities. Participants will leave with both a customized plan for their own programs and challenges and a network of COMSEP colleagues to call upon in the future.

Tuesday, March 19, 2019, 1:00-5:00pm

PRE CONFERENCE WORKSHOP 3: TIME TO BUILD RESILIENCE THROUGH COMPASSION - BRING ON THE LIGHT!

Deborah Rana, MSc., MD; Albina Gogo, MD; Annamaria Church, MD

Rationale: In academic medicine, with rapidly advancing technology on the one hand, a different generation of learners with different needs and quests on the other, there can be a lack of feeling of sustained engagement in one's community made up of ourselves, our fellow preceptors, educators, and leaders in medical education. With high rates of burnout in physicians across the continuum of training, there is a need to build engagement and resilience in faculty and a sense of community among educators through a change of culture in how we teach and practice medicine.

Objectives:

- 1) Leave with tools to teach and apply self-compassion to medicine
- 2) Deepen their capacity to find meaning in their work
- 3) Practice healthy ways to remain engaged at work and at home
- 4) Set new goals for bringing moments of joy into their day
- 5) Collaborate with other faculty in sustaining a community of compassionate practice after they leave the workshop

Methods and Content: This workshop will turn attention to tools of individual and group reflection, poetry reading, mindful inquiry and self-compassion practices to uncover and address some of the emotional aspects of surviving the many roles and hats we wear as Pediatric Educators. Emulating the format of a retreat, this workshop will seek to build community amongst participants through a shared group process of developing emotional resilience in ourselves as educators and administrators and a common vision of a culture of compassion in medicine. The framework of the AAP Resilience in the Face of Grief and Loss curriculum (AAP 2016) and Mindful Self-Compassion will be applied to help participants re-connect with what motivates us as physicians, healers and educators to practice practical tools to bring the sunlight of compassion into our training programs and communities of clinical practice.

PRE CONFERENCE WORKSHOP 4: MEDICAL EDUCATION SCHOLARSHIP 101

Sanaz Devlin, MD; Patricia Quigley, MD; Rebecca Tenney-Soeiro, M.D.; Jocelyn Schiller, MD; Mary Rocha, M.D.; Joe Gigante, MD; Caroline Paul, MD

Rationale: Faculty are challenged balancing time between patient care, teaching, administration, and scholarship. This pre-conference workshop led by the Research and Scholarship Taskforce develops educators' knowledge and skills to efficiently transform educational innovations into scholarship.

Objectives:

- 1) Define educational scholarship and dissemination according to recognized frameworks (Glassick's Criteria, Kirkpatrick's model)
- 2) Review basic study design, identification of outcomes, and evaluation
- 3) Using the IQ-Excite model, develop an education study plan for a personal scholarly project, including potential project dissemination venues

Methods and Content: This workshop will guide participants through the process of creating a successful educational scholarship project through the systematic development of a research question, creation of a complementary study design, selection of an evaluation method, and identification of a method for dissemination. Presenters begin with a brief interactive introduction to educational scholarship, Glassick's Criteria, Kirkpatrick's model and the IRB. In small groups, participants will then explore scholarship ideas with experienced facilitators. Following a brief didactic about the SMART components of a good research question, participants then further develop their individual question using the IQ-Excite planning worksheet (Identify the problem and generate a specific question, Examine current situation, Create and implement curriculum or intervention, Test effectiveness and make modifications, Export model). Presenters will delineate the approach to effective literature review to further refine research ideas / questions.

Utilizing audience response, the large group will explore study designs. Participants will examine study design in existing literature and MedEdPortal examples. Participants will identify study design and outcome variables best suited to their individual projects using a combination of interactive didactic and dyad work. A brief focused review of validity will illuminate the need to develop and adapt appropriate instruments for use in their scholarship. Presenters will provide a brief introduction to statistics with a focus on collecting information to work with a statistician. The workshop concludes with examples of scholarship dissemination beyond the peer-reviewed journals. Participants will leave with a completed study plan, key references and a listing of additional online resources, and a network of possible collaborators and mentors to inform their scholarly endeavors.

PRE CONFERENCE WORKSHOP 5: CLERKSHIP ADMINISTRATORS CERTIFICATION WORKSHOP AND LCME REVIEW

Donnita Pelser, Bachelors; Cathy Chavez, Bachelors

Rationale: Part I: Embracing Clerkship Administrators leadership. Understanding how leadership strengths contribute to expertise and enhances ones work. Articulating course goals and the expectations placed on students, as well as approaching issues pertaining to confidential or sensitive issues in a professional manner necessitates utilization of advanced communication skills.

Part II: Understanding the dichotomy of the institutional culture with one's own personal mission and values is a key factor in being able to successfully active person and organizational goals.

Part III: Meeting the Liaison Committee on Medical Education's (LCME) standards for accreditation is of critical importance. Clerkship Administrators often have little knowledge of the LCME.

Part IV: Many clerkship coordinators and administrators have little knowledge about scholarly activity.

Objectives:

Part I:

- 1) Understand key leadership concepts.
- 2) Explore and recognize the role of the Clerkship Administrator as a leader in medical education.
- 3) Discover the importance of emotional intelligence in the workplace and its role in leadership.
- 4) Develop communication strategies.

Part II:

- 1) Participants will articulate their personal mission.
- 2) They will correlate their passions with their missions.
- 3) Understand how their personal values align with their organization.
- 4) Participants will clarify their personal vision and consider an action plan.
- 5) Create career development project action plans to enhance participants' career at their own institution.

Part III:

- 1) Develop an understanding of what an LCME site visit is and recognize what the 12 standards are and how they relate to everyday clerkship administrator responsibilities.

Part IV:

- 1) Learn the first step of doing scholarly research by completing a project plan.

Methods and Content: Part I: Participants will: 1. Have the opportunity to participate in a MBTI Survey prior to the workshop. 2. Work in small groups on scenarios using emotional intelligence and crucial conversation concepts to make appropriate decisions when communicating with students, faculty and peers.

Part II: 1. Participants will create a personal mission statement. 2. Compose a list of personal values. 3. Compare and contrast their personal mission and values with that of their organization. 4. Craft an idea for an action plan to work on for certification.

Part III: 1. Participants will take a short quiz to help commit to memory the LCME standards they learned about.

Part IV: Collaborate and develop a research topic to explore that will enhance one's clerkship.

Workshop Descriptions

Wednesday, March 20, 2019 10:00 AM - 12:00 PM

WORKSHOP 1: BUILDING A RESILIENT CLERKSHIP ADMINISTRATOR: MANAGING EMOTIONS AND BUILDING STRENGTHS

Jackie Robinson, AS; Lakesha Baker, BS

Rationale: With the increasing responsibilities as a Clerkship Administrator, we often find ourselves in demanding situations, be it the increasing pace of our workload, day to day interactions with students, directors, and staff or any number of other stressors that may arise. Learning to develop and improve resiliency both professionally and personally will promote positive well-being, mitigate stress and reduce the feeling of burnout, which will foster a positive impact within the clerkship. This workshop will address the following competencies/ skills: Interpersonal, Communication, Professionalism, and promote personal well-being.

Objectives:

To provide the Clerkship Administrators with the tools of resiliency to deal with challenges and adversities in a composed and professional manner by:

- 1) Defining resilient
- 2) Explaining the importance of being resilient
- 3) Build the infrastructure to become resilient
- 4) Demonstrate ways to implement resilience in the face of adversity, stress and burnout

Methods and Content: Prior to the Workshop, a survey will be sent to the Clerkship Administrators for a baseline on how they handle stressful situations. Following a brief introduction and Powerpoint presentation, participants will engage in small group exercises and interactive role play. We will provide handouts and wrap up with a question and answer session. The goal is to provide attendees with resources to provide guidance and continuing ways to implement resilience when dealing with stress and adversities.

WORKSHOP 2: SCHOLARLY WORK: FROM COMSEP TO MEDEDPORTAL

Chad Vercio, MD; Amal Khidir, MBBS; Michael Ryan, MD, MEHP; Joseph Jackson, MD; Caroline Paul, MD; Gary Beck Dallaghan, PhD; Kamakshya Patra, MBBS; Carrie Phillipi, MD, PhD

Rationale: MedEdPORTAL provides a peer-reviewed venue to publish innovations on topics such as workshops, assessment, simulation, standardized patients or team based care. While many pediatric educators have had success publishing their innovations in MedEdPORTAL, the venue has recently modified the format and rigor required for successful dissemination. This workshop will provide an update on the new requirements of MedEdPORTAL and describe methods for successful dissemination using examples from COMSEP members.

