

2015

Annual Meeting



COMSEP

Excellence in Medical Student
Education in Pediatrics

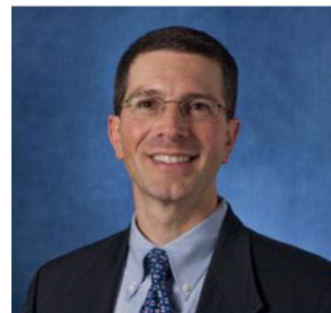
March 11-14, 2015

Intercontinental New Orleans
New Orleans, LA

www.comsep.org

2015 Annual Meeting ❖ New Orleans, LA

Welcome to New Orleans! This amazing city has cultural connections to Africa, Native America, and of course French and Spanish settlers. In 1803, while under the second period of French rule, Louisiana was sold to the United States for 4 cents per acre (\$15 million) in the Louisiana Purchase. At that time, nobody knew the eventual future of the port city of Nouvelle-Orléans. Today, New Orleans has become a cultural gem of the United States – having developed into one of the most fascinating destinations for food, entertainment, history, and of course “celebration!”



This has been an incredible year for COMSEP as we have now transitioned to an independent organization and we continue to grow into an international community of dedicated medical educators and pediatric administrators. More than ever this year, our meeting is packed with amazing workshops including our pre-conference workshop for new clerkship directors and other sessions covering all aspects of medical education; from scholarship to learning technologies to innovative teaching techniques. We are also very fortunate to have Stuart Slavin, M.D., M.Ed. as our 2015 Miller-Sarkin lecturer. Stuart is the Associate Dean for Curriculum and Professor of Pediatrics at the St. Louis University School of Medicine. The theme of this year’s meeting is “Coming back stronger; finding opportunities in change.” This meeting theme was specifically chosen given the inspirational way in which New Orleans has shown the world that, even after terrible circumstances, successful rebound is possible. Dr. Slavin is an expert in the potential negative consequences of medical education and has been a national leader in curricular reform focused on building student wellness and resilience. We couldn’t ask for a better speaker at this year’s meeting.

As many of you know, our work in COMSEP occurs through the ongoing efforts of our Task Forces. For our new members, we ask that you consider joining a task force that meets your interests. Our Task Forces include Learning Technology, Research and Scholarship, Assessment and Evaluation, Curriculum, and Faculty Development. While some members move fluidly between task forces, other members have made a single task force their home for many years. Either way, we certainly encourage collaboration among task forces on projects big and small. This year, we have introduced an enhancement to our meeting known as Opportunities for Collaboration and Creativity. At two sessions on Thursday, March 12, our task forces and some of our major programs and partners will have representatives available to meet with new and existing members in order to provide detail and promote the work of the task force or project group. Please stop by these tables and explore some great opportunities.

COMSEP is also fortunate to have an inspiring and growing group of clerkship administrators among our membership – many of whom are involved in meaningful quality improvement efforts and educational scholarship. An educational program at an institution is only as good as the students’ first contact, and we are therefore honored that the number of administrators attending COMSEP – and their role in our annual meeting program – grows each year. The administrators’ mentoring program helps to share best practices and serves to strengthen our organization and create new ways to collaborate.

As COMSEP continues to forge its way as an independent organization, we are increasingly being asked by partner organizations to have input on the importance of undergraduate medical education on the “continuum” of medical education. In addition to maintaining an important relationship with the Association of Medical School Pediatric Department Chairs (AMSPDC), over the past few years, we have developed collaborative projects and partnerships with the Academic Pediatric Association (APA), the Association of Pediatric Program Directors (APPD), and the American Academy of Pediatrics (AAP). Developing these partnerships was an important element of our strategic plan created in 2011. As we start to plan for the next five years, COMSEP will play a critical role in continuing to define high quality, effective pediatric education – ultimately leading to improved care for children.

COMSEP is an incredibly productive organization but it has also served as the career professional home for many of our members and a way to make life long colleagues and friends. Sometimes we only get to see each other once a year. For new members, please access our Welcoming Program so that we can link you with COMSEP’ers who have been here a few years. Nothing is more important to us than to make our new members feel like COMSEP is home.

We are very grateful to our colleagues at the two medical schools in New Orleans – the School of Medicine at LSU Health and Tulane University School of Medicine for serving as our hosts for the 2015 COMSEP annual meeting. We owe a deep debt of personal gratitude to our host committee consisting of Drs. Scott Davis and Stephen Weimer at Tulane and Drs. Robin English and Amy Creel from LSU. Please thank them throughout the meeting for sharing their beautiful city and for providing us with so many memorable activities as we enjoy New Orleans. As an example, thanks to our hosts, our COMSEP annual dinner will literally float on water for the first time on the Steamboat Natchez.

Lastly, I personally want to thank every COMSEP member, and everyone at Degnon Associates (especially Carolyn, Linda and Laura), who contributed the time and effort toward making this meeting a reality. Part of the reason COMSEP continues to grow is due to our terrific management team. They are often in the background, but suffice to say, this annual meeting couldn’t happen without them.

Michael Barone
COMSEP President (2013-2015)

COMSEP Executive Committee

President

Michael Barone, MD, MPH (2013 - 2015)
Johns Hopkins University School of Medicine
Director, Pediatric Clerkship, MRB 137
733 North Broadway
Baltimore, MD 21205
Email: mbarone1@jhmi.edu

President-Elect

Sherilyn Smith, MD (2013 - 2015)
University of Washington School of Medicine
Associate Clerkship Director
Department of Pediatrics
4800 Sand Point Way NE (OC. 7.830)
Seattle, WA 98105
Email: ssm1@u.washington.edu

Past President

Jerold Woodhead, MD (2013 - 2015)
University of Iowa Carver College of Medicine
Director, Pediatric Medical Student Education
Department of Pediatrics
200 Hawkins Drive, 2626 JCP
Iowa City, IA 52242-1083
Email: jerold-woodhead@uiowa.edu

Treasurer

Michael Dell, MD (2014 - 2016)
University of Vermont College of Medicine
Clerkship Director
Department of Pediatrics
Given Building, CYN202
Burlington, VT 05405-0068
Email: william.raszka@uvm.edu

Executive Committee

Robin English, MD (2012 - 2015)
Louisiana State University School of Medicine
Professor of Pediatrics
Pediatrics Clerkship Co-Director
200 Henry Clay Avenue, Suite 3308
New Orleans, LA 70118
Email: rengli@lsuhsc.edu

