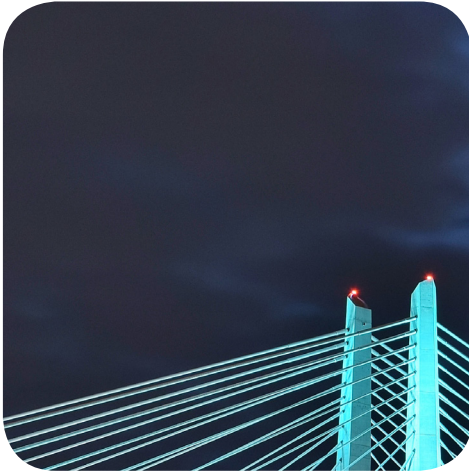




COMSEP

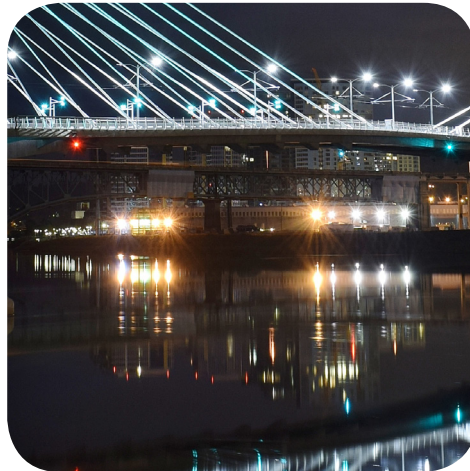
Better Health for All Patients
Through Pediatric Education



2017

Annual Meeting

March 29-April 1, 2017



*Charting a Course to Competency:
The Next Expedition*

Hilton Portland and Executive Tower
Portland, OR

www.comsep.org

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership Amedco and COMSEP. Amedco is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

Amedco designates this live activity for a maximum of 23.50 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2017 Annual Meeting ■ Portland, OR

I would like to welcome all of you to the 2017 COMSEP Annual meeting that celebrates 25 years of COMSEP innovation, creativity and educational excellence. COMSEP began as the Special Interest Group for Pediatric Clerkship Directors of the Ambulatory Pediatric Association (now the Academic Pediatric Association) and was established in 1992. The original focus of the group was on clerkship structure, curriculum and support for clerkship directors. In the past 25 years, COMSEP has grown tremendously and now embraces the continuum of pediatric undergraduate medical education and the tremendous **educators** that are working to improve the health of all patients.

Portland is a fantastic location for this meeting and is aptly nicknamed The Rose City to celebrate the splendor of the city's natural beauty. Lewis and Clark mapped Oregon Country toward the end of their journey that started in St. Louis in 1804. In 1843, two explorers (William Overton from Tennessee and Asa Lovejoy from Massachusetts) beached their canoe after drifting down the Willamette River and jointly filed the land claim for the area. In 1845, the landowners (Asa Lovejoy and Francis Pettygrove from Maine) flipped a coin to determine the official name of the now thriving city. The gentleman from Maine won the toss and the city of Portland was born.



The meeting theme, *Charting the Course to Competency: The Next Expedition*, challenges all attendees to think outside of the box and grapple new paradigms of delivering and evaluating medical education. What is competency? Who defines this? Do all students take the same route? Are we preparing students to become efficient, effective and inspired care providers of the future? How will we know?

The cornerstones of our meeting are workshops (designed to delight and engage you), innovative scholarship and the inspiring Miller-Sarkin Lecture. You will be able to explore topics ranging from wellness to designing a collaborative research project to navigating the promotion process during the meeting. The poster session on March 30th and the Research Presentations on March 31st will highlight our member's scholarship and provide you with the tools to enhance education at your institution. We are very fortunate that **Robert Englander, MD, MPH** will be the 2017 Miller-Sarkin Lecturer. Dr. Englander is a national leader in competency-based education. He helped define the language of competencies for medical students and began the dialogue around entrustable professional activities for undergraduate medical education. He is a talented teacher and innovator and will be actively engaging COMSEP members throughout the meeting.

Our taskforces continue to advance the mission of COMSEP and engage all attendees in the creative work of the organization. The taskforces include Research and Scholarship, Learning Technology, Faculty Development, Assessment & Evaluation and Curriculum as well as the Administrator's Group, dedicated to the professional and personal development of our valued colleagues. Each of these groups is open to everyone at the meeting to learn about and work on issues in medical student education. Come and explore, create and network! COMSEP members move between groups, focus on one area or facilitate collaborative efforts between taskforces, depending on their own professional interests.

The wonderful team at our host school, Oregon Health Sciences University, has been continuously imaginative and worked with the COMSEP Program Committee to create a meeting with opportunities to share, learn and enjoy each other. They have spearheaded the creation of the **COMSEP Gives Back Program** in partnership with the Children's Community Clinic. What a fitting birthday present to mark the maturation of COMSEP as an organization. They have mapped out an exciting course for the Miller-Sarkin Fun Run/Walk and I am looking for a dinner with spectacular views at the Collaborative Life Sciences Building on the OHSU campus along with energetic melodies to continue the COMSEP tradition of dancing for joy. Please thank Carrie Phillipi, Jodi Leonard, Alina Dunbar, Jolene Tuski, April Wicker, Michelle Cruz, Mike Grubbs, Michelle Noelck, Tam Grigsby, Jared Austin, Megan Aylor, Mayme Marshall, and Janna Bonofiglio for their hospitality as you see them; they have put the delights of Portland in easy reach.

This meeting is the product of so many people! I am so very appreciative of the inspiration from the COMSEP Executive Committee, the attention to detail and oversight from the Program Committee, the creativity and mentoring from the Research & Scholarship Committee and to all of the presenters who contribute to COMSEP's fantastic learning environment. Finally, to the people who make things happen seamlessly and professionally, the wonderful management team at Degnon Associates—especially Christy, Amy and Laura, thank you.

*Endless Smiles, Full Heart
Words fall short of capturing
Immense Gratitude*

Sherilyn Smith
COMSEP President (2015-17)



COMSEP Executive Committee

President

Sherilyn Smith, MD (2015 - 2017)
University of Washington School of Medicine
Associate Clerkship Director
Department of Pediatrics
4800 Sand Point Way NE (OC. 7.830)
Seattle, WA 98105
Email: ssmit1@u.washington.edu

President-Elect

Susan Bannister, MD, MEd (2015 - 2017)
University of Calgary
Department of Pediatrics
Alberta Children's Hospital, 2888 Shaganappi
Calgary, AB T3P 6A8
Email: Susan.Bannister@ahs.ca

Past President

Michael Barone, MD, MPH (2015 - 2017)
Johns Hopkins University School of Medicine
Director, Pediatric Clerkship, MRB 137
733 North Broadway
Baltimore, MD 21205
Email: mbarone1@jhmi.edu

Treasurer

Starla Martinez, MD (2016 - 2018)
Northeast Ohio Medical University
Medical Education Department
1 Perkins Square
Akron, OH 44308
Email: smartinez@chmca.org

Executive Committee

April O. Buchanan, MD (2016 - 2019)
University of South Carolina School of Medicine Greenville
Assistant Dean for Clinical Clerkship Education
Children's Hosp. At Greenville Health System
701 Grove Road, HSAB 213
Greenville, SC 29605
Email: abuchanan@ghs.org

Karen Forbes, MD, MEd, FRCPC (2015 - 2018)
University of Alberta
Clerkship Director
Director Pediatric Undergraduate Medical Edu.
3-579 Edmonton Clinic Health Academy
Edmonton, AB T6G 1C9 Canada
Email: karen.forbes@albertahealthservices.ca

Joseph Gigante, MD (2015 - 2018)
Vanderbilt University School of Medicine
Clerkship Director
Department of Pediatrics
8232 Doctor's Office Twr, 2200 Children's W
Nashville, TN 37232-9225
Email: joseph.gigante@Vanderbilt.Edu

Terry Kind, MD, MPH (2016 - 2019)
Children's National / GW
Children's National Health System
111 Michigan Ave, NW
Washington, DC 20010
Email: tkind@childrensnational.org

Lisa Leggio, MD (2014 - 2017)
Medical College of Georgia at Georgia Regents University
Director, Pediatric Student Education
Department of Pediatrics
1446 Harper Street, BG-2117
Augusta, GA 30912-3765
Email: lleggio@gru.edu

Gwenevere McIntosh, MD, MPH (2015 - 2018)
University of Wisconsin School of Medicine and Public Health
Assistant Dean for Students
Department of Pediatrics 4287D HSLC
750 Highland Avenue
Madison, WI 53792-4108
Email: gkmcinto@wisc.edu

Stephanie Starr, MD (2014 - 2017)
Mayo Medical School
Course Director, Chair of Student Committee
Department of Pediatrics
200 First Street SW
Rochester, MN 55905
Email: Starr.Stephanie@mayo.edu

PUPDOC Representative

Karen Forbes, MD, FRCPC, MEd (2014 - 2018)
University of Alberta, Clerkship Director
Director Pediatric Undergraduate Medical Edu.
3-579 Edmonton Clinic Health Academy
Edmonton, AB T6G 1C9 Canada
Email: karen.forbes@albertahealthservices.ca

Management

Laura Degnon, CAE, *Executive Director* | Laura@comsep.org
Christy Levine, *Association Manager* | Christy@comsep.org
Laura Turner, *Executive Assistant* | LauraT@comsep.org

COMSEP Executive Office

6728 Old McLean Village Drive • McLean, VA 22101
Phone: (703) 556-9222 • Fax: (703) 556-8729 • info@comsep.org • www.comsep.org

Task Force Leaders

Curriculum Task Force Leaders

April O. Buchanan, MD (2014 - 2017)
University of South Carolina School of Medicine Greenville
Children's Hosp. At Greenville Health System
701 Grove Road, Health Sci Admin Building
Greenville, SC 29605
Email: abuchanan@ghs.org

Jonathan Gold, MD (2016 - 2019)
Pediatrics/Human Development
788 Service Road, #B226
East Lansing, MI 48824
Email: Jonathan.Gold@hc.msu.edu

Michele Long, MD (2014 - 2018)
University of California, San Francisco
Division of General Pediatrics
2162 Granite Drive
Alamo, CA 94507
Email: Michele.long@ucsf.edu

Evaluation Task Force Leaders

Edith P. Allen, MD (2016 - 2019)
University of Arizona COM - Phoenix
Clerkship Director, Clinical Assoc. Prof.
1919 E. Thomas Road, Suite 1891
Phoenix, AZ 85016
Email: eallen1@phoenixchildrens.com

Valli Annamalai, MD (2016 - 2019)
Clerkship Director, Dell Medical School at UT
Dell Children's Medical Center of Central TX
4900 Mueller Blvd.
Austin, TX 78723
Email: vannamalai@seton.org

Lori Weber, MD (2015-2018)
University of Wisconsin School of Medicine and Public Health
Associate Clerkship Director
1900 South Avenue
LaCrosse, WI 54601
Email: lsweber@gundersenhealth.org

Faculty Development Task Force Leaders

Amy Creel, MD (2016 - 2019)
Louisiana State University School of Medicine in New Orleans
Pediatrics Clerkship Director
Louisiana State University Children's Hospital
200 Henry Clay Ave.
New Orleans, LA 70118
Email: acreel1@lsuhsc.edu

Corinne Lehmann, MD, MEd (2014 - 2017)
University of Cincinnati College of Medicine
Clerkship Director, Division of Adolescent Medicine ML 4000
3333 Burnet Avenue
Cincinnati, OH 45229
Email: corinne.lehmann@cchmc.org

Wilbur Pan, MD, PhD (2016 - 2018)
Rutgers-Robert Wood Johnson Medical School
Clerkship Director
Department of Pediatrics
1 RWJ Place - CN19, MEB 392
New Brunswick, NJ 08903-0019
Email: wilbur.pan@rutgers.edu

Sharon Sholiton, MD (2014 - 2017)
Rush Medical College of Rush University Medical Center
Associate Professor, Assistant Dean, Office of Medical Student
Prorams
524 Armour Academic Center, 600 S. Paulina Street
Chicago, IL 60612
Email: Sharon_E_Sholiton@rush.edu

Learning Technology Task Force Leaders

Raghunandana Kasetty, PBC, Dev Beh Pediatrics (2016 - 2018)
Clerkship Director, Michigan State University College of
Human Medicine Upper Peninsula Campus
7855 Lake Bluff 19.4RD
Gladstone, MI 49837
Email: rkasetty@yahoo.com

Philip Malouf, MD (2016 - 2019)
Associate Professor
College of Osteopathic Medicine
1310 Club Lane, Mare Island
Vallejo, CA 94592
Email: philip.malouf@tu.edu

Research and Scholarship Task Force Leaders

Gary Beck Dallaghan, PhD (2012 - 2017)
University of Nebraska College of Medicine
Assistant Dean for Medical Education
985525 Nebraska Medical Center
Omaha, NE 68198-5525
Email: gbeck@unmc.edu

Caroline Paul, MD (2016 - 2019)
University of Wisconsin School of Medicine and Public Health
Assistant Professor
451 Junction Road
Madison, WI 53717
Email: crpaul@wisc.edu

Mary Rocha, MD, MPH (2014 - 2018)
Baylor College of Medicine
Director Subinternship/Associate Director Clerks
Texas Children's Hospital
1102 Bates St, FC 1860
Houston, TX 77030
Email: Mary.Rocha@bcm.edu

Jocelyn Schiller, MD (2014 - 2017)
University of Michigan Medical School, Clerkship Director
1500 E. Medical Center Drive, D3249 MPB
Ann Arbor, MI 48109
Email: johuang@med.umich.edu