Objectives:

- 1) Describe the educational activities and/or products published in MedEdPORTAL
- 2) List new requirements including the new Educational Summary Report to publish on MedEdPORTAL
- 3) Outline steps required to successfully publish an educational activity or product
- 4) Create a timeline for submitting educational content on MedEdPORTAL

Methods and Content: This workshop will use a combination of brief didactics and interactive work with facilitated feedback to build knowledge and skills regarding MedEdPORTAL submission. Via think-pair-share, large group callouts and practice on actual projects and ideas, participants will acquire skills and knowledge necessary to develop a project with metrics which would qualify for MedEdPORTAL publication. Didactics will be short in order to maximize the time spent on discussing activities participants may already be doing which would qualify for MedEdPORTAL publication with sufficient evidence of effectiveness for an educational summary report. Participants will conclude the workshop using principles of backward design to create a timeline to submit to MedEdPORTAL.

WORKSHOP 3: PREPARING FOR SUCCESS - FROM UME TO GME TO PRACTICE: USING ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS) AS A GUIDING FRAMEWORK FOR TEACHING AND ASSESSMENT

Michael Barone, MD, MPH; Michele Long, MD; April Buchanan, MD; Carol Carraccio, MD, MA

Rationale: The AAMC Core EPAs for Entering Residency (Core EPAs) describe the integrated competencies that a graduating medical student would be able to perform on Day 1 of residency training without direct supervision. The American Board of Pediatrics (ABP) General Pediatrics EPAs (GP-EPAs) describe the same for a pediatrician entering unsupervised practice. In so doing, the GP-EPA's describe the practice of general pediatrics, some elements of which are relevant across a broad range of specialties. There have been some successes in using EPA's to bridge the UME-GME continuum, but these efforts need to be increased. An enhanced understanding of how the Core EPAs and the GP-EPAs interrelate and complement one another can allow educators to more effectively use EPAs to develop curricula, assess and advise learners, and evaluate educational programs. This workshop represents a partnership between members of the COMSEP Post Clerkship Curriculum Collaborative and members of the leadership team of the American Board of Pediatrics. The focus will be the use of EPAs for the student "differentiated" to a career in pediatrics - whether that student be M4 level or earlier. The information in the Core EPAs and GP-EPAs can be translated into learner-level objectives, self-directed learning goals, and opportunities for reflection. This creates opportunities for formative

and summative assessments and information for educational handoffs. This workshop will provide background on the GP-EPAs for those less familiar, and will explore how both the Core EPAs and GP-EPA documents create a roadmap for differentiated students (early pediatricians) to use throughout their practicing career.

Objectives:

- 1) Compare and contrast the Core EPAs and GP-EPAs; describing the purpose of the documents while identifying similarities/differences, while learning how the community is using EPAs
- 2) Create curricular objectives for M4/Postclerkship students using Core EPAs and GP-EPA by considering what is unique about the practice of pediatrics vs the general competencies of an entering resident
- 3) Describe how information in the GP-EPAs can be used for advising/counseling differentiated students, creating ILP's, and developing assessments that can assist in the educational handoff
- 4) Design strategies to create a meaningful continuum from UME to GME to practice in pediatrics

Methods and Content: This workshop will use multiple methods including small group active breakout exercises focused on analysis and problem solving, large group report-outs and sharing, and didactic.

WORKSHOP 4: JUST DANCE: TEACHING CLINICAL REASONING USING NON CLINICAL METHODS

Soo Kim, MD; Loma Linda; Jenelle Eden, MD; Stephen Tinguely, MD

Rationale: The clinical years of medical student training require the development of clinical reasoning skills which are often difficult to teach, and are part of the core competencies. This workshop will explore the intuitive vs. analytic forms of clinical reasoning and will focus on the use of semantic qualifiers in building problem sets/representations. This will then help fellow educators give skills to develop intuitive clinical reasoning in their students.

Objectives:

To use ballroom dance as one innovative, creative way of teaching educators how use problem sets (PS) and semantic qualifiers (SQ) to teach the intuitive system of clinical reasoning. At the end of the workshop, participants will be able to:

- 1) Compare the intuitive system of clinical reasoning and differentiate it from the traditional analytic system.
- 2) Explain the use of SQ and PS and how they contribute to intuitive reasoning
- 3) Demonstrate the use of #2 in non-clinical scenarios (ballroom dance)
- 4) Apply #3 to clinical learning scenarios
- 5) Design lesson plans to teach intuitive reasoning using non-clinical methods to enhance learner participation

Methods and Content: We will use PowerPoint and non-clinical videos to demonstrate the difference between intuitive and analytic forms of clinical reasoning. Ballroom dance clips and clinical video clips will be used in large group discussion and parallel the use of SQ and PS in the clinical setting. Breakout groups will learn short dance amalgamations focusing on a dance style. Each group will perform their amalgamation to the large group who will then use intuitive reasoning to identify the dance and the SQ and patterns of steps (representing problem sets) that identify the particular dance. We will then discuss other ways to teach educators on the use of non-clinical methods to teach intuitive clinical reasoning.

WORKSHOP 5: UN-BLINDING ME WITH SCIENCE: INTEGRATING BASIC SCIENCE INTO CLINICAL REASONING USING "INTEGRATED" ILLNESS SCRIPTS

Michael Dell, MD, Department of Pediatrics Cleveland, OH, United States; Robin English, MD; Kate Miller, MD; David Harris, PhD; Leslie Fall, MD

Rationale: Medical schools struggle to meaningfully integrate basic science core concepts into the clinical curriculum, particularly in a manner that leverages understanding of causal mechanisms underlying common conditions to inform clinical reasoning. In this session, participants will collaboratively develop "integrated" illness scripts and consider applications of this cognitive integration method into their curricula. Illness scripts have been shown to be an effective method by which novices learn clinical reasoning skills. Cognitive research demonstrates that expert scientists and clinicians have difficulty "unpacking" their knowledge and making it available to teaching novice learners. Conversely, students often struggle to transfer basic science knowledge to clinical problem solving. Development of 'integrated' illness scripts, whereby the key clinical findings of a given condition are clearly combined with the underlying basic science mechanism for each finding, is an effective means for integrating basic science concepts into students' cognitive representations of core clinical conditions. Following a brief discussion regarding barriers to transfer and an evidence-based mini-didactic, participants will work in small teams to develop integrated illness scripts that demonstrate the basic science foundation for the clinical presentation of common pediatric conditions. The session will conclude with participants returning to the identified barriers to describe how these integration tools could be implemented at their schools to advance integration.

Objectives:

- 1) Deconstruct models of clinical reasoning, with focus on illness scripts
- 2) Explain the rationale for and evidence supporting utilization of "integrated" illness scripts to facilitate transfer of basic science knowledge into clinical decision-making
- 3) Create 2-3 integrated illness scripts for a common clinical presentation

4) Consider opportunities for applying this cognitive integration method into local curricula

Methods and Content: The workshop will begin with an interactive group discussion to identify key barriers to integration and transfer. Following a brief literature review on cognitive integration and illness scripts in clinical reasoning, participants will work in teams to develop integrated illness scripts for a common clinical condition that demonstrates the basic science foundation for the key findings of each condition. Session concludes with participants returning to identified barriers to describe these integration tools could advance integration at their school.

WORKSHOP 6: ADVISING STUDENTS AT RISK IN THE MATCH

Gwenevere McIntosh, MD, MPH; David Levine, MD; Leonard Levine, MD; Jennifer Soep, MD; Robert Drucker, MD

Rationale: As obtaining a pediatric residency position in the NRMP match becomes increasingly competitive, it is critically important that pediatric career advisors know how to identify students at risk for a poor match outcome. Effective career advisors also need the skills to successfully guide the at-risk student through the match. Many clerkship directors are called to serve the important role of career advisor. This workshop will 1) increase the pediatric career advisor's knowledge about the student risk factors associated with poor match outcome and 2) increase the advisor's skill in using strategies to reduce the risk that their student will go unmatched.

Objectives:

By the end of this workshop, participants will be able to:

- 1) Describe the factors placing students at risk for poor outcome in the match
- 2) Identify general approaches to mitigate match risk
- 3) Develop and employ specific strategies targeted to individual risk factors to reduce the risk of poor match outcome

Methods and Content: The workshop will open with a group brainstorm activity to identify factors that place a student at risk for poor match outcome. A large group interactive discussion, driven by the expertise of the workshop presenters, will further explore the match risk factors so participants have a fuller understanding of each factor. Through a small group activity using trigger questions, participants will identify multiple general strategies to guide at-risk students through the match. Then, using a pair-share discussion based on student case scenarios, participants will develop a list of specific strategies to employ for individual match risk factors. Lastly, workshop presenters will moderate a debate of specific risk reduction strategies based on direct experiences in the NRMP match and SOAP.