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

Andrew Mutnick, MD (2013 - 2016)
Columbia University College of Physicians and Surgeons
Clerkship Director, Department of Pediatrics
630 W. 168th Street, CHN-518
New York, NY 10032
Email: am312@columbia.edu

Pradip Patel, MD (2012 - 2015)
University of Louisville School of Medicine
Clerkship Director, Department of Pediatrics
230 E. Broadway
Louisville, KY 40202
Email: pradip.patel@louisville.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

A. Elizabeth Stuart, MD, MEd (2013 - 2016)
Stanford University School of Medicine
Clerkship Director, Department of Pediatrics
770 Welch Road, Suite 100
Palo Alto, CA 94304
Email: aestuart@stanford.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
Email: karen.forbes@albertahealthservices.ca

Management

Laura Degnon, CAE
Executive Director
Laura@comsep.org

Carolyn Fingerman, PMP
Association Manager
Carolyn@comsep.org

Linda Kozlowski
Association Manager
Linda@comsep.org

Nakia Booker
Association Administrative Assistant
info@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

Michele Long MD (2014- 2018)
University of California, Davis, School of Medicine
Co-Clerkship Director
Division of General Pediatrics
2516 Stockton Blvd., Suite 359
Sacramento, CA 95817
Email: Michele.long@ucsf.edu

Jennifer Soep MD (2013- 2016)
University of Colorado School of Medicine
Clerkship Director
Children's Hospital Denver
13123 East 16th Avenue, B311
Aurora, CO 80045-7106
Email: Jennifer.Soep@childrenscolorado.org

Evaluation Task Force Leaders

Lisa Martin MD, MPH (2011- 2014)
Loyola University Medical Center
8990 Enclave Drive
Burr Ridge, IL 60153
Email: martinlisa1012@gmail.com

Gwenevere McIntosh MD (2010- 2015)
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

Lori Weber MD (2015-2018)
University of Wisconsin- Madison
1900 South Avenue
LaCrosse, WI 54601
Email: lsweber@gundersenhealth.org

Faculty Development Task Force Leaders

Alicia Freedy MD (2012- 2015)
Virginia Commonwealth University School of Medicine
Assistant Dean for Curriculum
Claude Moore Bldg, Floor G
3300 Gallows Road
Falls Church, VA 22042
Email: alicia.freedy@inova.org

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

Sharon Sholiton M.D. (2014- 2017)
Rush Medical College of Rush University Medical Center
Associate Professor, Assistant Dean
Rush Pediatric Primary Care Center
1645 West Jackson, Suite 200
Chicago, IL 60612
Email: Sharon_E_Sholiton@rush.edu

Stephanie Starr MD (2013- 2016)
Mayo Medical School
Course Director, Chair of Student Committee
Department of Pediatrics
200 First Street SW
Rochester, MN 55905
Email: starr.stephanie@mayo.edu

Learning Technology Task Force Leaders

Robert Dudas MD (2011- 2015)
Johns Hopkins University School of Medicine
Co-Clerkship Director
Department of Pediatrics
4940 Eastern Avenue
Baltimore, MD 21224-2735
Email: rdudas@jhmi.edu

Glen Medellin MD (2014- 2017)
The University of Texas School of Medicine at San Antonio
Professor/ Director Medical Student Education
Department of Pediatrics MC 7808
7703 Floyd Curl Drive
San Antonio, TX 78229-3900
Email: medelling@uthscsa.edu

Research and Scholarship Task Force Leaders

Gary Beck PhD (2012- 2015)
University of Nebraska College of Medicine
Assistant Professor & Director
University of Nebraska Medical Center
985525 Nebraska Medical Center
Omaha, NE 68198-5525
Email: gbeck@unmc.edu

Task Force Leaders, continued

Robin English MD (2011- 2015)
Louisiana State University School of Medicine in New Orleans
Professor of Pediatrics
Pediatrics Clerkship Co-Director
200 Henry Clay Avenue, Suite 3308
New Orleans, LA 70118
Email: rengli@lsuhsc.edu

Janice L. Hanson PhD, EdS (2010-2015)
Director of Educational Research and Development
Department of Pediatrics
13123 East 16th Avenue, B-158
Aurora, CO 80045-7106
Email: Janice.Hanson@childrenscolorado.org

Mary Rocha MD, MPH (2014-2017)
Associate Clerkship Director
Texas Children's Hospital
6621 Fannin Street, MCA2210
Houston, TX 77030 USA
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

2015 Annual Meeting ❖ New Orleans, LA

Program Schedule

Tuesday, March 10, 2015

9:00am-5:00pm PUPDOC Meeting Poydras

Wednesday, March 11, 2015

12:00-5:00pm Registration La Salle C Foyer

1:00-5:00pm Pre-Conference Workshops (*see page 9 for workshop descriptions*)
Pre-Conference Workshop 1 Acadian I
Clerkship Administrators Workshop

Pre-Conference Workshop 2 La Salle C
The ABCs of Medical Student Education: Fundamentals for Pediatric Educators (New Clerkship Directors Workshop)

Pre-Conference Workshop 3 Acadian II
Coming Back Stronger, Finding Opportunities in Change

Pre-Conference Workshop 4 Pelican II
Practical Skills To Design and Conduct a Rigorous Qualitative Study in Medical Education

Pre-Conference Workshop 5 La Salle B
Simulation 101: Where do I Start?