Rebecca Tenney-Soeiro, MD, MEd (2015 - 2019)
University of Pennsylvania School of Medicine
Clerkship Director, Division of General Pediatrics, 12NW76
34th Street and Civic Center Boulevard
Philadelphia, PA 19104
Email: tenneysoeiro@email.chop.edu

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Program Schedule

Wednesday, March 29, 2017

8:00am–6:00pm	Registration	Pavilion Foyer
9:00am–5:00pm	Pre-Conference Workshops (<i>see page 11 for workshop descriptions</i>)	
	Pre-Conference Workshop 1	Skyline II
	The ABCs of Medical Student Education: Fundamentals for Pediatric Educators (New Clerkship Directors Workshop)	
	Pre-Conference Workshop 2	Broadway I/II
	PedsLeads	
1:00–5:00pm	Pre-Conference Workshops (<i>see page 11 for workshop descriptions</i>)	
	Pre-Conference Workshop 3	Broadway III/IV
	Medical Education Scholarship 101	
	Pre-Conference Workshop 4	Forum Suite
	Clerkship Administrators Certification Workshop	
6:00–6:30pm	First Time Attendee Meeting Orientation	Forum Suite
7:00pm	Dine Around	Hotel Lobby
	<i>If you signed up to have dinner with your colleagues, please meet in the lobby at 6:45pm.</i>	

Thursday, March 30, 2017

6:30am–5:00pm	Registration	Pavilion Foyer
7:00–8:00am	Continental Breakfast.....	Pavilion Ballroom
8:00–9:30am	Welcome and Annual Update (<i>see page 9 for agenda</i>)	Pavilion Ballroom
9:30am–7:30pm	Posters on Display (<i>see pages 25-26 for descriptions</i>)	Pavilion Foyer
9:30–10:00am	Poster Viewing / Break.....	Pavilion Foyer
10:00am–12:00pm	Workshop Session One (<i>see pages 14-17 for workshop descriptions</i>)	
	1. Game On: Scoring Points With Your Learners By Leveling Up Your Teaching Toolbox.....	Skyline I
	2. Teach and assess clinical reasoning using practical written and oral case presentation rubrics: P-HAPEE and PBEAR.....	Skyline II
	3. In Science We Trust - Integration of Clinical and Basic Sciences as a Road to Entrustment	Skyline II
	4. Motivational Advising: Utilizing the theory of Motivational Interviewing to engage learners	Broadway I/II
	5. Did Learning Occur? Incorporating Assessment into Small Group Learning Sessions.....	Broadway III/IV

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	6. Ascending to the mountain peak: Preparing yourself and supporting others in the Academic Promotions Process.....	Forum Suite
	7. Leadership in Medical Education begins with Negotiation.....	Council Suite
	8. Poster to Publication.....	Park Suite
	9. How to Identify and Assist Clerkship Students Who are Experiencing Stress and/or Grief	Galleries
12:15–1:30pm	Networking Lunch (<i>see page 9</i>)	Pavilion Ballroom
1:30–2:00pm	Break	Pavilion Foyer
1:45–3:00pm	Administrators General Session (<i>see page 9</i>).....	Broadway I/II
2:00–3:00pm	Collaboration & Creativity Forum	Pavilion Ballroom
	Mentor-Mentee Meetings	Skyline I
	AAP PediaLink	Skyline II
3:30–5:00pm	Miller Sarkin Fun Run/Walk	Meet in Hotel Lobby
	<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, assume all risk of injury to yourself.</i>	
	Dancing	Galleries
	<i>Running not your thing? Join other COMSEP members for dance lessons.</i>	
5:30–7:00pm	Poster Reception	Pavilion Foyer

Friday, March 31, 2017

6:15–7:00am	Zumba	Atrium Ballroom
6:30am–5:00pm	Registration	Pavilion Foyer
7:00–8:00am	Continental Breakfast	Pavilion Ballroom
	Task Force Leaders Breakfast (invite only)	Council Suite
	Grants Committee Breakfast (invite only)	Broadway I/II
7:00am–3:00pm	Posters Available for Viewing	Pavilion Foyer
8:00–10:00am	General Session.....	Pavilion Ballroom
	<ul style="list-style-type: none"> • Grant Awardee Announcements • Poster Awards Announcement • 2017 Miller Sarkin Lecture: Is Love the Missing Domain of Competence 	
	Robert Englander, MD, MPH, University of Minnesota	
	Drs. Richard T. Sarkin and Steven Miller both served as leaders of COMSEP in the early 2000's. Through their teachings and life example, Rich and Steve demonstrated integrity, expertise, compassion, service, and most of all – humanism. These two inspiring individuals were sadly taken from us in a tragic airplane	

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accident on October 19, 2004 en route to the Kirksville College of Osteopathic Medicine where they had been scheduled to present a workshop on Humanism in Medicine for the Arnold Gold Foundation. The memory of Richard Sarkin and Steven Miller shines bright within COMSEP and other organizations. Honoring the tremendous contribution Steve and Rich had to COMSEP as an organization, as well as members of COMSEP individually, the Miller-Sarkin lecture is an invited lectureship held each year at the COMSEP annual meeting. Rich and Steve are also remembered through the Academic Pediatric Association's Miller-Sarkin Mentoring Award, the Richard T. Sarkin Foundation, the Richard T. Sarkin Award at the State University of New York at Buffalo, and the Steven Z. Miller, MD Medical Education Day and Fellowship at Columbia University.

We are delighted that **Robert Englander, MD, MPH**, Vice Dean for Undergraduate Education at the University of Minnesota is the 2017 Miller Sarkin Lecturer. Dr. Englander is a pioneer in the field of medical education and led the national efforts to define common language to describe competencies for all medical students as well as spearheading the national initiative to create Core Entrustable Professional Activities for Entering Residency (CEPAER). He has a long-time interest in pediatric medical education across the continuum, is a talented teacher and compassionate leader who is sure to inspire COMSEP members through his thought provoking reflections.

10:00–10:15am	Break	Pavilion Foyer
10:15am–12:15pm	Task Force Meetings (<i>see page 10 for task force agendas</i>)	
	Curriculum Task Force Session.....	Skyline II
	Evaluation Task Force Session.....	Forum Suite
	Faculty Development Task Force Session	Skyline I
	Learning Technology Task Force Session	Broadway I/II
	Research & Scholarship Task Force Session	Broadway III/IV
12:30–1:45pm	Research Platform Presentation/Lunch	Pavilion Ballroom
	<i>See page 25 for a listing of Platform Presentations</i>	
2:00–4:00pm	Workshop Session Two (<i>See pages 18-21 for workshop descriptions</i>)	
	10. Zero to Hero: Developing And Marketing Your Role As A Clerkship Coordinator	Galleries
	11. Don't Leave the Medical Students OUT of Patient and Family Centered Rounds!.....	Skyline III
	12. The P-LHET: A novel approach to designing educational sessions.....	Broadway III/IV
	13. Match Frenzy	Broadway I/II
	14. How to Get the Most Out of Your Mentoring Relationship	Forum Suite
	15. Collaborative Research: Why, What, How?	Council Suite
	16. Let's Make a Deal: The Art of Negotiation in Academic Medicine	Park
	17. Direct Observation and Clinical Assessment: A Critical Step in Moving towards Competency.....	Skyline I
	18. Resilience: the 7th Competency Build and Maintain Resilience in Ourselves and in Our Learners to promote a culture of compassion in medicine	Skyline II
6:00–10:00pm	Dinner and Dancing at the Collaborative Life Sciences Building (<i>must have ticket to attend</i>) <i>Buses will depart the hotel beginning at 5:30pm. Music will be provided by Dance Hall Days.</i>	

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Saturday, April 1, 2017

6:15–7:00am	Zumba	Atrium Ballroom
6:30am–12:00pm	Registration	Pavilion Foyer
7:00–8:00am	Executive Committee Meeting	Skyline IV
	Continental Breakfast.....	Pavilion Ballroom
8:00–9:30am	Task Force Meetings/Project Groups (<i>see page 11 for agendas</i>)	
	Curriculum Task Force	Skyline II
	Evaluation Task Force	Council Suite
	Faculty Development Task Force	Skyline I
	Learning Technology Task Force	Broadway I/II
	Research & Scholarship Task Force.....	Broadway III/IV
	Administrators.....	Forum Suite
	Curriculum Project Group.....	Skyline III
	Unmatched Student Group	Galleries
9:30–10:00am	Break	Pavilion Foyer
10:00am–12:00pm	Workshop Session Three (<i>see pages 21-24 for workshop descriptions</i>)	
	19. Promote Yourself: Demonstrating Teaching Excellence with an Educator's Portfolio	Council Suite
	20. Planting the Seed Early: Cultivating Pre-Clinical Activities at your Institution	Skyline II
	21. and 5-6-7-8: Using Aance as a Way to Creatively Teach Feedback Skills	Parlors
	22. LCME Informational Workshop for Clerkship Administrators.....	Broadway I/II
	23. What do you Think? Designing Effective Surveys in Medical Education.....	Galleries
	24. Make your Case and Use it Too: Developing and Implementing the COMSEP Clinical Cases (C3) and Instructor's Guide into Your Program.....	Skyline I
	25. Simulation During the Pediatric Clerkship Without a Budget? We Got You Covered!	Skyline III
	26. Teaching Beyond Facts: Educating Pediatricians for the Modern Healthcare System.....	Broadway III/IV
	27. Developing A Unique LIC - The Women's & Children's Clerkship	Forum Suite
12:15–1:30pm	Closing Ceremonies/Lunch	Pavilion Ballroom
1:30–5:00pm	PUPDOC	Skyline III

Metta

by Chien Hong

Stemming from within
We all have a gift to share
A gentle smile
A comforting touch
Every moment,
Cultivating a boundless heart
Towards all beings
With Loving Kindness...

In the face of aversion
Confronted with old hurts
That is when
kindness eludes us the most
As we put up barriers
we forsake others
We abandon love
And eventually, we forget....

Deep down inside
There are parts of us
We try to hide
Even from ourselves
The things we are not proud of...
Our mistakes, our fears
Our own vulnerabilities
Just as we shut them away
So too, do we close ourselves off
From those who remind us of our imperfection
We lose sight of our aspiration.

Loving kindness
In its purest form
Comes from acceptance
And embracing ourselves
For who we are,
and in that,
Learn to love others wholeheartedly
Unjudgingly and unconditionally
Without justification and condemnation

This way the barriers melt away
Allowing love and kindness
To shine in its entirety....

Metta.

You Reading This, Be Ready

By William Stafford

Starting here, what do you want to remember?
How sunlight creeps along a shining floor?
What scent of old wood hovers, what softened
sound from outside fills the air?

Will you ever bring a better gift for the world
than the breathing respect that you carry
wherever you go right now? Are you waiting
for time to show you some better thoughts?

When you turn around, starting here, lift this
new glimpse that you found; carry into evening
all that you want from this day. This interval you spent
reading or hearing this, keep it for life—

What can anyone give you greater than now,
starting here, right in this room, when you turn around?

2017 Annual Meeting ■ Portland, OR

Welcome and Annual Update ~ Thursday, March 30

8:00-9:30am ~ *Pavilion Ballroom*

- Welcome & Meeting Goals
- COMSEP 25th Anniversary Exercise
- Portland Group - Meeting Highlights And Things To Do
- Updates/Business Meeting
 - o Membership
 - o Budgets
 - o Initiatives/Strategic Plans
- Awards
- Achievement Award Talk
- Elections
- Recognitions - TFL & EC Members
- President's Address

Lunch: Updates on Projects and Programs ~ Thursday, March 30

12:15-1:30pm ~ *Pavilion Ballroom*

- MOC IV
- ACE
- EPAC/AMA Initiatives

Administrators General Session ~ Thursday, March 30

1:45-3:00pm ~ *Broadway I/II*

- Welcome to COMSEP
- Sherilyn Smith, MD
- Oregon Health & Science University Welcome to Portland
- CGEA Certificate Presentations
- CAMP Program Task Force
- Group Photo

Taskforce Meeting Agendas **Friday, March 31 ~ 10:15am–12:15pm**

Curriculum Task Force ~ *Skyline II*

- Recruitment of members to assist in the Curriculum Revision project
- Ongoing work on the following projects:
 - o EPAs and Entrustment for Students Entering Pediatric Residency
 - o M4 Year Recommendations
 - o Pediatric Bootcamps
 - o M4 Directorships
 - o Illness Scripts
- *New Ideas Welcome!*

Evaluation Task Force ~ *Forum Suite*

- Group Introductions
- Evaluation tools to address EPA's
- Identify topics for small group work on Saturday
- Wrap up: work group report their project to Task Force

Faculty Development Task Force ~ *Skyline I*

- FDTF for your own Faculty Development
 - o New Member to COMSEP
 - o Ongoing Other TF projects
- T4: Traveling to Teach Teachers
- FDTF website update
- M4 affinity group
- Community Preceptor Faculty Development and Part IV MOC opportunity

Learning Technology Task Force ~ *Broadway I/II*

- Introduction and Purpose, Ice-breaking
- Multiple Brief Presentations on Projects of Interest by Task Force members
- Project Mentorship Matching – need tech expertise on a specific project? We will help match you with someone who can help with your project.