WORKSHOP 7: YOUR ASSESSMENT IS ONLY AS GOOD AS YOUR VALIDITY EVIDENCE

Brian Pomeroy, MD; Cindy Osman, MD; Craig DeWolfe, MD, MEd; Veronica Gonzalez, M.D.; Kari Phang, MD; Chanda Bradshaw, MD; Amy Fleming, MD, MHP

Rationale: Assessment is a cornerstone of clinical education. It can drive student behavior and informs formative and summative feedback. It determines whether students advance in the curriculum and in many cases how competitive students are for residency. Nonetheless, accurate assessment remains elusive and many clerkship directors struggle to justify decisions based on this data. A paper from the University of Michigan (Zaidi et al., 2018) on the lack of reliability in clerkship competency assessments sheds light on this problem encountered by many institutions. Reliability, however, is just one facet of validity evidence. The Journal of Graduate Medical Education published "A Primer on Validity of Assessment Instruments" (Sullivan, 2011) which also contained instructions for authors in an effort to advance this science. As COMSEP endeavors to create a new curriculum, assessment will be a key component. This workshop aims to arm COMSEP educators with an understanding of validity evidence and give them the tools necessary to more accurately assess medical students in the pediatric clerkship.

Objectives:

- 1) List the five types of validity evidence
- 2) Recognize and critique validity evidence in the literature
- 3) Develop a plan for evaluating assessment tools at their own institution

Methods and Content: The workshop will consist of an initial introduction to validity evidence with a handout providing key guidance. In small groups, the participants will then have the opportunity to recognize and critique validity evidence of assessment tools published in the literature, for example the P-HAPEE tool (King, Phillipi, Buchanan, & Lewin, 2017). After a break, the participants will then list tools they use in their own institution and consider validity evidence for those tools. Finally, participants will develop a plan to study one of the tools they use to collect additional validity evidence.

WORKSHOP 8: PDSA MEETS FEEDBACK FRIDAY: USING QI METHODOLOGY TO INTEGRATE IMPROVED FEEDBACK INTO YOUR PROGRAM

Brian Good, MD; Rachel Thompson, MD; Molly Rideout, MD; William Raszka, MD

Rationale: Formative feedback is critical to the successful growth of learners, but residents and faculty are unevenly prepared to diagnose a student's learning needs and deliver the necessary feedback constructively. Myriad challenges to effective feedback exist. Learners can be frustrated with content quality, consistency, and predictability of summative assessments, while providers struggle with short interactions, uncertainty of focus, and creating time for a meaningful exchange. Most attempts to improve feedback have focused on specific techniques; fewer efforts have been made exploring programmatic changes to support feedback and mechanisms to continuously improve feedback processes and outcomes.

Objectives:

- 1) Identify the most effective elements of learner feedback
- 2) Discuss barriers, at both individual and programmatic levels, to giving effective feedback and explore means to overcome them
- 3) Identify key components of quality improvement (QI) methodology
- 4) Utilize basic QI methodology to integrate solutions to improve the individual quality and programmatic integration of successful feedback.

Methods and Content: This highly-interactive workshop will use active learning techniques to integrate principles of feedback and quality improvement methodology. Following an initial icebreaker, attendees will participate in a survey regarding current feedback practices at individual institutions. Facilitators will present evidence regarding best practices of feedback using role plays and video clips. In small groups, participants will discuss barriers to providing effective feedback, considering both individual and programmatic levels, and consider solutions. In a large group discussion, participants will share their ideas and consider overall “feedback culture” of institutions. Facilitators will then introduce basic quality improvement theory, describing the path from brainstorming to implementation of ideas. Small groups will then utilize the PDSA format to create program-specific action plans for their identified solutions. Attendees will leave with practical knowledge of how to use a basic QI skill to overcome barriers and specific plans for improving the quality and integration of feedback at their home institutions.

WORKSHOP 9: GET PROMOTED! ACADEMIC ADVANCEMENT FOR EDUCATORS

Alanna Higgins Joyce, MD, MPH, MST; Nathan Gollehon, MD; Robyn Bockrath, MD, MEd; Joseph Gigante, MD; Joseph Jackson, MD; Meg Keeley, MD; Amal Khidir, MBBS; Terry Kind, MD, MPH; Caroline Paul, MD; Jean Petershack, MD; Michael Ryan, MD, MEHP; Jocelyn Schiller, MD; Jennifer Trainor, M.D.

Rationale: Academic Advancement for Educators” addresses the challenge of academic promotion among medical educators. From junior faculty juggling heavy clinical commitments and educational or scholarly work to mid-career educators prioritizing important projects and pursuing national leadership, this workshop will help COMSEP members recognize their own value and collate their contributions for the purposes of promotion.

Objectives:

- 1) Recognize the value they bring to their own organization.
- 2) Compare and contrast between institutional and promotion and tenure pathways.
- 3) Draft portions of their own educator portfolio in a facilitated setting.
- 4) Explore professional development opportunities and the associated pros/cons, costs, and contributions of each.
- 5) Discuss the importance of networking and mentorship for educators

Methods and Content: Large-group didactics will review various promotion pathways and professional development opportunities. Participants will work in small groups to identify personal attributes valuable for promotion, begin to construct their educator portfolio, and discuss mentoring, networking, and negotiating strategies.

Thursday, March 21, 2019 2:00 PM - 4:00 PM

WORKSHOP 10: TEACHING REBOOTED FOR TODAY’S LEARNER

Hosanna Au, MD, FRCPC; Angela Punnett, MD, FRCPC

Rationale: Today’s learners are sophisticated users of technology, they are constant multi-taskers, and they yearn for social connectedness. What does this mean for medical education? As educators, we need to adapt our traditional teaching methods to meet the needs and styles of today’s learners. Using easy-to-apply online tools, participants of this workshop will be able to transform their own teaching into interactive, tech-savvy, and active learning sessions. Examples of online tools include creating interactive e-modules, using online surveys, MCQs or word clouds, and online games. In addition, participants will learn about existing online materials and how to incorporate these into their teaching sessions.

Objectives:

- 1) Describe characteristics of today’s learners
- 2) Outline tools to incorporate technology and active learning into your teaching
- 3) Modify one of your existing teaching sessions to make it more suited to today’s learner
- 4) Describe existing online materials and incorporate them into your teaching

Methods and Content: Participants will be introduced to different tools to increase technology and/or active learning in their teaching through examples and demonstrations. Tools include: creating interactive e-modules using Articulate, using online games such as Kahoot, audience online surveys/word clouds with poll Everywhere, creating online videos with youtube, and flipped classroom workshops. Examples of existing online materials that will be shown include: CLIPP cases, peds cases, medskl and Calgary Cards. Methods to actively incorporate these online materials into the curriculum will be shared. Participants will be asked to bring one of their own teaching topics, and make changes to it at the workshop by employing one (or more) of the techniques shown.

WORKSHOP 11: RISE AND SHINE: WELCOME TO YOUR PEDIATRICS CLERKSHIP

Aditee Narayan, MD,MPH; Dana Clifton, MD; Kamara Carpenter, BA; Nick Potisek, MD; Jake Deines, MD; Robert Drucker, MD

Rationale: The orientation for the pediatric clerkship represents a challenge and an opportunity. While orientation is sometimes considered tedious, it continues to be necessary. Orientation sets the stage for the students' time on pediatrics, and is essential in covering schedules, expectations, learning goals, and other clerkship operations. It also offers an opportunity to proactively address any gaps identified on end-of-clerkship surveys, LCME concerns, or other sources of feedback. Workshop facilitators will share our successful strategies in using interactive orientation methods to address identified gaps. With this workshop, learn how to involve and excite your students in preparation for their clinical experience in pediatrics, while addressing gaps in your program. In an ever increasingly technological environment, we will discuss how to best utilize information technology to deliver content and engage students in a meaningful way.