3:00-3:30pm Break La Salle C Foyer

5:00-9:00pm Executive Committee Meeting Pelican I

Thursday, March 12, 2015

7:00am-5:00pm Registration La Salle C Foyer

7:00-8:00am Continental Breakfast La Salle A

8:00-10:30am General Session-Business Meeting and COMSEP Awards..... La Salle A
See page 8 for agenda

8:00am-7:30pm Posters on Display La Salle B/C

10:30am-12:00pm Break/Poster Viewing..... La Salle B/C
Administrator General Session..... La Salle A
COMSEP Opportunity for Collaboration and Creativity Pelican II

12:00-1:00pm Lunch..... La Salle A

1:00-3:00pm Workshop Session One
See page 11 for workshop descriptions.
1: Critical Reflection in Teaching and Evaluation..... Acadian I
2: Going Beyond “Good Job” and “Performed as Expected”:
How to Train the Faculty to Give Effective, Efficient and Meaningful
Competency Based Feedback and Evaluation to Medical Students Pelican I

2015 Annual Meeting ❖ New Orleans, LA

	3: Poster Presentations 101	<i>Acadian II</i>
	4: Incorporating Interprofessional Education (IPE) Activities into your Medical School Curriculum	<i>Algiers B</i>
	5: Faculty who Inspire: Promoting Humanism in Pediatrics.....	<i>Fulton</i>
	6: I Spent How Much on that Medical Workup? An Innovative, Interactive Conference to Teach Medical Students and Residents Cost-Effective, Evidence-Enhanced Diagnosis of Illness.	<i>Algiers C</i>
	7: What's in a Question? Changing the Way We Assess Knowledge, Understanding and Clinical Reasoning on the Fly	<i>Algiers A</i>
	8: Utilizing Tablets and Technology to Enhance Medical Education in an Ever-Changing Digital Environment.....	<i>Poydras</i>
	9: Addressing Professionalism Concerns within the Clerkship: A 'Toolbox' of Remediation Plans	<i>Pelican II</i>
3:00-4:00pm	Break/Poster Viewing.....	<i>La Salle B/C</i>
	COMSEP Opportunity for Collaboration and Creativity	<i>Pelican II</i>
4:00-5:30pm	Miller Sarkin Fun Run/Walk	<i>Convene in the Hotel Lobby</i>
	<i>If you engage in this exercise or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself.</i>	
6:00-7:30pm	Poster Session & Reception	<i>La Salle B/C</i>
	<i>See page 23 for a list of posters.</i>	

Friday, March 13, 2015

7:00am-5:00pm	Registration	<i>La Salle C Foyer</i>
7:00-8:00am	Continental Breakfast	<i>La Salle A</i>
8:00-10:00am	General Session-Miller Sarkin Lecture	<i>La Salle A</i>
	Keynote: <i>Stuart Slavin, MD, Saint Louis University School of Medicine</i>	
	2015 Miller-Sarkin Lecture	
	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 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 annual 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, M.D. Medical Education Day and Fellowship at Columbia University.	
	We are delighted that Dr. Stuart Slavin of St. Louis University School of Medicine will be the Miller-Sarkin lecturer this year. Dr. Slavin is a nationally known expert in medical student wellness and resilience. His work has led to a national discussion of curricular reforms to improve student health and well-being, while ensuring that medical students meet all the competencies expected of the physicians of the future.	
10:00-10:15am	Break.....	<i>Le Salon</i>

2015 Annual Meeting ❖ New Orleans, LA

10:15am-12:15pm	Task Force Meetings Curriculum..... <i>Pelican II</i> Evaluation..... <i>Acadian II</i> Faculty Development <i>Pelican I</i> Research & Scholarship <i>Poydras</i> Learning Technology..... <i>Acadian I</i>
12:30-1:45pm	Networking Lunch..... <i>La Salle A</i> Task Force Leaders Lunch..... <i>Algiers A</i>
2:00-4:00pm	Workshop Session Two <i>See page 15 for workshop descriptions.</i> 10: Stop Lecturing Me - How to Use Interactive Teaching Techniques <i>Pelican I</i> 11: Lifelong Learning Begins Now: Strategies for Developing Successful Individualized Learning Plans in the Medical School Curriculum..... <i>La Salle C</i> 12: The I-PASS Handoff Process Part 2: Focus on Medical Student Implementation <i>Fulton</i> 13: Preparing for Accreditation: What a Clerkship Director Needs to Know <i>Algiers A</i> 14: Physician Heal Thyself: Learning Self-Care and Promoting it in Others <i>La Salle B</i> 15: MedEdPORTAL 1.0: A Workshop for Disseminating Educational Scholarship..... <i>Acadian I</i> 16: Something for Everyone: Engaging Multiple Levels of Learners in the Clinical Setting..... <i>Acadian II</i> 17: Habits of Highly Successful Academicians: Making Your Grandmother (and Your Department Chair) Proud <i>Poydras</i> 18: Year at a Glance: Clerkship Administrators Role in the Third Year <i>Pelican II</i>
6:00-9:30pm	Dinner and Dancing on the Steamboat Natchez (must have ticket to attend) Experience New Orleans from the Mississippi River with a scenic cruise on the historic Steamboat Natchez. Buses will pick up at the InterContinental Hotel at 5:30pm, with the one-hour Cruise beginning at 6:30pm. Buses will return to the hotel from 9:30-9:45pm. It is, however, a very short walk...1. Head north on St Charles Avenue toward Union Street (0.2 mi); 2. Continue onto Royal Street (0.4 m); 3. Turn right onto Toulouse Street (410 ft).

Saturday, March 14, 2015

7:00am-5:00pm	Registration..... <i>La Salle C Foyer</i>
7:00-8:00am	Continental Breakfast <i>La Salle A</i>
7:00-8:00am	Executive Committee Meeting..... <i>Algiers B</i>
8:00-9:30am	Task Force Meetings Curriculum..... <i>Pelican II</i> Evaluation..... <i>Acadian II</i> Faculty Development <i>Pelican I</i> Research & Scholarship <i>La Salle C</i> Learning Technology..... <i>Acadian I</i>
9:30-10:00am	Break..... <i>Le Salon</i>

2015 Annual Meeting ❖ New Orleans, LA

10:00am-12:00pm Workshop Session Three

See page 18 for workshop descriptions.

- 19: Finding Opportunities in Qualitative Research: Framing your Medical Education Research Question *Poydras*
- 20: From Twerking to Working: An Approach to this Generation of Learners, the So-Called Millenials.....*Pelican II*
- 21: Planting Seeds of Wellness and Resilience into the Pediatric Clerkship Curriculum.....*La Salle C*
- 22: Facilitating Critical Incident Debriefing for Students: Skills Development for Faculty*Algiers A*
- 23: And Action! Making Video a Part of your Educational Repertoire*La Salle B*
- 24: Don't Judge a Book by its Cover-Engaging the Quiet Learner*Pelican I*
- 25: Finding Opportunities for Teaching and Employing Reflective Practice in Your Clerkship*Fulton*
- 26: Navigating Your Academic Career Path: "Look before you Lead!"*Acadian I*
- 27: We're Engaged! How to Create an Interactive Learning Environment that will Last a Lifetime*Acadian II*

12:15-1:30

General Session-Platform/Lunch..... *La Salle A*
See page 22 for a listing of Platform Presentations.