Research and Scholarship Task Force ~ *Broadway III/IV*

- Review of abstract review process
- Discuss poster review and solicit volunteers
- Updates on Task Force projects and workshops
- Plan 2018 workshops

Task Force and Working Groups Meeting Agendas

Saturday, April 1 ~ 8:00–9:30am

Curriculum Task Force ~ *Skyline II*

- Recruitment of members to assist in the Curriculum Revision project
- Ongoing work on the following projects:
 - o EPAs and Entrustment for Students Entering Pediatric Residency
 - o M4 Year Recommendations
 - o Pediatric Bootcamps
 - o M4 Directorships
 - o Illness Scripts
- *New Ideas Welcome!*

Evaluation Task Force ~ *Council Suite*

- Brief recap of Friday's ETF meeting and introduction of any new members (8:00-8:10)
- Present the Evaluation Tools Library project (8:10-8:20)
- Small group work on projects identified on Friday (8:20-9:20)
- Wrap up/Identify point people for continuing work through the year

Faculty Development Task Force ~ *Skyline I*

- Gather applications for leadership position, T4 program
- Working meeting time (need to identify group leaders; may include but not limited to the groups listed below)
 - o M4 affinity group
 - o MOC Part IV
 - o Scholarship for Membership
 - o Workshop selection process for 2018 meeting
 - o New member onboarding
 - o Suggest another topic at the Friday meeting to discuss

Learning Technology Task Force ~ *Broadway I/II*

- "Tech Tips and Tools" articles – Planning for article writing and submission for 2017-2018
- Project development – we will discuss ideas for ongoing projects and sub-committee formation
 - o Tool to facilitate collaboration in COMSEP
 - o Survey of challenges in teaching that could be addressed with tech
 - o Tech Reference/Database
 - o Teaching and Assessing EPAs with Technology
- Workshop ideas for 2018
- Engaging members between annual meetings to promote collaboration and project development

Research & Scholarship Task Force ~ *Broadway III/IV*

- Poster Judging/Evaluation Form/Abstract Submission/Review Follow Up

Administrators Task Force ~ *Forum Suite*

- Welcome to the Task Force
- Kudos
- Collaboration, Posters & Workshops
- Task Force Group Work
- Fuel for your COMSEP Fire

Unmatched Student Group ~ *Galleries*

Update the group on progress since last meeting and discuss plans for moving forward including continued efforts to disseminate the results of our study and strategizing on next steps for group action.

Pre-Conference Workshop

Wednesday, March 29, 2017, 9:00am-5:00pm

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

Alicia Freedy, VCU School of Medicine Inova Campus, Falls Church, VA; Lavjay Butani, UC Davis School of Medicine, Sacramento, CA; Adam Weinstein, Geisel School of Medicine, Lebanon, NH; Valli Annamalai, Dell Medical School at University of Texas at Austin, Austin, TX; Mark Harrison, University of Kansas School of Medicine, Wichita, KS

Rationale: This interactive workshop is designed for educators who would like an introduction to, review of, and experience regarding a variety of topics and innovations related to medical student education. Target audiences are new and experienced clerkship directors, site directors, sub-I directors, and anyone else wanting an exposure to the basics of leading medical student educational programs or to reinvigorate their programs and advance their leadership and scholarship. If you have questions about getting started, infusing new elements into your clerkship, curriculum development and implementation, problem solving strategies and your own career development, then this is the workshop for you! Please join us for an informative, real world, and FUN workshop designed to help you and your learners succeed.

Objectives: At the end of the workshop, participants should be better able to: 1) Describe strategies to incorporate innovative instructional strategies and approaches into their educational environment; 2) Develop a plan for their own professional growth and scholarship; 3) Discuss how to best manage the educational enterprise and meet accreditation guidelines

Methods and Content: Experienced educational leaders will engage workshop participants in an active exploration of how to make the curriculum innovative and use best practices in the teaching and assessment of learners, while simultaneously meeting accreditation and institutional requirements. Strategies on how to address challenges that may arise during the administration of a pediatric curriculum, including working with 'problem learners' will be discussed. The workshop will also focus on the professional development of educators to facilitate the cultivation of educational leaders who can be change agents within their institutions and outside.

The morning session will lay the foundation for key concepts using interactive teaching strategies. A networking luncheon will allow for individualized questions and collaboration. The afternoon session will include small group discussions based on targeted learner needs assessment.

PRE CONFERENCE WORKSHOP 2: PEDSLEADS

Susan L Bannister, University of Calgary, Calgary, Alberta; Robert A. Dudas, Johns Hopkins All Children's Hospital, St. Petersburg, FL; Michael A. Barone, Johns Hopkins University SOM, Baltimore, MD; David A. Keegan, University of Calgary, Calgary, Alberta

Rationale: PedsLeads is a novel one-day leadership development event for existing and emerging leaders in Pediatric medical education. The PedsLeads curriculum is a series of linked and highly interactive modules. Participants will engage in a variety of activities and consultations in each module and walk away with a customized plan of action for their leadership development.

Module Descriptions:

1. Self: developing awareness about personality and leadership styles (including their own), exploring emotional intelligence, and gaining insights on how to improve.
2. Team: examining their UME teams to ensure they have the right structure and membership.
3. Strategy: looking at their teams' strategies for alignment, utility and design; training in educational team strategic planning.
4. Resources: identifying key resources a UM team needs, with development of skill in acquiring them, including how to hold difficult conversations.
5. Connections: illuminating key connections for UME teams/leaders, and developing skill in getting their buy-in.

Participants will be engaged in self-audits, peer consultations, and role-playing, and will leave with new and enhanced leadership skills. Participants will also be provided with a detailed annotated bibliography of leadership resources.

Objectives: By the end of the day, participants will be able to: 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, and 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. Approximately 40% of the time will be in large group sharing and discussion, 20% in individual activities, and 40% in pairs or other small group activities.

Wednesday, March 29, 2017, 1:00-5:00pm

PRE CONFERENCE WORKSHOP 3: MEDICAL EDUCATION SCHOLARSHIP 101

Rebecca Tenney-Soeiro, Children's Hospital of Philadelphia, Philadelphia, PA; Jocelyn H. Schiller, University of Michigan, Ann Arbor, MI; Beth Emrick, West Virginia University - Charleston Division, Charleston, WV; Jean Petershach, University of Texas Health Science Center at San Antonio, San Antonio, Texas; Michael S. Ryan, Virginia Commonwealth University, Richmond, VA; Marta A. King, St Louis University School of Medicine, St. Louis, MO; Robyn Bockrath, Northwestern University Feinberg School of Medicine, Chicago, IL; Patricia Quigley, Johns Hopkins All Children's Hospital, St. Petersburg, FL; Daniel Richards, University of Texas at Austin Dell Medical School, Austin, TX; Joseph A. Jackson, Duke University, Durham, NC; Joseph Gigante, Vanderbilt University, Nashville, TN; Caroline Paul, University of Wisconsin School of Medicine, Madison, WI; Caroline Paul, University of Wisconsin School of Medicine, Madison, WI

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: Define educational scholarship and dissemination according to recognized frameworks (Glassick's Criteria, Kirkpatrick's model); Review basic study design, identification of outcomes, and evaluation; Using the IQ-Excite model, complete an education study plan for a personal scholarly project, including potential project dissemination venues; Begin to build a network of study collaborators and mentors

Methods and Content: 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). We will delineate the approach to effective literature review to further refine research ideas/questions. Utilizing audience response, we will explore study designs as a large group. 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. We will provide a brief introduction to statistics with 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 4: CLERKSHIP ADMINISTRATORS CERTIFICATION WORKSHOP

Donnita Pelser, Kansas Univ. School of Med- Wichita, Wichita, KS; Gretchen Shawver, Stanford University Medical Center, Palo Alto, CA

Rationale: Part I: Embracing Administrators Leadership Potential-Clerkship/Curriculum Administrators bring skills from a wide spectrum of specialties and experiences. Understanding how these strengths contribute to expertise, enhances ones work. Using one's particular strengths to build and enhance relationships with the many different constituencies with which one interact is fundamental to success in this field. 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 achieve personal and organizational goals.

Objectives: Part I: Understand key leadership concepts. 2. Explore and recognize the role of the Curriculum/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 to achieve success in crucial conversations.

Part II: Participants will articulate their personal mission. 2. They will correlate their passions with their mission. 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 developmental project action plans to enhance participants career at their own institution.

Methods and Content: Part I: Participants will: 1. Have the opportunity to participate in a Myers Briggs Emotional Intelligence survey prior to 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: Participants will: 1. 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 to enhance their career.

Workshop Descriptions

Thursday, March 30, 2017 10:00 AM - 12:00 PM

WORKSHOP 1: GAME ON: SCORING POINTS WITH YOUR LEARNERS BY LEVELING UP YOUR TEACHING TOOLBOX

Ian Chua, Children's National Health System, Washington, DC; Emily Hall, University of Illinois Chicago, Chicago, IL; Lucy Lee, Stanford University School of Medicine, Palo Alto, CA; Clementine Janet Lui, Queen's University, Kingston, Ontario; Rachel Poepelman, University of Chicago, Chicago, IL

Rationale: Many educators have had some experience with using educational games in their teaching process. But many teachers are unaware of why an educational game is successful or not. This workshop is designed to provide a better understanding of how and why games work and how they can be better used in realm of medical education.

Objectives: 1. Define "game" and the intrinsic qualities that lead to a game's success; 2. Review learning theories associated with games in education that support a new conceptual framework for educational game design; 3. Practice application of a new educational game design framework; 4. Identify the strengths and limitations of games as an educational activity

Methods and Content: The workshop will begin with an introduction to "flow theory" which is a widely used theory in the gaming literature explaining what makes a game successful. This introduction will include a review of specific flow elements as well as definitions of games versus "gamefication." Participants will then explore different game-flow elements through an activity that asks them to create a new game by adapting an existing popular game. After becoming more familiar with game-flow elements, the presenters will discuss how games can serve as a meaningful instructional method in medical education. The workshop will present a new educational game-development conceptual framework, which incorporates elements from gaming literature, curriculum development, and games in medical education. This framework will be used to highlight what makes certain games in medical education more successful than others, as well as discusses special considerations in medical education games that differ from game design at large. Participants will then partake in a capstone activity using educational objectives and learner challenges as substrate to design an educational game in the clinical setting through the new conceptual framework. The workshop will conclude with a critique of the newly developed games using the prescribed conceptual framework for guidance.

WORKSHOP 2: TEACH AND ASSESS CLINICAL REASONING USING PRACTICAL WRITTEN AND ORAL CASE PRESENTATION RUBRICS: P-HAPEE AND PBEAR

Marta A King, St. Louis University School of Medicine, St. Louis, MO; Mary E. M. Rocha, Baylor College of Medicine, Houston, TX; Gabriela L. Dixon, Children's National Health System, Washington, DC; Heidi Sandige, St. Louis, MO

Rationale: The written history and physical exam (H&P) and oral case presentation reflect numerous critical physician skills and are an underutilized source of trainee assessment. Despite the importance placed on written and oral communication and large number of H&Ps and presentations required of students, structured assessment is rare. Failure to provide frequent, uniform, reliable feedback hampers student understanding of expectations and learning trajectory.

To address this deficiency, pediatric educators from multiple institutions developed and collected validity evidence for two structured assessment tools: written Pediatric History and Physical Exam Evaluation (P-HAPEE) and oral Problem Representation, Background Evidence, Assessment, Recommendations (PBEAR). We then developed curricula to teach written and oral communication skills based on clinical reasoning principles.

In this interactive workshop, we will use small group activities, facilitated discussions, video clips, and games to share practical tips for best practice patient presentation instruction and assessment. Participants will score written H&Ps and oral case presentations using the P-HAPEE and PBEAR rubrics and work in groups to brainstorm implementation ideas.

We will share links to the written H&P and oral case presentation curricula toolboxes of ready-to-use rubrics, handouts, scored H&Ps and oral case presentation videos, clinical reasoning exercises, and facilitator guides. Participants will complete an action plan and leave the workshop ready to implement written H&P and oral case presentation assessment in their own practice, clinical teaching, and/or clerkship.

Objectives: 1. Explore ways of using written history and physical exams and oral case presentations to assess clinical reasoning, medical documentation, and communication competencies; 2. Use Pediatric History and Physical Exam Evaluation (P-HAPEE) and Problem Representation Background Evidence Analysis Recommendations (PBEAR) rubrics to assess written and oral case presentations; 3. Propose strategies for implementing both rubrics in your own practice, clinical teaching, and/or clerkship

Methods and Content: Interactive introduction; Small group inductive reasoning exercise: effective and ineffective case presentations; Didactic: patient presentations, clinical reasoning, rubric overview; Pair work: structured written and oral case presentation assessment; Small group activity: rubric implementation; Individual action plan, wrap-up, evaluation

WORKSHOP 3: IN SCIENCE WE TRUST - INTEGRATION OF CLINICAL AND BASIC SCIENCES AS A ROAD TO ENTRUSTMENT

Michael Dell, Department of Pediatrics, Cleveland, OH; Tracy B. Fulton, University of California, San Francisco, San Francisco, CA; Ann Poznanski, Elson S. Floyd College of Medicine - Washington State Univ, Spokane, WA; Robin English, Louisiana State University Health Sciences Center, New Orleans, LA; Leslie H. Fall, MedU, Hanover, NH

Rationale: The 2015 Institute of Medicine report on "Improving Diagnosis in Healthcare" notes that diagnosis and diagnostic errors have been largely unappreciated in efforts to improve the quality and safety of healthcare. One of the primary roles of medical training programs is to help learners develop medical decision-making skills, and to do so with graduated levels of independence. Effective cognitive integration of the basic and clinical science concepts plays an essential role in enhancing diagnostic accuracy for novice clinicians. Furthermore, the ability to transfer knowledge obtained in one clinical context to solve a new problem, or the same problem in another context, is critical to the development of clinical expertise.

Unfortunately, many students who have demonstrated adequate basic science understanding in the pre-clinical curriculum are often unable to apply this knowledge to clinical problem-solving. Meanwhile, the basic science knowledge of clinical instructors is often encapsulated, challenging their ability to help students integrate basic and clinical science concepts. A process for "unpacking" clinical instructors' knowledge and reinforcing its connections to clinical decisions would facilitate student activation of their basic science knowledge, improving both diagnostic accuracy and long-term retention. In return, students who are able to use basic science concepts to defend clinical decisions may improve the "diagnostic accuracy" of their preceptors' entrustment decisions.