Objectives:

- 1) Review successful practices in developing content for pediatric clerkship orientation based on identified areas of improvement
- 2) Discuss and develop innovative methods for delivery of orientation content to address common program gaps
- 3) Formulate a plan for orientation redesign at your institution

Methods and Content: Facilitators will present their experiences in structuring orientation based on areas of improvement (gaps) identified through various sources of feedback. Small groups will identify other common gaps, followed by large group report out to prioritize gaps for the workshop. We will then demonstrate interactive methods to address the gaps, including simple iPhone video production and game development while promoting effective learning communities for millennial learners. Each small group will be tasked with developing plans for innovative ways to address a prioritized gap, followed by large group report. The session will conclude with participants identifying a brief action plan to help them apply new methods at their home programs.

WORKSHOP 12: MOVING BEYOND PROFESSIONALISM TO PROFESSIONAL IDENTITY FORMATION

Erin McMaster, MD; MacKenzi Hillard, MD; Kristen Bettin, MD, M.Ed.; Chandler Todd, MD

Rationale: The development of a professional identity is a vital component of medical education. While many schools have processes for encouraging and assessing professionalism in our medical students, professional identity formation (PIF) encompasses a much broader context that is more individualized based on students' unique experiences, reflections, and social context. Because of its complex nature, PIF is challenging to teach and assess. Our workshop will educate participants on the differences between professionalism and PIF, engage them in reflective activities about their own professional identities, and help to brainstorm techniques for fostering and assessing PIF in their learners.

Objectives:

- 1) Describe the concept of PIF and how it differs from professionalism
- 2) Reflect on ideal characteristics of a physician and our own professional identity
- 3) Review challenges our learners face during medical school that impact their PIF
- 4) Brainstorm ways of teaching and assessing PIF

Methods and Content: Participants will engage in an icebreaker activity to brainstorm characteristics of an "ideal" physician and allow time for self-reflection on one's own professional identity. A didactic review of the theory of professional identity formation (PIF) and its importance in medical education will follow along with a discussion of the current state of teaching and assessing PIF. Using video examples, the facilitators will demonstrate selected cultural factors and experiences that contribute to PIF as well as both effective and ineffective teacher responses. Participants will then break into small groups to discuss vignettes that represent common threats to medical student PIF and be asked to identify ways to guide students through such experiences. Large group discussion will follow. Wrap up will include brainstorming ways to incorporate PIF into the clerkship curriculum and assessment, and the workshop presenters will describe PIF activities currently underway at our own institutions.

WORKSHOP 13: USING EMOTIONAL INTELLIGENCE SKILLS TO DEVELOP RESILIENCE AND REDUCE BURNOUT

Ramzan Shahid, MD; Bridget Boyd, MD; Jerold Stirling, MD

Rationale: Burnout among physicians and residents has reached alarming rates and may be developing during medical school. Individuals with high levels of emotional intelligence (EI) may be protected from burnout. The EI skills of self-awareness and self-management are crucial in developing resilience. Recognizing and being aware of which activities are exhausting versus energizing can promote resilience. Being able to manage one's time and emotional response to stressful situations can minimize burnout. The goal of this workshop is to help participants understand the role of EI in developing resilience. A technique to improve an individual's self-awareness and overall EI is through creation of an individual energy profile (IEP). We will instruct participants to create an IEP and how to utilize it to promote their own wellness. At the conclusion of the session, participants will have created their own IEP and will be able to teach learners how to create this profile.

Objectives:

- 1) Understand the concept of emotional intelligence (EI)
- 2) Recognize how EI skills can promote resilience
- 3) Identify activities that exhaust you and restore you
- 4) Build your own Individual Energy Plan (IEP)

Methods and Content: The workshop will be highly interactive with peer-to-peer, small group, and large group discussions. Initially, the four components of EI will be reviewed: self-awareness, self-management, social awareness, and social skill. Through a self-reflection exercise, participants will develop self-awareness of which activities energize them and which activities exhaust them. Attendees will share in small groups and large group discussions the list of activities they identified. This will be followed by a discussion of EI self-management skills. Participants will analyze the utilization of their time to incorporate activities that energize them as well as understand how to schedule tasks strategically to minimize burnout. Participants will then create their own Individual Energy Profile (IEP) and share their profiles in small groups. By the conclusion of the session, participants will recognize how to effectively utilize their own IEP and have the self-awareness and self-management skills necessary to promote resilience and reduce burnout.

WORKSHOP 14: THE CLINICAL LEARNING ENVIRONMENT: SHARING STORIES OF MISTREATMENT AND REFRAMING COMMUNICATION TO IMPROVE EDUCATIONAL CULTURE, WORK EXPERIENCE AND PATIENT CARE

Ann Murray, MD, MPH; Vandana Madhavan, MD, MPH

Rationale: This workshop will challenge participants to develop skills in leading efforts to improve the clinical learning environment and address episodes of mistreatment and disrespect as leaders in pediatric education.

Objectives:

- 1) Understand the “hidden curriculum” and its effects on educational learning culture, physician work experience and patient care
- 2) Develop and discuss potential strategies to improve the clinical learning environment
- 3) Practice using REFRAME [Respect for Everyone is a Fundamental Requirement for Advancing Medical Education] as a tool to address witnessed disrespectful language and mistreatment and optimize educational culture

Methods and Content: In this 120-minute interactive workshop, a brief initial presentation will review the concept of the “hidden curriculum”, discuss national data and summarize available literature regarding mistreatment in medical education, including influences on physician work experience and patient care. In small groups, participants will share stories of mistreatment they have witnessed in their medical careers, discuss the provided case examples, and then discuss relevant strategies to improve educational culture and reduce episodes of mistreatment. We will then introduce the REFRAME (Respect for Everyone is a Fundamental Requirement for Advancing Medical Education) initiative as one potential strategy to shift communication content and delivery to be more respectful. We will then demonstrate the use of REFRAME as a common language to address occurrences of witnessed mistreatment in real time. Participants will then utilize communication simulation in small groups to practice appropriately addressing episodes of learner mistreatment using the REFRAME method. To conclude, we will facilitate a large group discussion regarding additional strategies and initiatives to tackle issues of mistreatment in medical education.

WORKSHOP 15: PREPARING FOR SUCCESS: DESIGNING PEDIATRIC PRE-CLERKSHIP ACTIVITIES AT YOUR INSTITUTION

Elizabeth Van Opstal, MD; Melissa Held, MD; Virginia Harrison, MD; Suzanne Schmidt, MD; Travis Crook, MD; Courtney Judd, MD, MPH; Jill Azok, MD; Mark Pogemiller, MD; Adam Weinstein, MD

Rationale: National surveys demonstrate that of all core clerkships, students feel the least prepared for their Pediatrics experience. Pediatric-focused curricula in pre-clerkship courses is variable, lacking a unified longitudinal curriculum spanning M1-M4 years. Existing curricula is implemented inconsistently and tools to implement such curricula can be scarce. In 2016 and 2017, the COMSEP pre-clinical subcommittee led workshops to develop a set of “pre-clerkship” goals and objectives, as well as a toolbox of learning activities to inform curricular development. Building off of this work, we propose a workshop to provide participants with practical tools, resources and connections to implement a pre-clerkship pediatric curriculum at their institution.

Objectives:

- 1) Identify “pre-clerkship” pediatric curriculum goals, objectives, and associated learning activities from the Pre Clerkship COMSEP Collaborative
- 2) Discover examples of pre-clerkship pediatric learning activities from various institutions
- 3) Discuss barriers to implementation of pre-clerkship pediatric activities and strategies to overcome them
- 4) Develop an action plan for implementation of a new pediatric pre-clerkship activity at your home institution

Methods and Content: Leaders will review the pre-clerkship curriculum goals and objectives developed by the Pre Clerkship COMSEP Collaborative. Leaders will provide an overview of these six pre-clinical pediatric educational objectives and associated strategies (clinical skills, basic science integration, pediatric history, caregiver communication, preventative medicine, pediatric community health) with examples in a large group discussion. Workshop leaders with experience in pre-clerkship pediatric activities will then facilitate small group discussions at six stations, each associated with a pre-clerkship COMSEP objective. Participants can choose from 4 of the 6 stations. (Online resources provided for all objectives, for those missed). Facilitators will share their experiences with their curriculum, and allow participants to share their experiences. After attending chosen stations, small group discussions will focus on barriers and successes to implementation. At the end

of the session, participants will develop an action plan for implementation and evaluation of one new pre-clerkship strategy for their home institution. All participants will be provided with multiple online tools and resources to help implement these strategies.