General Session and Business Meeting Agenda

Thursday, March 12

8:00-10:30am

Introductory Comments

Welcome from Host Committee

COMSEP Organizational Structure

Meeting Highlights

COMSEP Collaborations

COMSEP Grant Program

COMSEP Elections

COMSEP Awards

Task Force, Program, and Activity Reports

- Mentoring Program Pilot Announcement
- Administrator Group
- Webmaster
- Journal Club
- Pediatrics – Monthly Feature
- Faculty Development Task Force
- Curriculum Task Force
- Evaluation Task Force
- Learning Technology Task Force
- Research and Scholarship Task Force
- Alliance for Clinical Education
- COMSEP Survey Committee

President's Address

Pre-Conference Workshop

Wednesday, March 11, 2015, 1:00-5:00pm

CLERKSHIP ADMINISTRATORS WORKSHOP

Donnita Pelser, University of Kansas, Wichita, Gretchen Shawver, Stanford University

WORKSHOP 1: CHARTING A COURSE Understanding the dichotomy of the institutional culture with your personal mission and values is a key factor in being able to successfully achieve personal and organizational goals. At the conclusion of this workshop you will: 1. Articulate your personal mission; 2. Correlate your passions with your mission; 3. Understand the relationship of your personal mission, vision and values.

WORKSHOP 2: EXPANDING THE REALM: UNDERSTANDING YOUR ROLE THROUGH LEADERSHIP AND EMOTIONAL INTELLIGENCE Curriculum administrators bring skills from a wide spectrum of specialties and experiences. Understanding how these strengths contribute to expertise enhances your work. Using one's particular strengths to build and enhance relationships with the many different constituencies with which one interacts is fundamental to success in this field. Articulating course goals and the expectations placed on students, residents and faculty, as well as approaching issues pertaining to confidential or sensitive issues in a professional manner necessitates utilization of advanced communication skills. At the conclusion of this workshop, you will: 1. Identify the level at which you are a leader in medical education; 2. Correlate your mission with the core purpose of your clerkship; 3. Understand the importance of emotional intelligence and its role in leadership; 4. Develop strategies for using emotional intelligence to achieve desired outcomes in critical conversations.

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

April Buchanan, MD, University of South Carolina School of Medicine Greenville, Greenville, SC, Lavjay Butani, MD, MACM, University of California Davis, Sacramento, CA, Alicia Freedy, MD, VCU School of Medicine Inova Campus, Falls Church, Virginia, Andrew Mutnick, MD, Columbia University, New York, NY

Rationale: This interactive workshop is designed for educators who will benefit from an introduction to a variety of topics related to medical student education. Target audience includes new clerkship directors, site directors, sub-I directors, coordinators, and others who seek exposure to the basics of leading medical student educational programs. If you have questions about getting started, curriculum development and implementation, problem solving strategies and your own career development, then this is the workshop for you!

Objectives: 1) Discuss the rationale for academic and clerkship timelines and how to seamlessly integrate them 2) List the key steps in curriculum development 3) Describe strategies to ensure compliance with key LCME guidelines 4) Compare and contrast various feedback and evaluation methods and feasibility of implementation 5) Propose strategies for professional growth and scholarship

Methods and Content: Experienced workshop leaders will share challenges and solutions including "lessons I wish someone had taught me when I started my job," "how do I keep my eye on the ball while managing the minutiae," and "what should I be doing that I don't even know about?" Strategies that have worked for others will be highlighted. Learners will work in small groups to enhance exchange of ideas during key portions of the workshop. If you are attending a COMSEP meeting for the first time, this workshop is a perfect introduction to medical student education and COMSEP. Please join us for an informative, real world, and FUN workshop designed to give you a jump-start and help you succeed in your new role.

COMING BACK STRONGER, FINDING OPPORTUNITIES IN CHANGE

Amy M. Creel, MD, LSU New Orleans, New Orleans, LA, Robin English, MD, LSU New Orleans, New Orleans, LA, Stephen Weimer, MD, Tulane University, New Orleans, LA, Scott Davis, MD, Tulane University, New Orleans, LA, Jennifer Koestler, MD, New York Medical College, Hawthorne, NY, Judy Rowen, MD, UTMB, Galveston, TX

Rationale: John F. Kennedy said, When written in Chinese, the word 'crisis' is composed of two characters. One represents danger and the other represents opportunity. Each day in academic medicine we are faced with changes. These changes take varying forms - external changes like environmental disasters, leadership changes in the forms of new Deans and Chairmen, changes in accreditation standards, changes in curriculum, and many others. Successful navigation of these changes is not only necessary, but provides us with opportunity to gain new strengths, develop new talents, and grow professionally and personally. In this workshop we will explore ways to identify opportunities and utilize them to strengthen our careers.

Objectives: During this interactive workshop, participants will: 1. Gain understanding and insight into how others have managed significant changes 2. Learn about the psychology and emotions of change 3. Utilize reflective practice techniques to gain insight and understanding in how change can affect our professional lives 4. Create an action plan for identifying and taking advantage of the opportunities that change presents.

Methods and Content: A panel of professionals who have navigated change will provide their perspectives on the conference theme in a large group format. A brief orientation to the psychology and emotions of change will lead to an introduction of reflective practice techniques that participants will utilize throughout the remainder of the workshop. Participants will complete individual prompted reflective practice exercises to explore areas of change affecting their current professional life. Guided small group sessions and interactive exercises, including think-pair-share activities, will deepen the reflection and add clarification. Each individual will then complete a personalized action plan for coming back stronger.

PRACTICAL SKILLS TO DESIGN AND CONDUCT A RIGOROUS QUALITATIVE STUDY IN MEDICAL EDUCATION

Eve R. Colson, MD, MHPE, Yale School of Medicine, New Haven, CT, Cynthia Christy, MD, University of Rochester, Rochester, NY, Gary L. Beck, Ph.D., University of Nebraska College of Medicine, Omaha, NE, Terry Kind, MD, MPH, Children's National / GW, Washington, DC, Janice L. Hanson, PhD, University of Colorado School of Medicine, Aurora, CO, Caroline R. Paul, MD, University of Wisconsin School of Medicine and Public Health, Verona, WI, Karen Forbes, MD, FRCPC, University of Alberta, Edmonton, AB, Susan Bannister, MD, MEd, University of Calgary, Calgary, AB

Rationale: COMSEP members engage in qualitative methodologies in a number of ways: designing and conducting studies, analyzing and articulating their findings, and interpreting qualitative medical education research. Having fundamental knowledge and skills in this research methodology is helpful for medical educators.