Objectives: By the end of this workshop, participants will be able to: • Explain the concepts of cognitive integration and knowledge encapsulation; • Identify basic science concepts that underlie day-to-day clinical decision making; • Describe how understanding basic science concepts improves clinical decision-making; • Demonstrate strategies to "unpack" knowledge

Methods and Content: Following a review of the literature on cognitive integration and encapsulation, participants will identify key decision-making points relevant to common clinical scenarios. In consultation with basic science facilitators, workshop participants will discuss underlying basic science concepts which inform these decisions, potential decision-making pitfalls, and the role of basic science application in avoiding patient harm. Finally, attendees will discuss teaching techniques which force learners to present their clinical decision-making process explicitly, helping to identify teachable moments and facilitating entrustment decisions.

WORKSHOP 4: MOTIVATIONAL ADVISING: UTILIZING THE THEORY OF MOTIVATIONAL INTERVIEWING TO ENGAGE LEARNERS

Amy E. Fleming, Vanderbilt University School of Medicine, Nashville, TN; Heather Burrows, University of Michigan, Ann Arbor, MI; Sharon Kileny, University of Michigan, Ann Arbor, MI; W. C. Golden, Johns Hopkins University, Baltimore, MD; Meg Keeley, University of Virginia, Charlottesville, VA; Meg Benningfield, Vanderbilt, Nashville, TN; Kendra Parekh, Vanderbilt University School of Medicine, Nashville, TN

Rationale: Motivational Interviewing (MI) refers to a counseling approach first described in the 1980's. This practice has been gaining momentum with increased discussion in the literature and broader implementation in provider-patient interactions. MI purports that patients approach care with different levels of readiness to change their behavior. MI is a more intentionally directive method of patient-centered, goal-oriented counseling where the provider helps influence the patient to make a decision for change rather than telling the patient what to change. Learners, particularly learners facing challenges, may benefit from a similar style of advising, utilizing techniques of MI to help the learner make internally motivated decisions to change.

Objectives: • Familiarize workshop learners with Motivational Interviewing and Motivational Advising; • Practice MI techniques utilizing a case-based format and role play; • Create an action plan for implementing Motivational Advising at home institution

Methods and Content: This interactive workshop will utilize multiple educational strategies to actively engage participants in the topic of the Motivational Advising. Techniques include role-plays, pair-share, large group discussion, didactic, and small group work. Participants will transition through the stages of Kolb's learning cycle; concrete experience, reflective observation, abstract conceptualization, and active experimentation. Participants will have the opportunity to describe their own experiences of advising learners who are reluctant to change, and share approaches they have used. Structure will be provided for considering different categories of learner reluctance to change and how to best target Motivational Advising techniques to these particular learners. Using role-plays, participants will identify and practice strategies and address common challenging advising scenarios. By the end of the workshop, participants will create a tool kit of strategies they can employ when advising learners and can share these ideas with faculty at their home institutions.

Introductions; Orientation to MI; Audience examples of situations where they encountered learners with reluctance to change; Pair-Share reasons that learners have not been successful in meeting change goals. Does your experience fit with MI premise?; Didactic: deeper understanding of MI process: OARS; Introduction of Role-Play exercise; Groups rotate through facilitated role-play cases, debrief.; Summary/Commitment/Resources/action plan

WORKSHOP 5: DID LEARNING OCCUR? INCORPORATING ASSESSMENT INTO SMALL GROUP LEARNING SESSIONS

Jimmy B Beck, Seattle Children's, Seattle, WA; Michele Long, University of California, San Francisco, San Francisco, CA; Lavjay Butani, UC Davis, Sacramento, CA; Chad Vercio, Loma Linda University School of Medicine, Loma Linda, CA; Jennifer B. Soep, University of Colorado, Aurora, CO; Kelly Sanders, University of California, San Francisco, San Francisco, CA

Rationale: Medical educators commonly employ small-group teaching as a pedagogical method. Small group sessions increase student interest, retention of knowledge, teamwork ability, self-directed learning, and communication skills. Despite these benefits, these sessions often do not include assessment techniques to determine if learning has occurred. In this workshop, participants will review how assessment can enhance learning and will be introduced to a variety of assessment strategies that can be easily incorporated into the design of any small group learning session.

Objectives: By the conclusion of this workshop, the educator will be able to: • Describe how assessment can enhance learning; • List a variety of assessment strategies that can be used in small group learning sessions; • Incorporate assessment into small group teaching

Methods and Content: Participants will begin the session by brainstorming benefits and challenges of small group teaching. Workshop facilitators will briefly share a number of effective small group engagement activities, then lead participants through small group discussions of critical assessment assumptions and issues. After participants describe their own assessment strategies, workshop leaders will introduce a variety innovative, practical small group assessment techniques that serve as meaningful sources of information for small group teachers, helping them identify what has been taught well. These techniques will also inform educators when it's necessary to introduce instructional alternatives that present key concepts in new ways to appropriately engage students. In facilitated small groups, participants will be tasked with designing a small group learning session focusing on the incorporation of an assessment technique which matches the goals and the objectives of the session. They will also be asked to devise an alternative/corrective teaching activity in case their assessment reveals that learning errors have occurred. To conclude, after small groups have shared their assessment approaches and matched teaching activities, workshop leaders will review the top themes of the workshop as well as highlight a number of assessment techniques which were imbedded into the workshop. Participants of this workshop will leave with a "toolkit" for incorporating assessment techniques at their home institutions.

WORKSHOP 6: ASCENDING TO THE MOUNTAIN PEAK: PREPARING YOURSELF AND SUPPORTING OTHERS IN THE ACADEMIC PROMOTIONS PROCESS

Michael A Barone, Johns Hopkins University School of Medicine, Baltimore, MD; Stephanie Starr, Mayo Clinic School of Medicine, Rochester, Minnesota; April O. Buchanan, Univ of South Carolina SOM Greenville, Greenville, SC; Joseph Gigante, Vanderbilt University, Nashville, TN; Susan Bannister, University of Calgary, Calgary, Alberta; Robert A. Dudas, Johns Hopkins, St Petersburg, FL

Rationale: The academic promotion process is fundamental for faculty, but can be daunting and confusing. There can be various promotions tracks and paths within a single institution. Additionally, criteria for academic promotion vary across institutions. This workshop will explore academic promotions from both the individual aspect of preparing oneself, and the role of a "referee" in writing performance assessments for faculty members considered for promotion. The workshop leaders have engaged in the academic promotions process at many levels; including preparing themselves, providing faculty development, developing promotions criteria at their institution, and serving as "letter writers/referees". The target audience for this workshop ranges from early career faculty, hoping to understand more about the promotion process, to later career faculty who are engaged in writing promotion letters.

Objectives: 1. Summarize the critical elements of promotions packets for candidates; 2. Compare and contrast promotions paths/tracks within an institution and across institutions; 3. Analyze the role of a supporting faculty member (referee) in the promotions process; 4. Discuss how promotions criteria provide a framework for realizing one's career work and vision; 5. Formulate a plan to write more effective letters for candidates for academic promotion

Methods and Content: Introductions; Overview of the literature on promotions and career path of an educator. Provide relevant terminology and highlight variable aspects of promotions structure. (Slides) Objective 1; Small groups analyze selected aspects of institutions' promotions tracks/paths and processes. Groups worksheet helps to frame the report outs. Report outs demonstrate variability in promotions process. Objective 2; Small groups review selected aspects of faculty promotion submission packets, with focus on supplements to CV (portfolios) and referee letters. Report outs highlight strategies for presenting oneself. Objective 2 and 3; Large group divides in two: candidate (preparing) or letter writer (supporting); Within each breakout group - Using think pair-share and snowballing, participants review profiles of example promotions candidates. Goal is to create bullet list of attributes to highlight, as well as risks to potential promotions. This is relevant to preparing or supporting roles. Objectives 4,5; report outs; Q and A time: presenters share lessons learned and unique aspects of their institution.

WORKSHOP 7: LEADERSHIP IN MEDICAL EDUCATION BEGINS WITH NEGOTIATION

Jeanine Ronan, Children's Hospital of Philadelphia, Philadelphia, PA; Rebecca Tenney-Soeiro, Children's Hospital of Philadelphia, Philadelphia, PA; Erin Pete Devon, Children's Hospital of Philadelphia, Philadelphia, PA

Rationale: As leaders in medical education, it is imperative that we are adept in the art of negotiation and conflict resolution. We are inundated with opportunities to engage in negotiation throughout all aspects of our job, whether it be handling a difficult learner, asking for more administrative assistance, or facilitating curricular change. However, we receive very little training in the fundamentals of bargaining, nor do we have a working knowledge of key negotiation strategies. Therefore we either tend to avoid conflict or concede prior to obtaining the most optimal solution.

Objectives: A negotiation is an interactive communication process that may take place whenever we want something from someone else or another person wants something from us.¹ The goal of this workshop is to develop a deeper understanding of the six foundations for effective negotiation and to practice these skills through a vignette. 1. Develop an appreciation of your innate negotiation style; 2. Know the impact of the 5 remaining foundations for effective negotiation; 3. Define the 4 stages of negotiation; 4. Practice negotiation strategies through a specific case. ¹Schell R. *Bargaining for Advantage*. New York: Penguin Books, 2006.

Methods and Content: This interactive workshop will include a variety of modalities to illustrate the art of negotiation. Based on Richard Schell's key concepts in *Bargaining for Advantage*, participants will have the opportunity to uncover the 6 fundamentals of negotiation through group discussion and video clips. Using the Thomas-Klimann Conflict Mode Instrument, participants will determine their preferred strategy for negotiation. Through case examples and group discussions, the advantages and disadvantages of each mode will be reviewed. After defining the steps for effective negotiation and self-identification of our individual styles, participants will role play a case vignette to apply the strategies learned. Followed by an opportunity for debriefing, we will conclude with a brainstorming session to determine how these techniques can be applied to our everyday "bargaining" challenges.

WORKSHOP 8: POSTER TO PUBLICATION

Lori Singleton, Morehouse School of Medicine, Atlanta, GA; Craig DeWolfe, George Washington University School of Medicine, Washington, DC; Joseph Gigante, Vanderbilt University School of Medicine, Nashville, TN; Amal Khidir, Weill Cornell Medical College in Qatar, Doha, Qatar; Jamie Sutherell, St. Louis University School of Medicine, St. Louis, MO; TJ Jirasevijinda, Weill Cornell Medical College, New York, NY

Rationale: Abstracts presented at conferences play a vital role in sharing new findings in research, education, and innovation. However, the impact of these findings is limited to conference attendees unless the work results in a publication. One study cited 40% publication rate within 4-5 years for abstracts presented during the Pediatric Academic Societies' Annual Meeting poster session. A study on the dissemination of medical education projects after presentation at COMSEP national meetings from 1998-2008 showed a 64% dissemination rate for poster presentations. Several barriers to disseminating scholarly work were identified in this study: 1) inadequate time or other demands, 2) mentoring, and 3) skills-specific support for scholarship. This workshop will assist with addressing skills and mentoring.

Objectives: 1.) Review educational posters and identify gaps that may impede publication. 2.) Create a roadmap for turning an educational poster into a manuscript. 3.) Discuss opportunities and barriers to publication of educational projects. 4.) Identify a writing mentor and develop a timeline for manuscript completion and submission.

Methods and Content: After introductions and didactic on the submission process and journals for disseminating educational projects, participants will break into small groups and use authorship guidelines to identify gaps present in poster samples. Participants will then share their findings to the large group. Next, participants will be asked to identify a scholarly project they are working on and within small groups identify next steps for moving the project forward towards a manuscript submission. A large group discussion on opportunities and barriers to publishing scholarly projects will follow with participants and facilitators sharing methods for successful dissemination. At the end of the workshop, participants will identify a writing mentor and leave the workshop with a timeline checklist for completion and submission of their manuscript, along with a couple of target journals for submission based on the initial didactic. A workshop facilitator will follow up with participants 2 months after the conference to see how they are progressing and provide assistance as needed.

WORKSHOP 9: HOW TO IDENTIFY AND ASSIST CLERKSHIP STUDENTS WHO ARE EXPERIENCING STRESS AND/OR GRIEF

Donnita Pelser, Kansas Univ. School of Med- Wichita, Wichita, KS; Tiffany Swain, Univ. of Texas Medical Branch, Galveston, TX; Kallee Pearson, Central Michigan Univ. College of Medicine, Saginaw, MI; Rebecca Mulcahey, Keck School of Med -USC, Los Angeles, CA; Lakesha Baker, New York Univ. Medical Center, New York, NY; Debbie Hernandez, Univ. of Texas Medical School, Houston, TX; Judy Blair, Kansas Univ. School of Medicine, Wichita, KS

Rationale: Most medical students will experience some type of stress and/or grief during medical school. During the clerkships, it may be stress of meeting the busy schedule of clinical rotations, exam anxiety or losing their first patient. Many programs do not have organized coursework for students to learn how to manage the stress of third year, depression, loss of a patient or other stress related issues. This workshop is to better understand what students' needs are and look at solutions to assist them in managing these significant issues. Students need to feel safe to express their feelings and receive counseling in a prompt manner.

Objectives: Participants in this workshop will: 1. Explain the impact of stress and grief on students. 2. Examine possible solutions to assist students experiencing stress or grief. 3. Propose strategies to promote a supportive structure to assist students experiencing stress and grief in participant home institutions.