WORKSHOP 16: TOO BUSY, TOO BORED, TOO BURNT OUT: PRACTICAL THEORY-BASED TOOLS TO WIN BACK THE UNMOTIVATED LEARNER

Kira Molas-Torreblanca, DO; Natalie McKnight, MD; Darshita Bhatia, MD; Komal Bajaj, MD; Fatuma Barqadle, MD, Glendale, CA, United States

Rationale: Imagine an ideal learning environment where every learner on the team is fully engaged, and active learning occurs with every patient encounter. Now, imagine reality. The educational and clinical environment is a challenging one, and medical students bring a complex assortment of anxiety/stress, successes, failures, and distractions. Consequently, these learners can become frustrated, disengaged, disinterested, and often perceive themselves to be “too busy.” With the “millennial generation” favoring more innovative learning preferences, clinical educators must also consider using interactive teaching strategies that can be applied to the pediatric clinical setting. How do we re-engage our medical students? What tools can we use to win them back?

Objectives:

- 1) Discuss Self-Determination Theory as it relates to reaching disengaged learners
- 2) Adapt Motivational Interviewing techniques to re-engage learners in the clinical setting
- 3) Apply tools and strategies to engage unmotivated Millennial learners

Methods and Content: Drawing upon established educational concepts from Self-Determination Theory (SDT), Motivational Interviewing (MI), and Millennial Learning (ML) practices, this highly interactive workshop will provide practical tools which can be easily implemented on the wards to re-engage the unmotivated learner. The workshop will include brief didactics on these educational concepts, followed by interactive small group activities applying each concept to the disengaged medical student. We will explore the essential elements of SDT – competence, relatedness, and autonomy as well as intrinsic and extrinsic motivation. MI is an established method that engages intrinsic motivation to change behavior and we will explore various concepts and demonstrate reflective listening using a specific framework that can be used in the busy clinical setting. Finally, Millennials and their learning preferences have inspired the revision of entire educational processes. This workshop will present strategies for reaching the disengaged Millennial learner. Attending this workshop will leave you motivated, equipped and ready to engage your unmotivated learners!

WORKSHOP 17: NAMING AND REFRAMING: PORTRAYAL OF RACE AND CULTURE IN MEDICAL EDUCATION

Michael Dell, MD; Nkemdi Agwaramgbo, medical student; Stephanie Bi, medical student; Priyal Gandhi, medical student; Rose Milando, medical student; Natalia Perez, medical student; Michelle Suh; Leslie Fall, MD

Rationale: Bias and discrimination in healthcare affects healthcare access and quality for minority groups, contributing to racial health disparities. Despite recent efforts to incorporate race and culture as part of medical education, hours dedicated to these topics are limited. Furthermore, students identify that some educational materials (including standardized tests, virtual patients, textbooks) contain outdated or biased racial and cultural references which may perpetuate stereotypes or conflate social and structural determinants of health (SSDOH) with genetic predilection for illness.

Best practices in medical education include both active learning principles and evidence based practice. To study the issue of bias and discrimination in education materials, a diverse group of students from across the country examined the portrayal of race and culture, using Aquifer cases as a test curriculum. Based on extensive literature review, the students generated guiding principles and a checklist to guide systematic review of the cases:

1. Racial Health Disparities and SSDOH
2. SSDOH and Patient Behaviors
3. Racial/Cultural Stereotypes
4. Treatment Plan and SSDOH
5. Reflection on Race/Culture
6. Reflection on National Sociodemographic Factors in the Health Team

Secondary literature reviews were conducted where necessary to clarify the interplay and distinctions between race, culture, hereditary and social determinants of health.

This checklist may serve as a tool for re-evaluation of curricular materials through the lens of race and culture, as well as to promote longitudinal discussion of these topics throughout the medical education.

Objectives:

- 1) Identify bias in educational materials
- 2) Review literature on best practices for portraying race and culture
- 3) Create guiding principles
- 4) Apply guiding principles to case examples
- 5) Discuss possible applications of the principles to curricula at home institutions

Methods and Content: The workshop will begin with several case vignettes which present issues of potential bias. Students will then present a review of the literature on best practices for portrayal of race and culture, and lead the group in discussion of guiding principles synthesized from this literature. Attendees will return to examples to apply these guidelines. In cases which blur the distinctions between hereditary and SSDOH, attendees will be prompted to review pertinent secondary literature (provided). Finally, attendees will discuss possible applications of this tool for re-evaluation of curricular materials through the lens of race and culture and promotion of longitudinal discussion of these topics throughout the medical education.

WORKSHOP 18: WHEN OPPORTUNITY COMES A KNOCKIN'! APPLYING PLANNED HAPPENSTANCE TO MEDICAL STUDENT ADVISING

Gary Beck Dallaghan, PhD; Nathan Gollehon, MD; Boyd Richards, Ph.D.; Brian Good, MD; Rebecca Tenney-Soeiro, MD; Nicole Borges, Ph.D.

Rationale: Career decision making is shaped by multiple, overlapping intrinsic and extrinsic factors, demonstrated in pediatric specialties as having a passion for children (intrinsic) and being selected to be a student volunteer in a neonatal unit (extrinsic). These factors may appear "random" and may not align with more career counseling strategies that aim to maximize informed career decision making. However, on closer inspection, what appears to be random may not be pure luck. The Planned Happenstance Learning Theory (PHLT) provides a useful framework for reframing the "randomness" of factors (aka happenstance) that shape career decisions. PHLT purports that students have a role in generating unexpected events, remaining alert to new opportunities, and capitalizing on the opportunities (Mitchel 1999).

After reflecting on PHLT framework and our years of collective experience in pediatrics, we were struck by how many pediatricians can vividly recount how happenstance led them to their field. We also noticed that random encounters were seldom acknowledged in the counseling literature. Based on findings from a GEA-funded qualitative study (conducted by GBD, BR) exploring influential moments in career decisions of 24 pediatric faculty at 4 US institutions, we believe that skills of PHLT can be usefully applied to career advising. These skills include:

- curiosity: exploring new learning opportunities
- persistence: exerting effort despite setbacks
- flexibility: changing attitudes and circumstances
- optimism: viewing new opportunities as possible and attainable
- risk taking: taking action in the face of uncertain outcomes

Objectives:

- 1) Recognize the value of happenstance as sources of insight regarding career decisions
- 2) Identify PHLT skills
- 3) Apply (Integrate?) PHLT skills in student advising

Methods and Content: The workshop will consist of brief didactic presentations of core information (e.g, PHLT and related skills), facilitated small group discussion, large group debriefings and a panel discussion. Participants will actively engage with the material by role plays and developing action plan for use within home institution

Friday, March 22, 2019 10:00 AM - 12:00 PM

WORKSHOP 19: RESILIENTLY PUBLISHING YOUR MANUSCRIPT: MOVING FROM REJECTION, TO RESUBMISSION, TO REDEMPTION

Gary Beck Dallaghan, PhD; Eve Colson, MD; Lynn Batten, MD; Beth Emrick, M.D.; Nathan Gollehon, MD; Alanna Higgins Joyce, MD; Caroline Paul, MD; Carrie Phillipi, MD, PhD; Mary Rocha, MD; Rebecca Tenney-Soeiro, MD; Jennifer Trainor, MD

Rationale: Dissemination of scholarship is a critical component of an academic career. However, the journey to achieving publication can be challenging. After submitting, one can be met with a string of "Thanks, but no thanks". The COMSEP Research and Scholarship Collaborative believes educational research and innovations can and should be published. Success requires identifying diverse potential venues for publication, strategically submitting to a "right fit" journal, and responding effectively to reviewer critiques.

Objectives:

- 1) Evaluate the critique of the editor and/or reviewers' responses
- 2) Edit portions of an article based on reviewer feedback
- 3) Draft responses to reviewers
- 4) Identify journals that may be appropriate for your work
- 5) Identify alternative avenues for publication

Methods and Content: Building Resilience: Introductions are designed to determine participants' needs.

Reasons for Rejection: Reasons manuscripts are rejected have been published, such as inappropriate analysis, interpretation of results, etc. Participants consider reasons for rejection of their submitted work. In small groups, participants will discuss these items and list how to avoid them in the future.

Editor/Reviewer Comments: Critically reviewing reviewer recommendations is time consuming, yet extremely important. Workshop leaders will provide reviewer comments and unedited manuscripts. Groups will rewrite portions of the manuscripts based on reviewers' feedback. A group will be assigned: Introduction, Methods, or Discussion.

Editor Response: Meticulously responding to every reviewers' remarks is of utmost importance when revising manuscripts. The groups will work together to draft some responses to reviewer remarks.