Objectives: Participants in this workshop will: 1. List the criteria that constitute a good qualitative research study 2. Develop an outline for their own qualitative studies 3. Practice coding qualitative material 4. Obtain independent consultation on their own projects

Methods and Content: In this workshop, participants will engage in large and small group activities. The framework for guiding individuals through study design comes from the appendix in the Hanson, et al. paper outlining a rigorous approach to qualitative research (Academic Pediatrics, Sept. 2011). There will be a short overview of each of the following key components of qualitative research: 1. Developing a question 2. Deciding on a philosophical framework 3. Preparation work for a successful study 4. Sampling 5. Data collection 6. Analysis. Between each short overview, participants will meet in small groups with facilitators to work on their individual plans for these 6 aspects of their studies. They will get the checklist to use as a working document. For the analysis small group session, participants will be given a short sample to practice thematic analysis. After reviewing these 6 key components of qualitative research and meeting in small groups, each participant will have developed a plan for a project. At the end of the workshop there will be a speed consultation session where individuals will travel from table to table to get individual consultation on the project. Facilitators will be placed at each table to consult on various aspects of qualitative research methods. Participants will leave with a framework for their project based on the checklist, ready for implementation at their home institutions.

SIMULATION 101: WHERE DO I START?

Makia E. Powers, MD, Morehouse School of Medicine, Atlanta, GA, Rebecca Tenney-Soeiro, MD, MEd, Perelman School of Medicine, Children's Hospital of Philadelphia, Philadelphia, PA, Beth Vukin, MD, University of Utah, Salt Lake City, Utah

Rationale: Simulation is a rapidly emerging teaching modality. It has been shown to improve confidence and technical skills and potentially improve patient outcomes. However, simulation technology can be costly, requires skilled training, and faculty time. There are limited venues for becoming educated in how to utilize simulation and effectively implement it as a teaching modality. This workshop seeks to assist pediatric educators in the process of identifying appropriate modes of simulation for their institution, developing cases, and debriefing.

Objectives: 1. Discuss types of simulation 2. Perform a basic needs assessment at individual s institutions 3. Assist faculty in developing simulation cases 4. Introduce major concepts of debriefing.

Methods and Content: We will provide current evidence about the use of simulation in medical education, followed by discussion of the various forms of simulation for targeted learning. This will range from basic (teaching physical exam skills with models, CPR training, standardized patients for communication) to extensive (high fidelity simulation with interdisciplinary teams with formative and summative assessment). Participants will be provided a template to develop a simulation case based on their currently available equipment and will work in small groups to design scenarios to implement at their home institutions. Presenters will be available to assist participants in the creation of the scenarios. The workshop will end with an introduction to the science of debriefing and a review of its importance.

Workshop Descriptions

Thursday, March 12th 1:00pm-3:00pm

CRITICAL REFLECTION IN TEACHING AND EVALUATION

Lavjay Butani, MD, MACM, University of California Davis, Sacramento, CA, Jennifer Plant, MD, MEd, University of California Davis, Sacramento, CA, Albina Gogo, MD, University of California Davis, Sacramento, CA, Michele Long, MD, University of California San Francisco, San Francisco, CA

Rationale: The use of an explicitly articulated reflective approach by clinicians and learners, during their day to day clinical and educational experiences, remains limited. The medical education literature supports that empathy, diagnostic accuracy, and patient outcomes can all be improved by nurturing reflective capacity. Moreover, the habit of critical reflection is key in promoting self-regulated learning at all levels of medical education. These findings have driven professional organizations and accrediting bodies to emphasize the vital role of reflective practice as a means to build competence, especially in the domains of practice based learning and improvement, interpersonal and communication skills and professional identity formation. However these outcomes can only be achieved by educator knowledge and expertise on how to role model and stimulate the use of a reflective process a) while teaching and learning, b) when providing feedback and c) when facilitating self-regulated learning. After a brief review of the theoretical underpinnings of reflective practice, this workshop will engage participants in developing strategies to promote their learners use of a guided self-reflective approach with the goal of encouraging learners to strive towards excellence in all domains of their performance. Participants will leave with a toolbox of various strategies to address the aforementioned goals, both at a front-line educator (and mentor) and a curriculum-developer level.

Objectives: At the end of the workshop participants will be able to: 1) Discuss the meaning and importance of reflective practice and 2) Propose strategies to promote critical reflection while teaching and evaluating learners

Methods and Content: Timeline and schedule 0-10 minutes: Introductions (practice settings and common environments in which workshop participants work with learners) and review of objectives 10-30 minutes: What makes an experience reflective as opposed to reflexive : Buzz group 30-45 minutes: Defining reflection/critical reflection; distinguishing self-focused reflection from problem-focused reflection. Situating reflection within the context of self-regulated learning: Mini didactic and large group discussion 45-50 minutes: Recap of basic tenets of reflection and reflective practice + answer questions: Pause procedure 50-75 minutes: Outlining strategies to apply a reflective process to teaching and learner assessment and self-improvement-Small group work (facilitated by workshop leaders). Half group to discuss how to incorporate reflective learning and half to address how to use a reflective approach in learner assessment 75-105 minutes: Large group debrief and discussion-applying the small group work onto a framework of reflective practice 1) Teaching using a reflective approach: domains of reflection 2) Learner evaluation and self-improvement using a reflective approach: process (collaborative dialogue) and content of feedback (loops of learning) 105-120 minutes: Wrap up and commitment to act/change, evaluations, questions.