Methods and Content: In this workshop, participants will engage in interactive large and small group activities. 1. There will be a short overview of student stress and/or grief experienced during the pediatric clerkship. 2. A large group discussion of how student stress and/or grief can affect students' performance. 3. Analysis of student responses to survey on stress and grief. 4. Brief overview of different methods of coping with stress and grief. 5. Small group discussions on whom or what would be the best to assist students with their stress/grief in given scenarios. 6. Gather solutions from small group discussions along with presenter's identified solutions to create potential action plans for participants to take back to their respective programs.

Friday, March 31, 2017 2:00 PM - 4:00 PM

WORKSHOP 10: ZERO TO HERO: DEVELOPING AND MARKETING YOUR ROLE AS A CLERKSHIP COORDINATOR

Kamara Carpenter, Duke University, Durham, NC; Amy L. Judson, Medical College of Georgia at Augusta University, Augusta, GA; Meghan E. Lopez, University of Florida, Gainesville, FL; Celia Linton, University of Central Florida - College of Medicine, Orlando, FL

Rationale: A successful clerkship coordinator is a multifaceted professional and skilled communicator. The coordinators ability to interact well with leadership, students, the institution, and affiliated clinical partners is essential to the success of any clerkship. Because the role of a clerkship coordinator is key in medical student education, we intend to empower participants to become heroes.

Objectives: • “Dig” the importance of the role; • Discuss ideas and resources for relationship building with peers, faculty, leadership, students, and community preceptors; • Develop a plan for personal professional development and continued success; • Design a personalized plan for continued success as a coordinator; • Dance like a Hero

Methods and Content: Workshop presenters will begin the workshop with a game activity, “Title Generator”. (The group with the best new title wins a prize!) Participants will break off into small groups based on game results. While in small groups, a role-playing activity called “Scenario Shuffle” will be given to the participants to encourage engagement and developing positive interactions within the small groups. Presenters will then give a brief lecture based on a recent survey and illustrate examples of ideas and resources to build a relationship between the title roles and empowerment of the coordinator’s position within home institutions. As a group, we will create a “family tree” with the coordinator at the center, demonstrating the different types of people we encounter in our position and our relationship with them. A large group discussion will follow, highlighting the strengths in the family tree and ideas for “tree” growth. A professional development action plan will be created by using a skills development worksheet. The worksheet will breakdown individual skill sets into identifiable categories, rate them, and identify strengths and weaknesses to help focus professional growth. A post workshop evaluation will be given.

WORKSHOP 11: DON’T LEAVE THE MEDICAL STUDENTS OUT OF PATIENT AND FAMILY CENTERED ROUNDS!

Arnaldo L Zayas, Cleveland Clinic Children’s, Cleveland, OH; Jorge Ganem, Dell’s Children Medical Center, Austin, TX; Margaret Trost, Children’s Hospital Los Angeles, Los Angeles, CA; Kamakshya Patra, West Virginia University Children’s Hospital, Morgantown, WV; Mackenzi Hillard, Weill Cornell Medical College, New York, NY; Perseus Patel, University of California, San Francisco, San Francisco, CA; Michele Long, UCSF Benioff Children’s Hospital, San Francisco, CA; Sara M. Lauck, Children’s Hospital of Wisconsin, Milwaukee, WI; Sarah H. Vepraskas, Children’s Hospital of Wisconsin, Milwaukee, WI

Rationale: Pediatricians have spearheaded the transition from traditional “table rounds” to Patient and Family Centered bedside Rounding (PFCR). While many disciplines are now adopting a PFCR approach, the first exposure to such rounds is often during third-year pediatrics clerkship. However, we lack national standards outlining how medical students should be introduced to and incorporated into PFCR. This workshop will highlight techniques to orient students, enhance understanding, and teach key communication skills to medical student learners on PFCR.

Objectives: 1- Discover ways to orient your medical students to the concept of PFCR; 2- Build your students’ understanding of PFCR by training them to become patient advocates; 3- Practice difficult scenarios that can be used to teach your students communication skills during PFCR; 4- Develop a plan to transform everyday PFCR teaching using the OUT framework.

Methods and Content: First we will describe several orientation models from the literature, including “Rounding like Kung Fu Panda”, that can be used by clerkship directors or attending physicians to introduce key components of PFCR to students. In the second segment, a current medical student will lead a large group discussion describing benefits and challenges associated with PFCR. To enhance student-level buy-in and understanding of PFCR, we will provide evidence-based strategies that empower students to engage with the family and tailor specifics of the rounding experience. Finally, attendees will work through challenging scenarios (including dealing with a difficult family, how to deliver a new diagnosis of a chronic condition) and practice teaching communication skills. Attendees will be encouraged to share their own experiences and challenges, and will leave the session with new strategies to apply at their own institutions. The session will end with a summary discussion and commitment to not leave our medical students out of PFCR!

WORKSHOP 12: THE P-LHET: A NOVEL APPROACH TO DESIGNING EDUCATIONAL SESSIONS

Beverly Robin, Rush University Medical Center, Chicago, IL; Lamia Soghier, Children’s National Medical Center, Washington, DC; Jennifer Owens, The George Washington University School of Medicine and Health Sciences, Washington, DC

Rationale: Kern’s 6-step approach is widely used by health professions faculty for curricular design. This method is effective, however it can be cumbersome and impractical for the design of single educational sessions. We propose the P-LHET (Preparation, Linking, Hook, Engagement, Transfer) as a simpler, more pragmatic, learner-focused approach to single education session design. Unlike the 6-step approach, the P-LHET model is grounded in principles of adult learning, incorporating constructivist and humanistic theories by considering learners’ motivation - building on learners’ prior experiences, encouraging self-direction, and utilizing active learning techniques. The model has been used successfully for developing histology lab and simulation-based education sessions.

Objectives: 1. Recognize the P-LHET as an alternative approach for the design of single educational sessions; 2. Design an education session using P-LHET while considering principles of adult learning.

Methods and Content: The aim of this workshop is to familiarize participants with P-LHET and to guide them through the process of developing an educational session. We will utilize various interactive modalities including, audience response, small group activities and facilitated large group discussions. 1. Introductions: agenda, disclosures, objectives, handouts; 2. Needs assessment - Participants' characteristics/demographics, motivation for attending; 3. Large group discussion - Audience experience with Kern's 6-step approach and how they use it in curriculum design; 4. Small group activity - Discuss application of (an assigned) principle of adult learning, followed by report out to the large group; 5. Small group activity - In same small groups participants identify a topic and their learners, and develop 2 learning objectives (using Bloom's Taxonomy); 6. Brief presentation - Introduction to P-LHET, with practical examples; 7. Small group activity - In small groups, participants develop an educational session (aligned with learning objectives) using the P-LHET, followed by report out to large group for feedback; 8. Large group discussion - Modelling of P-LHET - how P-LHET was utilized to develop this workshop; 9. Summary, questions.

WORKSHOP 13: MATCH FRENZY

Harold E. Bland, Florida State University College of Medicine, Sarasota, FL; Amy Fleming, Vanderbilt University School of Medicine, Nashville, TN; Kathleen Gibbs, Mount Sinai School of Medicine, New York, NY; David Levine, Morehouse School of Medicine, Atlanta, GA; Gwenevere McIntosh, University of Wisconsin School of Medicine, Madison, WI; Leonard Levine, Drexel University College of Medicine, Philadelphia, PA

Rationale: The 2016 Match was the largest on record, with 35,000 applicants vying for 30,000 positions. 99.5% of pediatric programs filled, leaving few options for un-matched seniors to obtain a position through the supplemental offer and acceptance program (SOAP). The combination of rising applicants, with an overall static number of pediatric positions has resulted in what we define as "match frenzy", the anxiety experienced by medical students and the faculty who advise them. More applications result in increased costs to the student and impacts the ability of residency programs to meaningfully review all applications. We recently identified characteristics of students who went un-matched in pediatrics and have developed advising strategies for faculty members who advise medical students.

Objectives: 1. Describe pediatric specific Match statistics, including charting outcomes for The Match and the Program director's survey; 2. Review data and analysis of factors that contribute to students likely not to match (our research group data); 3. Create an action plan for advising students, including communicating realistic expectations, identifying the optimal number of programs a student should apply to, and how to identify at-risk students; 4. Consider how to educate additional pediatric faculty (institutional and community) about giving sound advice to students.

Methods and Content: This interactive workshop will utilize multiple educational strategies to actively engage participants in developing strategies to advise students during the Match. Techniques will include pair-share, large group discussion, didactic, and small group work. This interactive workshop will utilize multiple educational strategies to actively engage participants in diving deeply into the topic of Motivational Advising. Techniques will include role plays, think-pair-share, large group discussion, didactic, and small group work. Participants will transition through the stages of Kolb's learning cycle; concrete experience, reflective observation, abstract conceptualization, and active experimentation. Participants will have the opportunity to describe their own experiences of advising learners who are reluctant to change, and share approaches they have used. Structure will be provided for considering different categories of learner reluctance to change and how to best target Motivational Advising techniques to these particular learners. Using role plays, participants will identify and practice strategies in small group discussions and address common challenging advising scenarios.

WORKSHOP 14: HOW TO GET THE MOST OUT OF YOUR MENTORING RELATIONSHIP

Jennifer Koestler, New York Medical College School of Medicine, Valhalla, NY; Amy Flemming, Vanderbilt School of Medicine, Nashville, TN; Alicia Freedy, Virginia Commonwealth University Inova Campus, Winchester, VA; Sherilyn Smith, University of Washington School of Medicine, Seattle, WA; Joseph Jackson, Duke, Durham, NC; Darshita Bhatia, Virginia Commonwealth University Inova Campus, Falls Church, VA; Anne VanGarsse, Kansas City University of Medicine and Biosciences, Lawrence, KS

Rationale: Mentorship is a critical element of professional and career development, however it is generally carried out in an ad hoc manner, without formal guidance and objectives. Due to their unique and varied roles, those involved in pediatric medical student education often look outside of their institution for mentorship. An integral part of the COMSEP mission has been to foster the personal growth, professional success and collaboration of our members (COMSEP Mission Statement 2010-2015). Results from the 2013 COMSEP annual survey indicate that junior members have a strong desire for more formalized and consistent mentoring. The current strategic plan includes an area of focus to provide support, resources and programs enabling every member to thrive. In response, COMSEP began offering a formal mentoring program to its members in 2015. This workshop will provide an opportunity to explore mentoring from a holistic perspective. It is geared toward members interested in learning more about mentorship, the formal COMSEP program, as well as those already enrolled in the program (mentors and mentees).

Objectives: By the completion of this workshop, participants will be able to: 1. Define roles and responsibilities for mentees and mentors; 2. Distinguish elements of a successful mentor relationship; 3. Recognize the importance of a mentoring contract and goal setting at the outset of a mentoring relationship.

Methods and Content: During this interactive workshop participants will begin identifying roles and responsibilities of mentors and mentees in a facilitated large-group icebreaker. An overview of mentoring models described in the literature as well as the current COMSEP Mentoring Program will be presented briefly. Next, participants will break into buzz groups to formulate a list of the contributing elements and barriers to a successful mentoring relationship from the perspectives of both the mentor and the mentee. Workshop leaders will facilitate a report out from the small groups.

In the second half of the workshop, attendees will be provided with a short background to review tools linked to successful mentoring relationships including a mentoring contract and goal-setting using the ISMART (inspiring, specific, measurable, achievable, relevant, timely) methodology. Participants will work in small groups using a structured worksheet to develop example goals for future mentoring relationships.

Participants will be able to access the materials used during this workshop on the COMSEP website.

WORKSHOP 15: COLLABORATIVE RESEARCH: WHY, WHAT, HOW?

Chad J Vercio, Loma Linda University School of Medicine, Redlands, CA; Gary L. Beck Dallaghan, Univ of Nebraska College of Medicine, Omaha, NE; Caroline R. Paul, University of Wisconsin School of Medicine and Public Health, Madison, WI; Colin M. Sox, Boston University School of Medicine, Boston, MA; Amal M. Khidir, Weill Cornell Medicine in Qatar, Doha, Qatar; Janice L. Hanson, University of Colorado, School of Medicine, Aurora, CO; Melissa D. Warne-Griggs, University of Missouri, Columbia, MO

Rationale: Research in medical education can be difficult due to low sample sizes locally, inexperience of researchers in areas of interest or methods necessary and lack of manpower to finish a project. Collaborative research between different disciplines or different institutions can assist with each of these problems but many educators are unsure of how to lead or become involved in a collaborative research project.

Objectives: After the workshop participants will be able to: describe how to establish a working group for a collaborative research project; create a planning guide for the leadership of the group and infrastructure of the project; identify feasibility concerns of multi-institutional studies; plan for dissemination of results; develop a checklist to utilize in future collaborative project.

Methods and Content: The session will begin with a group discussion on the benefits of collaborative research and what difficulties participants perceive with starting a research project or what has kept them from becoming involved with a project in the past. The participants will then break into groups based on interests in potential projects and perform a team building exercise. They will then discuss in their group and begin to fill out a worksheet with their topic and identifying people who are interested in actively becoming involved. They will decide on leadership within the group and find people to champion specific tasks. The next step will include a discussion of timelines/deadlines, resources, expectations and criteria for authorship within journals so all involved can receive authorship if desired. They will then consider feasibility including resources such as expertise or funding, IRB approval, differences between curriculums between sites, participant time zone differences. They then will discuss potential methods of dissemination for their project. At each step they will consider difficulties or problems that could arise at that step and hear from facilitators who have been involved with collaborative projects that could provide potential solutions to those problems. At the end of the session the worksheet will function as a checklist they could use in future collaborative research projects.