Identifying Journals: This section will outline how to identify appropriate journals and teach the steps to take to ensure one's work is a good fit. Alternative methods of publication are readily accessible. During this session we will discuss various methods of publication, how to check for journals that are not "legitimate" online, and address the pros and cons of this avenue based on promotion and tenure expectations.

Phone a Friend: What options are there to have informal peer review? Time will be spent brainstorming to identify people willing to help with this, such as a local writing group, trusted colleague, etc. and a shared electronic contact list will be generated. Ideas about how the Research & Scholarship Collaborative could provide this assistance will also be considered.

WORKSHOP 20: MENTOR FOR A DAY, A YEAR, A LIFETIME: HOW TO BUILD AND CUSTOMIZE YOUR SKILLS AS A MENTOR

Marc Zucker, MD; Anna Karwowska, MD; Alisa LoSasso, MD; Harsha Bhagtani, MD

Rationale: Mentorship is a valuable part of faculty development yet, from self-report, only 20% of medical faculty have a mentor. The literature has shown that mentorship can enhance the success of individual faculty members while improving collegiality and the feeling of being connected to colleagues. Mentorship relationships can be focused, for a defined purpose, or broad, encompassing many needs of a mentee. The mentor plays a role in teaching and advising, while providing support and encouragement to the mentee. The mentee plays a role in setting clear goals and objectives, accepting responsibility for career development, and being receptive to feedback. This mentorship workshop has been developed to address several needs:

1. 'onboarding' of new members by experienced COMSEP members to help them quickly understand the COMSEP organization while enhancing their engagement with COMSEP
2. ongoing mentorship of members for a variety of roles including program planning, navigating people, politics and difficult interactions, advocating, and career planning
3. need for coaching when dealing with specific issues

The target audience for this session will be both mentors and mentees with all levels of mentoring experience.

Objectives:

- 1) List the potential positive outcomes for mentors and mentees in mentoring relationships
- 2) Differentiate mentor vs. role model vs. academic advisor
- 3) Recognize opportunities that allow for developing a mentoring relationship
- 4) Define the roles and responsibilities of the mentor and the mentee
- 5) Identify potential challenges in mentoring relationships and their solutions

Methods and Content: This workshop will combine didactic sessions, small group activities and role play to introduce the attendee to mentorship. Topics covered include obligations/roles/responsibilities of the mentor and mentee, relationship development and maintenance, ethical issues that may arise and how to deal with them (eg. mentoring in the #MeToo era, mentoring between different sexes, cultures, religions and ethnicities), effective closure of a mentorship relationship and sources of assistance with mentoring. The session will start with an introduction to mentoring and an overview of the literature (60minutes). Experienced mentors will share their expertise with mentoring colleagues, creating a community of practice in mentorship for COMSEP (30 minutes). Small group sessions using a snowball technique will explore mentoring challenges and strategies to deal with these challenges (60 minutes). Finally, the session will introduce the concept of coaching and allow the participants to apply coaching skills in a working relationship through small group role play (60 minutes).

WORKSHOP 21: INFUSING THE PEDIATRIC CURRICULUM WITH SOCIAL DETERMINANTS OF HEALTH

Ada Fenick, MD; Alice Rosenthal, JD

Rationale: Recognizing the effects of Social Determinants of Health (SDH) is increasingly critical in patient care, particularly for child health. Many medical schools have no specific curricula to enable students to address these effectively in patient care. This workshop will enable the pediatric educator to instill SDH into their current curricula or construct new educational modalities so that learners have strategies for identifying and addressing SDH.

Objectives:

- 1) Stating the case for the importance of teaching students SDH
- 2) Describing potential entry points, teaching strategies, and interdisciplinary partners for integrating SDH topics
- 3) Constructing a plan for inculcating SDH in their home institution

Methods and Content: The workshop will begin with a level-setting microlecture on SDH. Leaders will then guide attendees in jointly developing the rationale for exposing students to SDH-informed practice. In small groups organized by student level, teams will deliberate how to incorporate SDH to present curricula or develop new educational strategies where needed, considering entry points, teaching strategies, and partnerships. After groups report out, participants will develop a blueprint to enhance SDH education at their institution. Participants will then pair with each other to review and advise. The workshop will close with a large-group reflection on lessons learned, and a commitment exercise for clinical practice and education.

WORKSHOP 22: TEACHING DIAGNOSTIC REASONING USING AN ASSESSMENT FOR LEARNING TOOL: A TRAIN-THE-TRAINER SESSION

Moushumi Sur, MD; Satid Thammasitboon, MD MHPE; Marty Weisse, MD; Kathryn Moffett-Bradford, MD; Jeffrey Lancaster, MD; Renee Saggio, MD

Rationale: The Institute of Medicine recently published a landmark report on diagnostic errors in healthcare, highlighting the persistence of diagnostic errors and specifically recommended that training programs address diagnostic reasoning performance. Accurate diagnoses are linked to positive patient outcomes, but the diagnostic reasoning process is inherently complex and uniquely experiential for each clinician. The problem solving is poorly understood and expert reasoning is not adequately taught. Using a standardized approach to teaching and assessing the diagnostic reasoning process can enable learners to develop these essential skills for life-long learning towards diagnostic expertise.

Objectives:

- 1) Describe concepts of expertise development pertaining to diagnostic reasoning
- 2) Describe five critical domains and their related competencies of diagnostic reasoning
- 3) Apply the Assessment of Reasoning Tool to assessing and providing feedback to medical learners

Methods and Content: This workshop offers experiential learning based on Kolb's learning cycle. We will begin with engagement of participants through reflection upon a role-play of the diagnostic process in a clinical scenario. A brief interactive didactic will introduce the concepts of expertise development in diagnostic reasoning. In small groups, participants will derive critical domains of the diagnostic reasoning process and elements of competence in diagnostic reasoning. The facilitators will then introduce the Assessment of Reasoning Tool (ART) developed and validated by the workshop faculty. Participants will use the ART to assess learner performance in simulated patient encounters. Through a facilitated discussion, participants will formulate practical strategies to use ART as a framework to providing effective feedback to learners.

WORKSHOP 23: ASSESSMENT AND EVALUATION AND FEEDBACK, OH MY!

Veronica Gonzalez, M.D.; Monaliza Evangelista, MD; Emma Omoruyi, MD, MPH; Kristopher Ahn, MD; Carly Rosemore, MD; Anand Gourishankar, MD; Amalia Guardiola, MD, Houston, TX, United States

Rationale: The lines between providing sound assessment and feedback to learners are often blurred, and medical educators are faced with the dilemma of providing both. Formative assessment is intended as an opportunity for learners to refine their skills and build their knowledge base, but learners can interpret it as a summative assessment of their overall performance. The literature describes for feedback to be effective it must be timely and consistent. Unfortunately, due to time constraints of performing clinical duties and educating medical students, feedback is often neither timely nor consistent. The workshop focuses on current feedback and evaluation tools utilized to foster improvement in performance of medical students.

Objectives:

- 1) Acquire knowledge on recent innovative evaluation tools used in medical education that are timely and consistent
- 2) Analyze the use of: Rapid Competency Assessments (RCAs), Structured Clinical Observations (SCOs), Peer evaluations, QR codes and their effectiveness in delivering feedback in a confidential and immediate time manner.
- 3) Reflect and plan how to apply these tools in their institutions

Methods and Content: The workshop includes:

- Short videos demonstrating learner evaluations with audience reflection
- Individual contemplation of barriers in assessment, evaluation and feedback with subsequent roundtable and whole group discussions
- Demonstration and discussion of current evaluation tools and their effectiveness at our institution
- Collaboration of other tools utilized by our colleagues and consideration of benefits and challenges with these

WORKSHOP 24: "YES, AND": APPLYING LESSONS FROM IMPROVISATION TO TEACHING

Jessica Signoff, MD; Lavjay Butani, MD; Jennifer Plant, MD, MEd; Alexis Toney, MD

Rationale: Improvisation is an acting technique grounded in rules about how to communicate with and react to others. Improvisation exercises facilitate attempts to understand what others are experiencing and promote the development of respect and empathy. It has been recognized that practicing improvisation can improve communication and interpersonal skills in scientists, including physicians.

Just as effective communication and interpersonal skills are at the core of good medicine, they are central to effective teaching. Educators must be able to transmit a clear message, carefully listen and react to their audiences' questions and answers to meet their needs, and use techniques such as nonverbal communication to establish safe learning environments. It can be challenging to teach and learn strategies to build these skills. The rules of improvisation apply to teaching and improvisation exercises can be used to facilitate development of related competencies for both bedside and classroom teaching.