GOING BEYOND “GOOD JOB” AND “PERFORMED AS EXPECTED”: HOW TO TRAIN THE FACULTY TO GIVE EFFECTIVE, EFFICIENT AND MEANINGFUL COMPETENCY BASED FEEDBACK AND EVALUATION TO MEDICAL STUDENTS

Alison V. Holmes, MD MPH, The Geisel School of Medicine at Dartmouth, Lebanon, NH, Joseph Gigante, MD, Vanderbilt University School of Medicine, Nashville, TN, Christopher B. Peltier, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH

Rationale: Feedback and evaluation are critical to improving student performance in all clinical settings. Many experienced clinicians struggle with giving feedback and evaluation effectively and efficiently. Students continue to comment about a general lack of helpful feedback. Evaluations using only a Likert Scale do not truly capture student performance. In this highly interactive workshop led by experienced clinician educators representing a broad clinical spectrum, attendees will first reflect on and share an experience they have had as a feedback recipient. The definition of feedback and how it differs from evaluation will be discussed. In a large group format we will discuss barriers to giving feedback and how to overcome these, how to coach your fellow faculty members to overcome these, and review the characteristics of physicians who give effective feedback. Two different feedback strategies will be compared. Strategies and pitfalls of each technique will be discussed with attention to giving effective feedback to millennial learners. Using video vignettes, attendees will practice giving feedback to learners on issues related within the ACGME Competencies, and practice training fellow faculty members to improve their feedback skills. In small groups, attendees will then reflect on a recent evaluation they have written about a learner. Large group discussion will examine the difficulties in writing meaningful evaluations that capture the true story of a learner. The PRIME+ framework will be introduced as a structure for learner observation and writing meaningful summative evaluations. Using PRIME+ to evaluate the ACGME Competencies will be illustrated. Attendees will practice writing a summative evaluation of a recent learner using the PRIME+ framework, and strategize on ways to use PRIME+ in faculty development activities on evaluation writing. At the end of the workshop, participants will be asked to commit to change one aspect of their current feedback and evaluation practices, and commit to one faculty development activity regarding feedback or evaluation.

Objectives: Objective: Compare and contrast feedback and evaluation Objective: Examine the Ask-Tell-Ask model of feedback and the PRIME framework for writing narrative evaluations. Objective: Practice delivering effective competency-based feedback and writing narrative evaluations. Objective: Create faculty development plans for evaluation and feedback.

Methods and Content: Evaluation and Feedback Workshop outline COMSEP 2015

ALL--Introductions and review objectives (0:05)

Gigante--Think pair-share on receiving feedback (0:15)

2015 Annual Meeting ❖ New Orleans, LA

Pelitier--Feedback didactic/discussion (sandwich, A-T-A); how to teach feedback to faculty (0:30)

All--Role play giving feedback, role play teaching feedback (0:50)

Gigante--Receiving feedback/teaching to receive feedback (1:00)

Holmes--think-pair-share: reflection on a recent evaluation (1:10)

Pelitier and Holmes--moving from poor to excellent evaluations with PRIME+ (1:30)

All--Practice either writing evaluations with PRIME+ OR teaching others to write with PRIME + (1:50)

All--Wrap up and commitment statements/worksheets (2:00)

POSTER PRESENTATIONS 101

Anton M. Alerte, MD, University of Connecticut School of Medicine, Hartford, CT, Rebecca Tenney-Soeiro, MD, MEd, Children's Hospital of Philadelphia, Philadelphia, PA, Joseph A. Jackson, MD, Duke University Medical Center, Durham, NC, Anne B. Warwick, MD MPH, Uniformed Services University of the Health Sciences, Bethesda, MD, Meg Keeley, MD, University of Virginia School of Medicine, Charlottesville, VA, Makia E. Powers, MD, Morehouse School of Medicine, Atlanta, GA

Rationale: The poster presentation is a common means of disseminating academic scholarship to broader audiences at most academic meetings. However, learning how to create a poster that stands out visually and to effectively discuss the poster with peers is rarely taught in a formal way. Rather, it is often done through trial and error, or as an indirect benefit of mentorship. This workshop is designed to help presenters of all levels from fledgling academician to seasoned educator develop clear, visually engaging posters as well as succinct verbal summaries of the work. This workshop is sponsored by the Research and Scholarship Task Force

Objectives: Objectives: 1. Evaluate posters for clarity and visual appeal 2. Discuss effective approaches to succinct verbal summaries of posters 3. Practice designing posters and giving their "sales pitch"

Methods and Content: We will cover basics of poster design, graphic arrangement, and the "sales pitch" by critiquing and rating previously accepted posters, creating drafts of potential posters (topics may be brought by participants), and exploring ways to describing one's work quickly and effectively.

INCORPORATING INTERPROFESSIONAL EDUCATION (IPE) ACTIVITIES INTO YOUR MEDICAL SCHOOL CURRICULUM

Vinita C. Kiluk, MD, University of South Florida Morsani College of Medicine, Tampa, FL, Julia Belkowitz, MD, University of Miami Miller School of Medicine Regional Medical Campus, Boca Raton, FL, April O. Buchanan, MD, Univ of South Carolina School of Medicine Greenville, Greenville, SC

Rationale: In 2013, the AAMC Reference List of General Physician Competencies (Acad Med 2013) added a new domain of Interprofessional Collaboration, and the LCME added a standard mandating related education for medical students. Students need to be prepared for and capable of working in a team environment, and we as medical educators need to prepare them for this role. This workshop is designed to engage participants in active discussion and planning for IPE implementation at their home institutions - from small projects to full scale curriculum.

Objectives: At the end of this workshop, participants will be able to: 1. Describe the steps to create IPE modules at their home institution. 2. Generate a plan for implementation of IPE activities and/or curriculum change at their home institution. 3. Appraise the utility of assessments to ensure competency in interprofessional collaboration.

Methods and Content: Prior to the workshop, a survey will be sent to all participants eliciting educational needs and soliciting IPE implementation already in place. The workshop will begin with a general didactic to overview interprofessional education and collaboration and associated competencies. Participants will discuss their experiences with IPE and share with others in small group. This discussion will be followed by a presentation from the three workshop facilitators outlining implementation of IPE at their home institutions in the form of a four-year longitudinal curriculum, implementation in third year clinical clerkships, and various IPE activities and modules. Methodology, barriers, and successes will be discussed. Two participants selected from the pre-workshop survey will share their projects as well. Participants will then work in facilitated small groups and generate a written plan (using a guided worksheet) for implementation of IPE activities/curriculum at their own institutions. Participants will have the opportunity to share a few of these plans with the large group. The workshop will conclude with a brief discussion of potential assessment instruments to ensure competencies are met. All participants will receive a guide to implementation of IPE activities and references.