WORKSHOP 16: LET'S MAKE A DEAL: THE ART OF NEGOTIATION IN ACADEMIC MEDICINE

Amy Creel, Louisiana State University Children's Hospital, New Orleans, LA; Joseph Gigante, Vanderbilt University, Nashville, TN; Eitan Kilchevsky, Quinnipiac University, Ridgefield, CT; Bruce Morgenstern, Roseman University, Las Vegas, Nevada

Rationale: Positions in academic medicine offer many opportunities for leadership and career advancement. Negotiation skills can be an important tool in the faculty career development toolbox of educators. However, the process of negotiation can be a new experience for many and training in negotiation techniques is often lacking. Advancement to new positions, working with limited resources, and undertaking administrative responsibilities are only a few examples of opportunities in academic medicine that may call for negotiation. The goals of this workshop are to aid participants in gaining knowledge of negotiation techniques, and to allow participants to practice application of these skills in scenarios they may encounter in their academic medicine career.

Objectives: Through the session, participants will 1. Expand their knowledge base in successful negotiation techniques 2. Explore common situations for negotiating in academic careers 3. Practice negotiation skills in scenarios applicable to the participants' specific needs and career goals.

Methods and Content: This interactive workshop will begin with brief introductions. Next a short presentation of negotiation terminology and a discussion of basic negotiation techniques will take place. Participants will learn how to prepare for the negotiation process, what is negotiable and the elements of successful negotiation. Presenters will help fill identified gaps in knowledge before opening large group discussion on opportunities for negotiation that may be relevant to participants' careers in academic medicine. Small group discussion, pair/share, and role playing techniques will be all utilized as participants build a negotiation toolbox to address their specific needs. Participants will leave having practiced successful negotiation strategies they can apply to their own career development, and with resources for further study.

WORKSHOP 17: DIRECT OBSERVATION AND CLINICAL ASSESSMENT: A CRITICAL STEP IN MOVING TOWARDS COMPETENCY

Preetha Krishnamoorthy, McGill University, Montreal, QC; Karen Forbes, University of Alberta, Edmonton, AB; Sarah Gander, Saint John Regional Hospital, Saint John, NB

Rationale: Similar to other fields such as music and sports, in medicine it is not only "doing" that improves skills and performance. Deliberate practice, with observation and feedback, is an essential part of attaining expertise and competency as a clinician. As such, setting aside time to deliberately observe trainees performing a variety of tasks must be integrated into our practice as clinical teachers. Having the tools to effectively do so is becoming increasingly important for educators in the face of a competency-based curriculum.

Objectives: By the end of this workshop, participants will: 1. Discuss the importance of deliberate practice and observation in the attainment of clinical competency; 2. Identify factors that impact educators' ability to provide direct observation and feedback to their learners; 3. Apply effective strategies and techniques using concrete tools to enhance personal skills in direct observation and provision of feedback to trainees.

Methods and Content: This highly interactive workshop session begins with a brief plenary highlighting key principles in assessment as they relate to competency based medical education. This will be related to concepts of deliberate practice, and the roles of observation and feedback. Participants will complete a directed personal reflective analysis of their own clinical and educational setting, followed by small group discussion analyzing the strengths, weaknesses, opportunities and threats that may help or hinder their ability to directly observe trainees and provide feedback. A variety of direct observation tools will be shared and critiqued in a larger discussion. Following this, videos will be shown, and participants will work together in dyads using a number of different tools for each scenario to practice their own direct observational skills. The workshop will conclude by bringing the group together to reiterate the key lessons learned and empower participants to practically implement direct observation of trainees and useful narrative feedback into their day to day practice.

WORKSHOP 18: RESILIENCE: THE 7TH COMPETENCY BUILD AND MAINTAIN RESILIENCE IN OURSELVES AND IN OUR LEARNERS TO PROMOTE A CULTURE OF COMPASSION IN MEDICINE

Deborah T. Rana, University of California San Diego Medical School, La Jolla, CA; Marta King, St. Louis University, St. Louis, MO

Rationale: Resilience is crucial in preventing burnout, depersonalization, major depression, medical errors and dissatisfaction with career choice. Resilience education is especially important for faculty who serve as role models for trainees. The topic, however, has historically not been included in medical education. To address this deficiency, members of COMSEP, AAP, APA, and APPD collaboratively developed and published a novel curriculum focused on promoting resilience across the pediatric training continuum.

Objectives: 1. Identify adaptive life strategies essential to maintaining resilience in the moment and long-term; 2. Develop skills in mindfulness and mindful self-compassion to remain connected, committed and self-aware; 3. Draft a personal wellness plan; 4. Discuss ways to build a culture of connection and wellness in home clerkship and institution

Methods and Content: In this interactive workshop, we will use a train the trainer model to introduce components of the AAP Resilience in the Face of Grief and Loss curriculum focused on in-the-moment and long term wellness strategies. Using individual work, pair-share, small and large group discussion, video clips, and poetry, we will practice resilience-building techniques including reflection, journaling, mindful meditation and peer support. We will discuss work stressors and techniques to recognize and prevent burnout in ourselves, our trainees and our colleagues. We will then practice tools of mindful self-compassion and reflect on their application and usefulness in our own lives, our education of trainees, and in our faculty development efforts. Participants will draft a personal wellness plan and leave the workshop ready to implement resilience strategies in their own practice and within their clerkship programs and institutions. Introduction and review of agenda; Focusing exercise; Journal exercise on a challenging moment in medicine using a prompt from the curriculum; Burnout overview large group with didactic- hallmarks of burnout and key risk factors; Overview of AAP resilience curriculum large group didactic on wellness strategies and developing Individualized Wellness Plan; Resilience overview large group didactic: Key Factors- short and long term overview; Practice tool of mindfulness and mindful self-compassion, pair share; Peer support- small group discussion, follow by large group sharing; Intention for change; Wrap up and evaluation.

Saturday, April 1, 2017 10:00 AM - 12:00 PM

WORKSHOP 19: PROMOTE YOURSELF: DEMONSTRATING TEACHING EXCELLENCE WITH AN EDUCATOR'S PORTFOLIO

Michael S. Ryan, Virginia Commonwealth University, Richmond, VA; Rebecca Tenney-Soeiro, Children's Hospital of Philadelphia, Swarthmore, PA; Jocelyn H. Schiller, University of Michigan Medical School, Ann Arbor, MI; Corinne Lehmann, University of Cincinnati/Cincinnati Children's Hospital, Cincinnati, OH; Michele Long, UCSF, San Francisco, CA; Amy Fleming, Vanderbilt University School of Medicine, Nashville, TN

Rationale: Key components considered in evaluating faculty for academic promotion are: scholarship, service, and teaching. Scholarship and service activities can be documented through a standard curriculum vitae, however, demonstration of exemplary teaching is more challenging. Many promotions committees require that candidates supply an educator's portfolio to highlight their educational excellence. However, developing an educator's portfolio can seem daunting and busy clinician-educators often have little training in crafting such a document. This hands-on workshop will explore the components of an educator's portfolio and provide participants with an opportunity to begin or enhance their portfolios. Guidance will be provided by experienced facilitators from several institutions who have successfully developed and reviewed portfolios for promotion.

Objectives: By the conclusion of this workshop, the Pediatric educator will: 1. Describe the role of teaching in promotions decisions; 2. List the methods in which an educator can demonstrate teaching quantity and quality; 3. Create a draft or revise his/her existing educator's portfolio

Methods and Content: This workshop will begin with an introduction and panel discussion around the promotion process (20 minutes). Participants will then discuss evidence for excellence in education, building the case for an educator's portfolio (15 minutes). Typical components of an educator's portfolio will be illustrated by facilitators using examples from their own experiences (20 minutes). Working from their CVs and/or existing portfolios in a small group setting, participants will then draft (on paper or personal computer) a "teaching activities report" to quantify and qualify their teaching experiences (20 minutes). Feedback will be provided by peers and facilitators. Next, participants will choose 2 portfolio components for further advancement (e.g. scholarship, leadership, learner evaluation, mentorship/advising, or curriculum development).

Participants will draft/revise these components and consider how they may advance their qualifications in these areas. Guidance will be provided by an experienced facilitator in a small group setting (20 minutes for each component, total of 40 minutes). Finally, participants will share lessons learned and develop a plan for portfolio refinement beyond the workshop (5 minutes).

WORKSHOP 20: PLANTING THE SEED EARLY: CULTIVATING PRE-CLINICAL ACTIVITIES AT YOUR INSTITUTION

Melissa Held, School of Medicine, Dept. of Pediatrics, Hartford, CT; Kathleen Gibbs, Icahn School of Medicine at Mount Sinai, New York, NY; Elizabeth R. Van Opstal, Rush University, Chicago, IL; Adam Weinstein, Geisel School of Medicine, Lebanon, NH; Jennifer M. Jackson, Wake Forest School of Medicine, Winston Salem, North Carolina; Virginia Austin Harrison, University of MS Medical Center, Jackson, Mississippi; Anton M. Alerte, University of Connecticut, Hartford, CT; Blair S. Hammond, Icahn School of Medicine, Mount Sinai, New York, NY

Rationale: Medical student exposure to pediatric patients, knowledge and skills in the pre-clinical years has historically been limited. Pediatric focused pre-clinical curricula are rare and resources to implement them are not readily available. The COMSEP pre-clinical pediatrics subcommittee led a 2016 workshop and through participant contribution, developed a set of "pre-clinical" goals and objectives and a toolbox of learning activities to inform curricular development.

Objectives: By the end of this workshop, participants will: 1. Understand the needs assessment research and objectives developed by the pre-clinical curriculum task force; 2. Identify opportunities and discuss barriers/solutions to implementing pre-clinical curricula; 3. Develop assessment strategies for pre-clinical pediatric curricular activities.

Methods and Content: Workshop leaders will review the pre-clinical pediatrics subcommittee's prior work, including results from the needs assessment research, and previously developed pre-clinical curriculum objectives. A brief overview of six pre-clinical pediatric educational strategies will be shared in a large group discussion including: 1. An elementary school-based program for pediatric exam and communication skills practice; 2. Medical student pairing with mentors to introduce them to pediatric clinical skills; 3. Embedding pediatric clinical skills throughout learning activities within a doctoring course; 4. Integration of pediatric topics into basic science courses; 5. Accessing CLIPP resources for teaching pre-clinical pediatrics; and 6. Video based sessions to teach pre-clinical pediatrics. Participants will break into small groups, spending 15 minutes at their choice of five stations representing each of the above activities. Stations will be led by workshop leaders with experience implementing this activity and each station session will end with a discussion of potential assessment strategies for activities. During the workshop, participants will complete a worksheet structured around the activities presented and possible assessment strategies so that they leave the workshop with tools to implement and evaluate these learning activities at their home institution.

WORKSHOP 21: AND 5-6-7-8: USING DANCE AS A WAY TO CREATIVELY TEACH FEEDBACK SKILLS

Soo Kim, Loma Linda, CA; Jenelle E. Little, Baylor College of Medicine, Houston, TX; Stephen J. Tinguely, University of North Dakota School of Medicine and Health Sciences, Fargo, ND

Rationale: Giving and receiving feedback is a vital teaching skill for all educators, but many feel uncomfortable with the process or do not know how to effectively utilize feedback. Even in workshops, many educators feel very uncomfortable when clinical scenarios or role-playing are used to teach feedback skills. By removing the clinical scenario and placing participants in a fun, laid-back, innovative environment in which to both give and receive feedback, we will be able to strengthen feedback skills and introduce novel teaching methods with which participants can further educate learners at their home institutions.

Objectives: This workshop will use ballroom dance as a fun, yet informative, way to 1) identify what feedback is and is not, 2) provide guidelines for giving effective feedback 3) demonstrate how feedback can then be incorporated to improve learner performance and 4) identify barriers to giving effective feedback.

Methods and Content: First, participants will learn the ultimate purpose of feedback and how it differs from evaluation. This will be done via PowerPoint slides and examples of clips from movies, *Dancing With the Stars*, and *So You Think You Can Dance*. Everyone will learn the identifying factors of 4 ballroom dance styles (salsa, rumba, cha-cha, swing) and what are important elements that make up each of them. The participants will then break into small groups. Each group will be assigned a style of dance and learn a very basic amalgamation of the assigned dance from one of the co-presenters. Each group will then perform their amalgamation for all the workshop participants. Using the information about the dance styles previously mentioned, observers will practice giving feedback and the dancers will demonstrate/discuss how the feedback was helpful or not. Just as active participation is integral to both the giver and receiver of feedback, audience participation in this activity as both the learner and educator reinforces the feedback process. As a large group, we will then discuss the feedback process and possible barriers to feedback, as well as other activities and how they may be used to teach feedback to our colleagues at our home institutions. This workshop will require a projector, and if possible, a dance floor (hotel can provide this).

WORKSHOP 22: LCME INFORMATIONAL WORKSHOP FOR CLERKSHIP ADMINISTRATORS

Donnita Pelser, Kansas Univ. School of Med- Wichita, Wichita, KS; Gretchen Shawver, Stanford University Medical Center, Palo Alto, CA

Rationale: Clerkship Administrators and Coordinators play an important role in meeting the standards of the Liaison Committee on Medical Education (LCME). Many administrators have very little knowledge of who the LCME is and how important it is to meet the LCME required standards. Additionally, preparing for an LCME site visit can be overwhelming and stressful. This workshop will enhance participants' knowledge of who and what the LCME is. It will develop a better understanding of the basics of an LCME site visit. Participants will discover how to assimilate the LCME standards into their role as Clerkship Administrators and Coordinators.

Objectives: Workshop participants will develop a better understanding of what the twelve LCME standards are and how some standards directly correlate with participant job descriptions. Participants will better understand who the LCME is and what the basic outline of a site visit entails. They will understand the levels and types of accreditation given based on the results of a site visit.