Objectives:

- 1) Describe the characteristics of effective educator-learner communication and interpersonal interaction
- 2) Demonstrate the use of effective communication and interpersonal strategies through improvisation activities
- 3) Apply the rules of improvisation to teaching

Methods and Content: This interactive workshop will begin with an ice-breaker, an improvisation activity targeted at demonstrating the “yes and” rule of improvisation. The audience will then participate in a think-pair-share activity to establish the characteristics of effective educator-learner communication and interpersonal interaction. Presenters will then introduce improvisation via a video example and delineate the rules of improvisation. Workshop participants will participate in different improvisation activities and debrief in a large group the lessons learned about communication and interpersonal interaction. Participants will work in small groups to complete a worksheet applying the rules of improvisation to teaching, drawing on experience with recent or upcoming teaching activities. Select examples will be shared in the large group. Presenters will provide participants with “train the trainers” materials and elicit how participants could use these techniques at their home institutions for faculty development.

WORKSHOP 25: FINDING YOUR FLOW WITH AQUIFER

Kamara Carpenter, Bachelors; Robert Drucker, MD; Sara Fear, Bachelors; Michelle Raphael-Britt, Bachelors

Rationale: Clerkship directors are frequently under significant time constraints, balancing their education role with clinical and/or research responsibilities. The Aquifer Pediatric cases are a set of virtual patient cases designed to cover the COMSEP curriculum. Many clerkships assign the cases, or a subset of the cases, to be completed during the clerkship. However, monitoring student use of the cases has been laborious and difficult. Additional tools have been developed to facilitate use of the cases, such as tracking case use or identifying specific cases that can fill gaps in the clerkship. Clerkship administrators or directors can use these resources to make the clerkship run more efficiently and decrease the workload for the clerkship director and/or administrator. Workshop facilitators will share some of their experiences, including creating unique curricula, finding cases to fill gaps in the clerkship, and tracking students. The workshop will provide opportunities for participants to have hands on practice with the tools.

Objectives:

- 1) Create a customized course using Aquifer cases that meet the needs for their clerkship.
- 2) Demonstrate ways to track student progression through the curriculum.
- 3) Take advantage of cases in other Aquifer courses.

Methods and Content: The workshop facilitators will briefly present the ways they have incorporated aspects of the Aquifer Pediatric cases into their clerkships. Participants will then rotate through facilitated small group discussions looking at the tools available through Aquifer to enhance the way clerkships use the cases. Groups will include: ways to find relevant cases in Aquifer Pediatrics and in other courses that are relevant to the clerkship; methods to develop a unique course for each clerkship; how to track students' case completion through the clerkship; ways to take advantage of some of the pediatric educator resources.

WORKSHOP 26: CHARTING A NEW PATH: TEACHING SELF AWARENESS TO THE PROBLEM LEARNER THROUGH EXPERT FEEDBACK AND COACHING, EMPATHY AND EMPOWERING CHANGE

Chris B. Peltier, MD; Joseph Gigante, MD; Deborah Rana, MSc., MD

Rationale: Physician educators are expected to juggle the responsibilities of teaching learners with varying levels of interest, ability and experience, while handling demanding clinical responsibilities. Many of these clinicians have had little training in effective teaching strategies and less experience in dealing with the problem learner. Even to the most seasoned clinical teachers, learners with cognitive or behavioral difficulties can be extremely challenging. This workshop will address this educational need and provide skills to overcome this gap and build resilience skills in this area.

Objectives:

- 1) Reflect on difficulties of managing problem learners in the clinical setting
- 2) Recognize and discuss different classes and types of problem learners
- 3) Demonstrate and practice effective strategies for dealing with the problem learner
- 4) Build self-reflection skills applied to developing empathy and coaching the problem learner
- 5) Discuss ways to build infrastructure to support the problem learner

Methods and Content: This interactive workshop, facilitated by experienced clinician educators, will explore the different classes and types of problem learners and the difficulties managing these learners. The S-T-P (Specify-Target-Plan) model will be introduced as a process that incorporates feedback and problem solving in managing the problem learner. These concepts will be illustrated with the use of small group case exercises and large group sharing to allow participants to practice this new method and learn from shared experiences in preparation for their next encounter with a problem learner. Next, strategies to apply self-reflection and compassion for oneself and the learner will be practiced in small and large groups to build common humanity and make space for growth through a shift in mindset. The session will conclude with attendees committing to a change in practice based on skills learned in this workshop.

WORKSHOP 27: MAKING THE MOST OUT OF DIRECT OBSERVATION: HOW TO FOSTER DIFFERENTIAL DIAGNOSIS FORMULATION AND ENHANCE CLINICAL REASONING SKILLS

Travis Crook, MD; Maya Neeley, MD; W. Christopher Golden, MD; Jocelyn Schiller, MD; Sharon Kileny, MD; Joseph Jackson, MD; Amy Fleming, MD

Rationale: The ACGME and LCME require direct observations for medical trainees. Direct observations provide teachers a unique opportunity to assess a student's clinical reasoning skills and differential diagnosis formulation used to make decisions in patient care. While these abilities specifically fit into competency domains of patient care and medical knowledge, they also influence practice-based learning and improvement, professionalism, and interpersonal skills and communication. The 1:1 teacher: learner proximity in direct observation also provides a space to coach towards improvement.

Despite this requirement, many physicians do not receive explicit training in this process of direct observation. Given our collective experiences with performing direct observations and teaching clinical reasoning at multiple institutions, this fast-paced, highly active workshop will offer guidance on how to maximize this tremendous learning opportunity.

Objectives:

- 1) Recognize competencies that are directly and indirectly observed in the context of formulating a differential diagnosis
- 2) Apply strategies assisting in formulating differential diagnoses
- 3) Breakdown clinical reasoning into key features
- 4) Create a toolkit promoting clinical reasoning

Methods and Content: Multiple active-learning strategies will develop content expertise in direct observations and teach techniques on how to convey that expertise.

-Opening: Introduction; review of accreditation requirements for, and the importance of, direct observations and their correlation to milestone evaluations.

-Large Group: brainstorm what the components of a thorough differential diagnosis are. A common and rare chief complaint will be provided for each participant to formulate their own differential and then as a group we will compare and contrast both differentials, which was more difficult to formulate, and what the perceived reasons are.

-Small groups: learn, utilize, and compare three different methods to assist student formulation of differential diagnoses: illness scripts, VINDICATES mnemonic, and SPIT technique.

-Large Group: discuss key elements of clinical reasoning (medical knowledge, prioritization, organization, flexibility, deliberate practice, outcome evaluation, and reflection)

-Stations: rotate through 5 different stations focusing on different methods promoting clinical reasoning (probing questions, biases, pertinent positives/negatives, concept mapping, and reframing the differential) developing a toolkit for engaging learners.

-Conclusion: Q&A and reflecting upon one item the participant will utilize at their home institution.

Research Platform Presentations

Thursday, March 21

12:30 pm – 1:45 pm ~ Grand Bay Ballroom

1. **What All Physicians Need to Know About Pediatrics – Perspectives from Families**
Aditee Narayan, MD,MPH; Melissa Held, MD; Michelle Noelck, MD; Jamie Sutherell, MD, MEd
2. **Implementing Clinical Competency Committees in Undergraduate Medical Education: A Key Component of a Competency-Based Assessment System**
Jennifer Soep, MD; Michele Long, MD; Sara M. Buckelew, MD, MPH; Paritosh Kaul, MD; Brian Good, MD; Meghan O'Connor, MD; Katherine Murray, MD, MPH; Patricia M. Hobday, MD
3. **A Team-Based Learning Approach to Promote Clinical Reasoning in a Pediatric Clerkship**
Karen Forbes, MD, MEd, FRCPC; Jessica Foulds, MD, FRCPC
4. **Cross Coverage as an Experiential Learning Strategy for Pediatric Sub-Interns**
Laura Lockwood, MD; Michael Baca; Jennifer Soep, MD; Meghan Treitz, MD

COMSEP Poster Themes 2019

Assessment and Evaluation

1. The Student Workplace-Based Easy Evaluation Tool (SWEETool): Evidence for Validity -- and Challenges!
2. Improving Clerkship Evaluation Responses; a Collaboration of Coordinators, Clerkship Faculty, and Students
3. Predictors of Pediatrics NBME Subject Exam Performance: Does Only USMLE Step 1 Matter?
4. Evaluating Validity Evidence for a Novel Pre-clerkship Medical Student Professionalism Assessment Tool: A Preliminary Analysis of Year 1 Data
5. Implementing Universal Baseline NBME Self-Assessments Improved Final NBME Exam Scores in Pediatrics
6. Are Subjective Assessments Really Subjective: Correlating Clinical Assessments and Objective Variables
7. A Square Peg in a Round Hole? CBME in the Block Clerkship