FACULTY WHO INSPIRE: PROMOTING HUMANISM IN PEDIATRICS

Michael A. Barone, MD, Johns Hopkins University SOM, Baltimore, MD, Janet R. Serwint, MD, Johns Hopkins University School of Medicine, Baltimore, MD, Lavjay Butani, MD MACM, University of California Davis, Sacramento, CA, Jennifer Plant, MD, MEd, University of California Davis, Sacramento, CA

Rationale: Due in part to the work and lives of the organization's former leaders, COMSEP has consistently put humanism at the forefront of its mission to "promote exemplary teaching practices." Promoting humanism has become an important topic at all levels of pediatric training. The Pediatric Milestones project defines humanism as, "the ability to maintain human values that permeate altruistic patient interactions."

As our students increasingly learn in a fast-paced, outcomes focused, high technology learning environment, educators must emphasize how humanism links the science and art of medicine. The medical literature and our own faculty development efforts in the past have promoted actionable strategies to teach and emphasize humanism to trainees. In remembrance of this 10th COMSEP meeting without Drs. Richard Sarkin and Steven Miller, this workshop is designed to share these strategies.

Objectives: 1. Compare and contrast humanism and professionalism in medicine. 2. Analyze various educational strategies which can be used to reinforce humanism in the clinical setting 3. Review and trial assessment instruments which measure humanistic behaviors and attitudes in trainees. 4. Create an action plan to promote humanism in one's educational program at their institution.

Methods and Content: This interactive workshop will cover many aspects of teaching and promoting humanism, such as providing the proper learning environment to create the culture of humanism, taking advantage of effective role modeling, as well as using active learning strategies. Participants will first engage in a discussion of humanism in order to 1) compare and contrast humanism and professionalism, and 2) determine how the complex clinical learning environment can serve to both detract and foster humanism. The workshop presenters will then discuss and demonstrate various educational strategies they have used successfully in teaching humanism to medical students and residents. This interactive part of the workshop will have participants working in small groups to reflect on video clips, artwork, and case examples. Participants will then have the opportunity to review various assessment instruments which measure trainees' humanistic attitudes and behaviors. Lastly, each participant will be asked to create an action plan for incorporating one aspect of humanism teaching into his or her educational program.

I SPENT HOW MUCH ON THAT MEDICAL WORKUP? AN INNOVATIVE, INTERACTIVE CONFERENCE TO TEACH MEDICAL STUDENTS AND RESIDENTS COST-EFFECTIVE, EVIDENCE-ENHANCED DIAGNOSIS OF ILLNESS.

Charles A. Phillips, MD, Vanderbilt University School of Medicine, Nashville, TN, Suzanne L. Field, MD, Vanderbilt University School of Medicine, Nashville, TN, Amy Fleming, MD, Vanderbilt University School of Medicine, Nashville, TN, Joseph Gigante, MD, Vanderbilt University School of Medicine, Nashville, Tennessee

Rationale: Medical student and resident education on the cost of health care is limited. Rarely does a trainee learn how much a lab test or imaging study costs when evaluating a patient. This workshop will allow attendees to participate in a novel, case-based educational conference that highlights cost-effective, evidence-based evaluation and management of illness. Emphasis is placed on critical thinking rather than obtaining the correct diagnosis. The conference has a highly interactive format in which small groups compete to provide the best patient care.

Objectives: Attendees will: Participate in an innovative conference designed to educate trainees about cost-effective, evidenced-enhanced diagnosis of illness; Gain exposure to the web-based application (Moodle) used to support this conference; Generate ideas for implementation of this conference at their home institution

Methods and Content: We will begin with an introduction to the structure of the conference. Next we will present a case illustrating an interesting diagnostic dilemma. The attendees will break into small groups to work through the case via a free, web-based program (Moodle). They will order studies, obtain results, and assimilate data as if they were managing the patient. The cost of each study will be provided, and the total cost of evaluation tracked. Small group diagnostic patient evaluations will be compared to the predetermined ideal evaluation. Because responses are monitored electronically throughout the conference, the presenters will be able to target teaching on the main decision branch points and differences between each group at the conclusion of the case. Model discussion will focus on critical thinking skills and the cost effectiveness of management decisions. The goal is not to train the cheapest doctor, but to emphasize high-quality, cost-conscious care. Strategies for piloting this conference will be presented, and attendees will reflect on ways a similar curriculum could be initiated at their institution.

WHAT'S IN A QUESTION? CHANGING THE WAY WE ASSESS KNOWLEDGE, UNDERSTANDING AND CLINICAL REASONING ON THE FLY

Karen L. Forbes, MD, FRCPC, University of Alberta, Edmonton, AB, Sarah Gander, MD, FRCPC, Dalhousie University, Saint John, NB, Preetha Krishnamoorthy, MDCM, FRCPC, McGill University, Montreal, QC

Rationale: Clinician educators tasked with both teaching and assessment of learners frequently employ questioning as a method to achieve both outcomes. Effective questioning requires a teacher to understand the purpose of questions, to consider how questions are formulated in order to promote higher order critical thinking skills, and should be rooted in adult learning principles. Furthermore, well-crafted questions in a safe environment contribute to a positive learning experience, and also serve as a valuable tool to provide assessment of learners, even in brief clinical teaching encounters. This workshop will use interactive methods to help participants to gain skill in crafting questions that bring out the most in learners, and aid in real-time feedback and assessment.

Objectives: At the end of this workshop, participants will: 1. Describe effective questioning in the context of adult learning principles. 2. Critique a variety of questions used in clinical teaching settings. 3. Develop questions to promote critical thinking skills. 4. Apply principles of good questioning practices to examples in their own clinical context to improve their own questioning skills.

Methods and Content: The highly interactive workshop will begin with a brief self-reflection exercise where participants consider their own questioning methods. This will be followed by an overview on effective questioning, with specific attention to adult learning principles, and specific means to improve questioning. In small breakout groups participants will examine and critique questions used in case scenarios, with consideration of the fundamental principles presented. Participants will build on this exercise by developing their own questions that promote higher order thinking. Participants will actively engage in role-play exercises to apply higher level questioning in a simulated setting. We will close with large group discussion of lessons learned, each participant leaving with practical skills in questioning they can implement in their own teaching context.