Methods and Content: Workshop participants will engage in interactive large and small group activities. There will be a fun short assessment quiz at the beginning to measure what participants know about LCME. Small groups will be given scenarios to work on to reinforce concepts discussed. A review of the specific LCME standards to determine how vital the Clerkship Administrator/Coordinators role is to the LCME accreditation process. At the end of the workshop small groups will answer a quiz about LCME to highlight key points/tools to take home. Participants will leave with an enhanced knowledge about LCME to improve their skill set as Clerkship Administrators and Coordinators.

WORKSHOP 23: WHAT DO YOU THINK? DESIGNING EFFECTIVE SURVEYS IN MEDICAL EDUCATION

Molly E. Rideout, Larner College of Medicine at the University of Vermont, Burlington, Vermont; Rachel W. Thompson, Boston Medical Center- Boston University School of Medicine, Boston, MA; William V. Raszka, Larner College of Medicine at the University of Vermont, Burlington, VT

Rationale: The speed, low cost, and accessibility of internet-based surveys has revolutionized the way educators evaluate new programs and curricula. With pressure from the LCME and ACGME to provide outcomes data on existing programs, learners are inundated with surveys. As assessment of a gain in knowledge or change in behaviors of participants in educational sessions is required by peer reviewed publishers such as MedEdPORTAL, designing surveys has become an essential skill for educators. In order to gain useful information, surveys must be concise, measure what they intend to, and motivate the respondent to provide complete and honest answers.

Objectives: 1. Review principles of survey design; 2. Identify strengths and methodological flaws in surveys; 3. Design a survey that is concise, free of bias, and answers a specific research question; 4. Discuss strategies to maximize survey participation; 5. Compare and contrast available survey tools

Methods and Content: In an open discussion, participants will review their own experiences designing surveys for medical education purposes. In a large group exercise, we will discuss principles of survey design and how to create effective, unbiased, open-ended and closed-ended survey questions that address a research or assessment question. Participants will then break into small groups to review sample surveys, paying particular attention to the research question and methodological flaws. When reviewing sample surveys, participants will look for common pitfalls. After comparing and contrasting surveys, participants will work in pairs to create a short survey based on elements learned in the workshop. Participants will pilot test their surveys with each other and determine whether they are clear, valid, and free of bias. Following an open discussion about the challenges in designing surveys, we will discuss survey implementation. In a large group, we will share experiences and factors that encouraged survey participation and strategize how to maximize response rate, including optimal methods of dissemination. We will also discuss institutional review, informed consent, and confidentiality. At the conclusion, participants will develop an action plan to use in designing a survey at their home institutions.

WORKSHOP 24: MAKE YOUR CASE AND USE IT TOO: DEVELOPING AND IMPLEMENTING THE COMSEP CLINICAL CASES (C3) AND INSTRUCTORS GUIDE INTO YOUR PROGRAM

Mary E. Brown, Tufts University School of Medicine, Boston, MA; Edward K. Clark, Mercer University School of Medicine, Macon, GA; Christopher Foster, Uniformed Services University, Bethesda, MD; Coral Steffey, Brody School of Medicine at East Carolina University, Greenville, NC; David Eldridge, Brody School of Medicine at East Carolina University, Greenville, NC; Daphne Wong, University of California, Irvine, School of Medicine, Orange, CA; Penny Murata, University of California, Irvine, School of Medicine, Orange, CA

Rationale: With increasing clinical demands on faculty and increasing reliance on residents to supervise and educate medical students, it can be challenging to find time and clinical experts to teach and assess medical knowledge and clinical reasoning skills. The COMSEP Clinical Cases (C3) provides a framework for teaching the content of the 2005 COMSEP Curriculum and clinical reasoning skills in the context of clinical scenarios. The C3 Instructor's Guide is an underutilized resource which provides a framework for pediatric educators, both clinical experts and trainees, to facilitate teaching and assessing medical student knowledge and clinical reasoning skills without having to prepare extensively for teaching and without having to be a clinical expert.

Objectives: By the end of this workshop, participants will be able to: 1. Identify the COMSEP Clinical Cases (C3) and Instructor's Guide as tools for integrating the pediatrics curriculum content within the pediatrics clerkship; 2. Develop an instructor's guide to a clinical case; 3. Describe specific techniques for using C3 and Instructor's Guide to fill a need in your program; 4. Identify opportunities to collaborate and participate in scholarly projects with other workshop participants.

Methods and Content: In this interactive workshop, presenters will review the COMSEP Clinical Cases (C3) and the C3 Instructor's Guide resources, and discuss the rationale and process for developing the C3 Instructor's Guide. In small groups or pairs, participants will use the C3 Instructor's Guide template to begin developing an Instructor's Guide for a clinical case. Back in a large group, presenters will describe specific techniques for utilizing the C3 resource and C3 Instructor's Guide for medical student teaching and assessment. In facilitated small groups, participants will brainstorm strategies for using the C3 and Instructor's Guide within their own programs, and will have the opportunity to identify and collaborate with colleagues in developing a scholarly project using the C3 and Instructor's Guide.

WORKSHOP 25: SIMULATION DURING THE PEDIATRIC CLERKSHIP WITHOUT A BUDGET? WE GOT YOU COVERED!

Edith P. Allen, Phoenix, AZ; Sara Emerick, U of A COM-Phoenix, Phoenix, AZ; Dustin Rayhorn, U of A COM-Phoenix, Phoenix, AZ

Rationale: Simulation sessions are an effective teaching tool for medical students to practice clinical skills. A survey published by the AAMC in 2011 reported that 100% of the medical schools that responded to the survey use simulation during the 3rd year of medical school, but that does not mean that simulation sessions are part of the Pediatric Clerkship teaching curriculum. Low budget simulation sessions can be implemented on your clerkship to enhance students' critical thinking, communication and patient care skills. The examples of low budget simulation sessions that will be presented to you during this workshop will inspire you to create your own. During the workshop, you will work with other COMSEP members interested on this topic and go back to your home institution with a Simulation template.

Objectives: Design and implement simulation sessions to your Pediatric Clerkship with minimal man power and low technology equipment.

Methods and Content: All. Introductions; Participants share types of simulation sessions used by their medical school to cover Pediatric content; Videos will be played to demonstrate examples of low budget simulation sessions; Participants create a list of topics and/or skills they will like their medical student to gain during the clerkship thru simulation; Participants will divide in 3-4 groups and will create simulation session's objectives and write a case; Participants share their projects; Wrap up.

WORKSHOP 26: TEACHING BEYOND FACTS: EDUCATING PEDIATRICIANS FOR THE MODERN HEALTHCARE SYSTEM

Starla Martinez, Medical Education Department, Akron, OH; Michael Dell, Case Western Reserve University, Cleveland, OH; Emily Ruedinger, University of Washington, Seattle, WA

Rationale: Educators have the duty and opportunity to entrust their learners with the knowledge, skills and attitudes to thrive in modern healthcare. The traditional content of medical curricula may not include key current topics such as addressing diagnostic error and delivering high value care. Additionally, local faculty may lack expertise in teaching in these areas. Faculty must identify effective educational strategies that overcome these barriers yet fit within and complement current curricula. The Institute of Medicine has published a series of landmark reports about the quality chasm in healthcare focusing on methods to avoid medical errors and improve quality of care. This workshop will address strategies to engage learners in avoiding diagnostic errors and practicing high value care through the use of novel educational modalities. Attendees will identify local barriers to success in teaching about these topics and work together to develop strategies to overcome these barriers.

Objectives: By the end of the session, participants will be able to: 1. Outline the rationale for teaching about high value care and diagnostic error; 2. Discuss the key principles of high value care and diagnostic error relevant to medical students; 3. Create an outline describing how resources in high value care and diagnostic error can be integrated in their course/curriculum.

Methods and Content: The workshop will begin with an interactive large group session to elicit attendees' knowledge about and experience with teaching about diagnostic error and value in health care. Facilitators will then review the seminal publications that outline the need for education about the topics. In small groups, participants will discuss the current status of teaching this content in their institutions and share approaches. Workshop facilitators will then discuss two free teaching resources - HVC and DX courses from MedU - focusing on their evidence base, national curricular elements, collaborative development process and imbedded features facilitating learning. Participants will explore features of the cases and design and share strategies to teach these topics at their institutions using the cases. The workshop will conclude with report-out of approaches and review of resources.

WORKSHOP 27: DEVELOPING A UNIQUE LIC - THE WOMEN'S & CHILDREN'S CLERKSHIP

David Hersh, Department of Pediatrics, New Haven, CT; Eve Colson, Yale School of Medicine, New Haven, CT; Shefali Pathy, Yale School of Medicine, New Haven, CT; Vrunda Desai, Yale School of Medicine, New Haven, CT; Richard Hobbs, UNC School of Medicine, Chapel Hill, North Carolina

Rationale: A growing number of medical schools have implemented curricular changes to the clerkship year by combining core specialties into longitudinal integrated clerkships (LICs). The goal of integration is to promote continuity of education, curriculum, patient care, and supervision for students, their patients and their preceptors. Our workshop will explore the development of an LIC and encourage participants to evaluate the possibility and feasibility of an LIC at their institution.

Objectives: By the end of the session, participants will: 1) Understand the types of experiences that are amenable to integration; 2) Understand the advantages & disadvantages of integrating Pediatrics with other core specialty clerkships; 3) Perform an initial analysis of whether integration may be right for his/her institution; 4) Develop an initial plan for how to integrate Pediatrics with other core specialty clerkships.

Methods and Content: The session will begin with a large group overview focused on the rationale for integration, models of full versus partial integration, and the driving forces for integration at the presenters' institutions. Then, by working in small groups, participants will have a series of three thought exercises to facilitate a deeper understanding of developing an integrated clerkship and whether it would be appropriate for their institution. Topics include identifying shared objectives, the types of patient care and educational experiences that could be integrated with an eye toward logistical considerations and curricular goals, potential pitfalls that may occur, methods of joint assessment and grading, and an initial blueprint for faculty and house staff development. Interspersed between these exercises will be discussions of lessons learned by the presenters from their own experience of attempting integration. During the workshop, participants will complete a worksheet structured around the above considerations and will leave the workshop with a framework for potential implementation of such a curricular change at their institution.

Research Platform Presentations

1. A QUALITATIVE ANALYSIS OF STUDENT-MENTOR APPRECIATIVE INQUIRY DIALOGUES TO EXPLORE HOW EXEMPLARY PROFESSIONALISM IS CONCEPTUALIZED

Lavjay Butani, MD, University of California, Davis, School of Medicine, Sacramento, CA, Jennifer Plant, MD MEd, University of California Davis School of Medicine, Sacramento, CA

2. OPERATION HOMEFRONT: MEETING CLERKSHIP COMPETENCIES WITH HOME VISITS TO FAMILIES OF CHILDREN WITH SPECIAL NEEDS

Bridget Boyd, MD, Loyola Stritch School of Medicine, Maywood, IL, Emily Anderson, PhD, Loyola Stritch School of Medicine, Maywood, IL

3. CLINICAL TRACK IN PEDIATRICS: MILESTONE BASED CURRICULUM AND ASSESSMENT FOR THE 4TH YEAR IN MEDICAL SCHOOL

Nancy Liao, MD, Ohio State University, Columbus, OH, Meena Khan, MD, Columbus, OH

4. HIGH VALUE, COST-CONSCIOUS MEDICINE CURRICULUM FOR PEDIATRIC SUB-INTERNS

Kimberly L. O'Hara, MD, Children's Hospital Colorado, Aurora, CO, Amanda Burch, MLIS, Children's Hospital Colorado, Aurora, CO, Michael D. Baca, Children's Hospital Colorado, Aurora, CO, Sonja Ziniel, PhD, MA, Children's Hospital Colorado, Aurora, CO, Jennifer B. Soep, MD, Children's Hospital Colorado, Aurora, CO, Meghan Treitz, MD, Children's Hospital Colorado, Aurora, CO

COMSEP Poster Themes 2017

Clerkship Curriculum Innovations

1. REFLECTIVE WRITING DURING A PEDIATRICS CLERKSHIP
2. ADOLESCENT MEDICINE TRAINING IN MEDICAL SCHOOL: ROOM FOR IMPROVEMENT?
3. WAKE UP FOR EARLY CHILDHOOD! A MORNING REPORT SERIES
4. FLIPPED FOR FLUIDS
5. THE ASSOCIATION OF STUDENT AND FACULTY GENDER AND AGE WITH CORE CLERKSHIP CLINICAL EVALUATIONS
6. A STUDENT LED QUALITY IMPROVEMENT CURRICULUM AND EXPERIENCE IN THE PEDIATRIC CLERKSHIP
7. JUMPSTART TO NICU NUTRITION: A PILOT ONLINE CASE-BASED CURRICULUM FOR MEDICAL TRAINEES
8. INTEGRATING HEALTH INEQUITIES INTO THE PEDIATRIC CLERKSHIP
9. EVALUATION OF THE IMPACT OF AN INNOVATIVE PEDIATRIC GAIT, ARMS, LEGS AND SPINE (PGALS) PHYSICAL EXAMINATION WORKSHOP ON THIRD-YEAR MEDICAL STUDENTS
10. TRAINING PEDIATRIC RESIDENTS AS SIMULATED ADOLESCENT PATIENTS
11. DEVELOPMENT OF STRUCTURED TOOL TO EVALUATE COMMUNICATION SKILLS WITH PEDIATRIC PATIENTS

Faculty Development Initiatives

12. THE COMSEP MENTORING PILOT - INITIAL RESULTS AND NEXT STEPS
13. PRECEPTOR PEARLS: A MEDICAL EDUCATION EMAIL MARKETING CAMPAIGN FOR FACULTY DEVELOPMENT
14. PODCASTS- AN INNOVATIVE WAY TO PROVIDE FACULTY DEVELOPMENT TO COMMUNITY BASED PRECEPTORS
15. THE USE OF A WEBINAR AS A TOOL EDUCATE PEDIATRIC CAREER ADVISORS