Clerkship Curriculum Innovations

8. Hearsay: A Survey of Pediatric Preceptors and COMSEP Members on Teaching Otoscopy
9. RaTs on the Pediatric Ward: Effect of a Case-Based Learning Repository
10. Medical Student Curriculum for Prescription-Writing and Order Entry
11. Using Debate As An Educational Tool For Pediatric Clerkship Students
12. An interprofessional case-based clinical genetics curriculum for the pediatrics clerkship
13. Impact of a Pediatric Clerkship Academic Half Day on Third Year Medical Students
14. The Impact of a Pediatric vs. Adult Longitudinal Primary Care Experience During the Clerkship Year: A Pilot Study
15. Using Reach Out and Read to Teach Medical Students and Residents Child Development: A Novel Educational Activity
16. Improving Integration of Basic Science into Clinical Medicine: VICE (Vertical Integration into Clinical Education) Activity – A Pilot Project.
17. ACTFAST: A FRAMEWORK TO TEACH CRITICAL THINKING SKILLS TO PEDIATRIC CLERKSHIP STUDENTS
18. Incorporating basic science into the Pediatric Clerkship: A qualitative study of an Embryology Project
19. A Novel Professionalism Curriculum based on the Canadian Experience
20. Wellness Curriculum in the Pediatric Clerkship
21. One step ForWard and NO steps back! NBME subject exam scores and transition to an integrated curriculum
22. A Prospective Study of Rounding Structures and their Effects on Learner Perceptions of Rounds

Communication in Pediatric Student Education

23. Impact of an educational session led by a pediatric patient/family during a pre-clerkship medical school course
24. Assessing the Impact of the 2018 CMS Rule Changes on Medical Student Documentation
25. Students Benefit from Emotional Intelligence Training During the Pediatric Clerkship
26. Big Words Aren't for Little Patients: Healthcare Communication in Pediatrics
27. Is it Enough? Effects of a Workshop on Medical Student Patient-and-Family-Centered Rounds Performance
28. Training Medical Students to Effectively Communicate an Initial Consultation Request: A Study to Evaluate the Effectiveness of an Online Lecture and a In-Person Workshop
29. Evaluating a Communication-Focused EPA using a Mastery Learning Approach
30. ADDRESSING THE "ELEPHANT IN THE ROOM": A SHAME RESILIENCE SEMINAR FOR MEDICAL STUDENTS
31. Consulting for Confidence- Improving Medical Student Comfort with Core Entrustable Professional Activities through a Workshop for Calling Consults

Diversity, Equity, and Inclusion

32. Lessons Learned from Implementing Human Trafficking Education into the Core Clerkship
33. What do graduating medical students retain regarding the care of LGBTQ patients after having completed a three year longitudinal curriculum?
34. Beyond the Pediatric Interest Group: Lessons Learned from EPAC to Enhance Pre-clerkship Pediatric Experiences

Faculty and Resident Development

- 35. What Does the Intern Think? Examining the Intern Experience Assessing Medical Students

Innovative Uses of Technology

- 36. Embracing Technology in the Flipped Classroom: Does it make a Difference to the Team-Based Learning Experience in the Pediatric Clerkship?
- 37. An Electronically Messaged, NBME Question-Based Review Program for Pediatric Clerkship Students
- 38. Technology at the Bedside; Using Point-of-care Tools to Enhance Clinical Reasoning in Pediatric Settings
- 39. The Paediatric Portal: The development of a novel, comprehensive paediatric web resource for undergraduate medical students

Student Characteristics

- 40. Medical Student Emotional Intelligence Scores Correlate with Demographic and Academic Factors
- 41. What makes a good pediatric resident: A multi-center qualitative study of Pediatric Residency Program Directors

The Senior Year

- 42. Integration of Entrustable Professional Activities into Pediatric Bootcamp
- 43. Zip Lining Away Match Anxiety
- 44. An Innovative, Asynchronous, Online Pediatric Case-Based Pilot Curriculum for Fourth Year Medical Students Preparing for Internships
- 45. Call to Action! Using a 4th Year Retreat to Encourage the Development of Advocacy Skills
- 46. Pediatric Residency Preparatory Courses: Can they improve performance?
- 47. Self-discovery and exploration of high value care on the pediatric acting internship

Transition of Care

- 48. Exploring clerkship students' learning styles to aid in design of a pediatric discharge curriculum
- 49. Medical Students' Perceptions on Pediatric Safe Discharge Transitions: Results From A Multi-Institutional Collaborative Survey

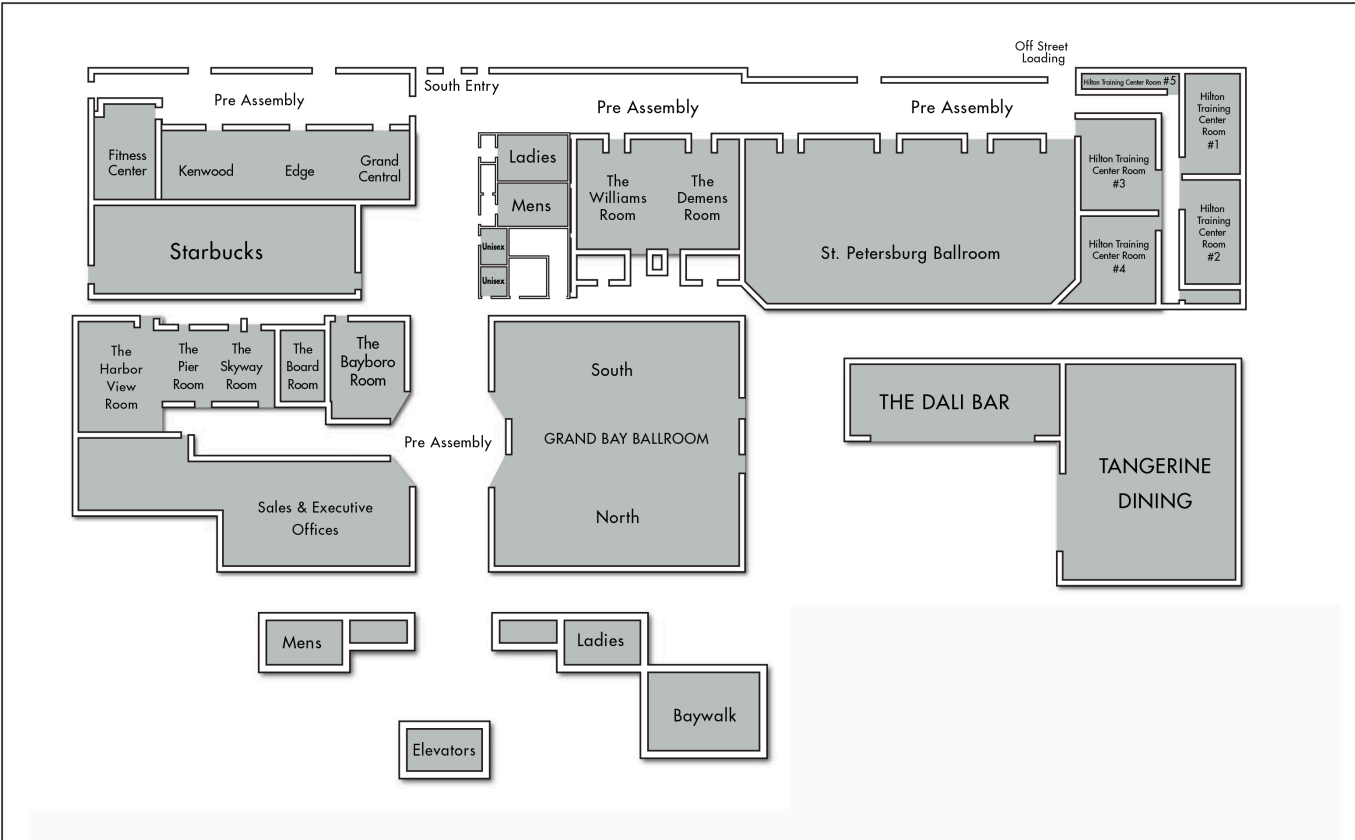
Conference Notes

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Conference Notes

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Hotel Floor Plan





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