Introducing Pediatrics in the Pre-Clinical Curriculum

16. CLINICAL REASONING CAN BE TAUGHT: A PRE-CLINICAL CURRICULUM ENHANCES STUDENT PERFORMANCE IN PEDIATRIC CLERKSHIP CLINICAL REASONING
17. INITIATIVE TO INTRODUCE PEDIATRIC MEDICINE TO MEDICAL STUDENTS IN PRE-CLINICAL YEARS
18. COMPARING PRE AND POST CONFIDENCE SCORES IN PEDIATRIC CLINICAL SKILLS FOLLOWING STANDARDIZED SKILL STATIONS IN MED 2

Using the Senior Year to Prepare for Residency

19. PEDIATRIC PRE-INTERNSHIP BOOT CAMP: A NATIONAL SURVEY OF PEDIATRIC EDUCATORS
20. UMM, CAN YOU SEE MY PATIENT: MOVING STUDENT CONSULT CALLS TOWARDS CLEAR COMMUNICATION
21. MAY THE FOURTH BE WITH YOU: CREATION OF A FOURTH-YEAR MEDICAL STUDENT PEDIATRIC CONFERENCE SERIES
22. MILESTONE-BASED EDUCATIONAL HANDOVER FROM UNDERGRADUATE TO GRADUATE PEDIATRIC MEDICAL EDUCATION USING A STUDENT PERFORMANCE EVALUATION
23. DO YOU HAVE YOUR BOOTS ON? ANALYSIS OF A PEDIATRIC INTENSIFICATION PROGRAM TO PREPARE FOURTH YEAR STUDENTS FOR PEDIATRIC RESIDENCY

Innovative Uses of Technology in the Clerkships

24. WEB-BASED STANDARDIZED PATIENT ENCOUNTERS IMPROVE MEDICAL STUDENTS' SELF-ASSESSMENT OF ADOLESCENT PSYCHOSOCIAL HISTORY SKILLS
25. DIRECT OBSERVATION OF STUDENT PHYSICAL EXAM SKILLS USING AN IPAD APPLICATION
26. STUDENT RESPONSE TO IMPLEMENTATION OF IPAD-BASED CURRICULUM IN PEDIATRIC CLERKSHIP

Implementing and Evaluating Entrustable Professional Activities

27. ASSESSING AND IMPROVING PERFORMANCE OF GRADUATING MEDICAL STUDENTS IN A COMMUNICATION-FOCUSED ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA)
28. USING AN INPATIENT ORAL PRESENTATION TOOL FOR PEDIATRIC CLERKSHIP STUDENT PEER FEEDBACK
29. AN ELECTRONIC TOOL FOR ASSESSING STUDENTS' CLINICAL REASONING SKILLS ON AN INPATIENT PEDIATRIC UNIT
30. IMPROVING MEDICAL STUDENT COMMUNICATION WITH FAMILIES AND THE HEALTHCARE TEAM: IMPLEMENTATION OF A 360 DEGREE ASSESSMENT PROGRAM ON THE INPATIENT PEDIATRIC UNIT
31. SEA CHANGE: CHILDHOOD MODULE IN A TRANSFORMATIVE CURRICULUM
32. HOW DOES YOUR GARDEN GROW? BUILDING A DEVELOPMENTAL TRAJECTORY OF ENTRUSTMENT THROUGH TRANSPARENT, ITERATIVE, REAL-TIME, LEARNER-DRIVEN ASSESSMENT

Longitudinal Integrated Clerkships

33. TRAINING IN THE SANDBOX: LONGITUDINAL EDUCATION WITH A PREDOMINANTLY PEDIATRIC POPULATION
34. LEARNING RESOURCES AND STUDY METHODS IN A LONGITUDINAL INTEGRATED CLERKSHIP
35. QUALITY IMPROVEMENT AND PATIENT SAFETY IN PEDIATRICS: DESIGN AND IMPLEMENTATION OF AN INNOVATIVE UNDERGRADUATE MEDICAL EDUCATION ELECTIVE

Interprofessional Education

36. SAYING YOU'RE SORRY: MEDICAL ERROR DISCLOSURE TRAINING FOR MEDICAL STUDENTS
37. INTERPROFESSIONAL EDUCATION IN PEDIATRICS CLERKSHIPS IN CANADIAN MEDICAL SCHOOLS
38. IMPACT OF BINGO ON INTERDISCIPLINARY LEARNING AMONG MEDICAL STUDENTS

The COMSEP Grant Program

The COMSEP Grant Program provides a unique opportunity for COMSEP members to plan and conduct educational scholarship with both funding and mentorship support. Our Grant Program promotes and supports innovative educational research focused on undergraduate pediatric education.

Please feel free to discuss project ideas with any member of the COMSEP Grant Committee during our annual COMSEP meeting in Portland: Janet Fischel, Lavjay Butani, Susan Bannister, Michael Barone, Gary Beck, Michael Potts, Michael Ryan, & Sherilyn Smith.

COMSEP Grants are supported in part by the following generous donors:

- The Richard T. Sarkin Foundation for Medical Education, celebrating the late Dr. Sarkin's commitment to creativity, innovation, and humanism in medical education
- MedU, a worldwide consortium of medical educators working together to transform health care education through the effective use of technology in teaching and assessment (<http://www.med-u.org>)

Recent COMSEP Grants have studied such diverse topics as sign-out handoff communication, interprofessional education, validation of faculty evaluations of the written pediatric history and physical examination, and skills preparation for pediatric internship. The most recent awardees are listed below. Platform presentations, posters and publications from these studies provide us with insights and strategies to enhance pediatric medical education and faculty development as well as personal and professional satisfaction for those engaged in the research.

M-SIGHT (Medical Student Education in Global Human Trafficking)

Olivia Mittel, Principle Investigator, 2016-2018
University of Louisville School of Medicine

Evaluation of a Novel Approach to Teaching Pediatric Ethics to Medical, Nursing, and Physician Associate Students

David Hersh, Principle Investigator, 2016-2018
Yale University School of Medicine

Patient Experience Debriefs: Medical Student Interviews of Hospitalized Patients Guiding Reflections on Future Practice

Ian Chua, Principle Investigator & Richard T. Sarkin Foundation for Medical Education Awardee, 2016-2018
George Washington School of Medicine

Project: Pediatric Faculty Decision-Making about Supervision for Core EPAs

Janice L. Hanson, Principle Investigator, 2016-2018
University of Colorado School of Medicine

What Influences Underrepresented Minorities Regarding Choosing Academic Pediatrics

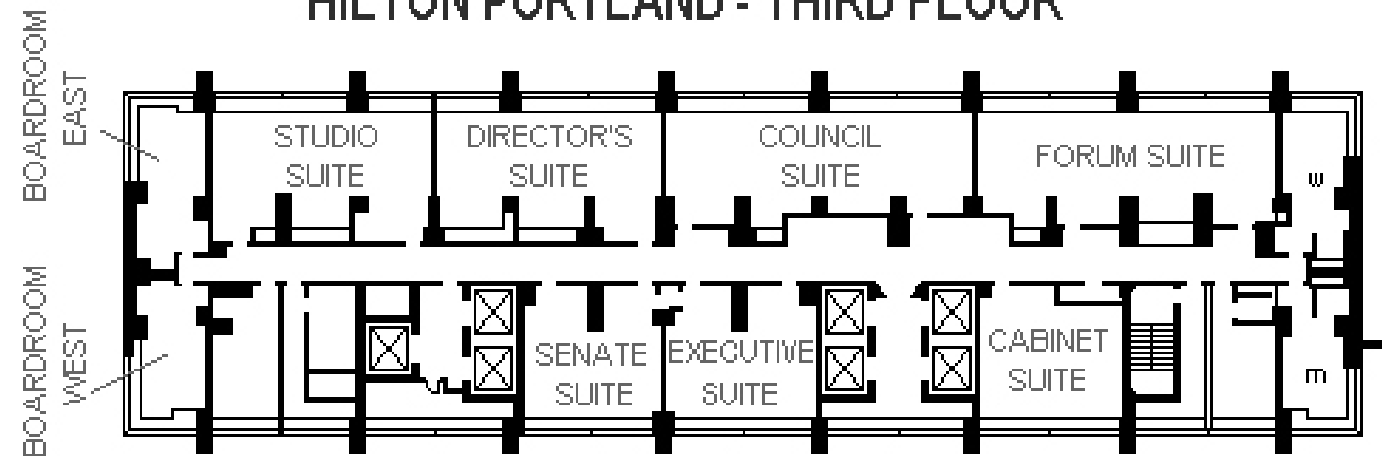
Gabrina Dixon, Principal Investigator & Richard T. Sarkin Foundation for Medical Education Awardee, 2015-2017
George Washington University School of Medicine and Health Sciences

Conference Notes

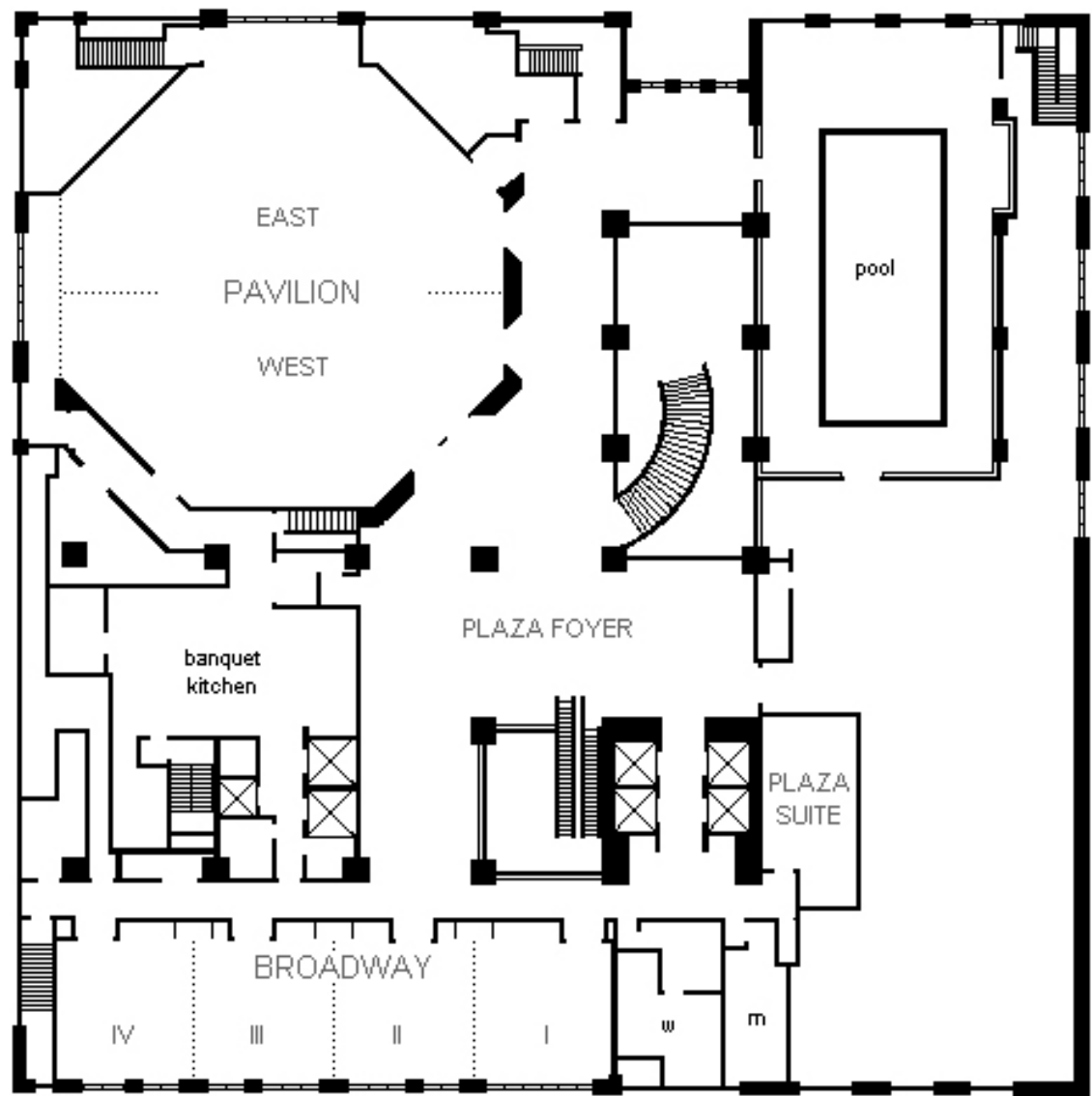
This image shows a single page of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There is no text or other markings on the page.

Hotel Floor Plan

HILTON PORTLAND - THIRD FLOOR



HILTON PORTLAND - PLAZA LEVEL





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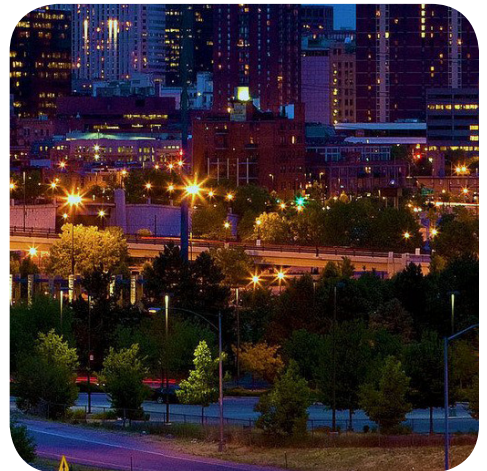
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*Climbing Every Mountain: Reflective Practices and
Storytelling Across the Continuum*

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