UTILIZING TABLETS AND TECHNOLOGY TO ENHANCE MEDICAL EDUCATION IN AN EVER-CHANGING DIGITAL ENVIRONMENT

Noël E. Mensah-Bonsu, MD, Inova Children's Hospital, Falls Church, VA, Meghan D. Treitz, MD, University of Colorado, Aurora, CO, Pradip D. Patel, MD, University of Louisville SOM, Louisville, KY, Robert A. Dudas, MD, Johns Hopkins University SOM, Baltimore, MD, Lolita (Maria) Alkureishi, MD, University of Chicago, Chicago, IL, Jeanine Ronan, MD, MEd, University of Pennsylvania, Philadelphia, PA, Chris A. Bergsman, MD, OUWB School of Medicine, Royal Oak, MI, Glen A. Medellin, MD, University of Texas HSC, San Antonio, TX

Rationale: iPads and other tablet devices are being integrated into medical education by teachers and different levels of learners, from students to patients. This workshop will focus on applications and techniques that engage learners and promote dynamic, collaborative learning by means of user-friendly, inexpensive options.

Objectives: Following this interactive workshop, participants will be able to 1. Demonstrate a variety of applications currently used in medical education for teaching on-the-fly and giving feedback. 2. Create a teaching product using a tablet or other mobile device. 3. Obtain a collection of practical methods to engage learners individually or in small group settings.

Methods and Content: The workshop will begin with a brief introduction of concepts and applications using tablets to augment medical education. Participants will then be divided into groups with both novice and expert technology users, and begin rotating through three different stations, each focusing on one teaching application (e.g. Explain Everything, Coach's Eye, Simply Sayin'). Facilitators will provide step-by-step instruction and demonstration of each technique in real time. Participants will have the opportunity to ask questions, practice the technique and discuss their own potential uses of these applications. Next, groups will be given a scenario in which they will propose ways to use a tablet device to teach; as a group, they will then create a preliminary teaching product. Two facilitators per group will ensure that the group time is informative and productive. The workshop will wrap-up with sharing of ideas from the small group work. At the conclusion, an annotated list of applications will be provided containing details of the options presented, as well as other facilitator favorites. Participants are encouraged to bring their personal tablet or mobile device to fully participate.

ADDRESSING PROFESSIONALISM CONCERNS WITHIN THE CLERKSHIP: A 'TOOLBOX' OF REMEDIATION PLANS

Dawn M. Landschoot, Virginia Commonwealth University School of Medicine, Richmond, Virginia, Gretchen Shawver, Stanford School of Medicine, Palo Alto, California

Rationale: It is essential to provide students with a solid foundation for professionalism within the early years of their medical education so that they are able to apply it in their future years of practice. Literature on the importance of both teaching and assessing professionalism in medical education is abundant. Unfortunately, very little research has been conducted on effective means to remediate professionalism lapses when they occur. It is imperative that mechanisms are in place to help students that struggle with professionalism. With appropriate disciplinary action or intervention, the clerkship can foster a learning environment that prepares all students to fulfill ideals of medical professionalism and ultimately become respected and successful physicians.

Objectives: This workshop will examine general professionalism concerns and develop a 14toolbox of remediation plans to aid in correcting unprofessional behaviors. At the end of the workshop, participants should be better able to: 1) Identify professionalism concerns within the clerkship 2) Determine how these concerns can be remediated 3) Develop a 14toolbox of remediation plans to be used as corrective measures 4) Observe noticeable patterns in remediation practices 5) Recognize effective remediation tools for particular professionalism violations

Methods and Content: A brief overview of medical professionalism will be provided, and similarities of commonly recurring professionalism concerns within the clerkship experience will be reviewed. Small groups will be given a scenario for which they must develop a remediation strategy. Participants will engage in discussion to reflect upon their personal experience with professionalism breaches and how those issues were resolved. Collaborating with colleagues will provide guidance on how to best handle professionalism concerns in the future.

Friday, March 13th 2:00pm-4:00pm

STOP LECTURING ME- HOW TO USE INTERACTIVE TEACHING TECHNIQUES

Diane M. Moddemann, MD, FRCP, University of Manitoba, Winnipeg, Manitoba, Stacey E. Bernstein, MD, FRCPC, University of Toronto, Toronto, Ontario, Susan Bannister, MD, FRCP, University of Calgary, Calgary, Alberta

Rationale: Active learner participation promotes retention and stimulates higher learning such as analysis, synthesis and evaluation. Feedback to the learner and teacher is more immediate and enhanced with active trainee involvement. The use of interactive teaching techniques increases learner and teacher satisfaction. This workshop will be relevant to all those who engage in small and large group learning activities and lead faculty development related to interactive teaching.

Objectives: Following this interactive workshop, participants will be able to: 1. Discuss the rationale and potential barriers in using interactive teaching techniques. 2. Build a repertoire of practical techniques that can be implemented to enhance interactivity in large and small group settings. 3. Demonstrate the use of interactive teaching methods.

Methods and Content: In this interactive workshop, participants will engage in a number of activities. The rationale for using interactive teaching techniques will be reviewed as a group, reflecting on the medical education literature from the perspective of learners and teachers. Effective questioning, icebreakers, wordles, think-pair-share, live debates, flipped classrooms, real time online polling, tweeting and other audience survey methods will be demonstrated. Participants will share successful interactive approaches they have implemented. The presenters will supplement these with other innovative ideas for discussion. In small groups, participants will practice these techniques in fun, creative interactive activities. Implementation tips will be provided covering the who, when, where, and how of interactive teaching. The group will brainstorm on the challenges of interactive teaching and identify successful strategies to overcome them. Attendees will leave with a toolbox of practical and interactive methods they can utilize to make teaching more engaging and memorable. Upon completion of this workshop, participants will have the ability to engage their faculty in incorporating these techniques in their teaching.

LIFELONG LEARNING BEGINS NOW: STRATEGIES FOR DEVELOPING SUCCESSFUL INDIVIDUALIZED LEARNING PLANS IN THE MEDICAL SCHOOL CURRICULUM

Angela Thompson-Busch, MD, PhD, Michigan State University College of Human Medicine, Grand Rapids, MI, Jonathon Gold, MD, Michigan State University College of Human Medicine, East Lansing, MI, Daniel Walmsley, DO, Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, PA, Alisa LoSasso, MD, Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, PA, Hetal Gadhia, DO, Baylor College of Medicine/Childrens Hospital of San Antonio, San Antonio, TX, Michael Ryan, MD, Virginia Commonwealth University, Richmond, VA, Amalia Guardiola, MD, University of Texas Health Science Center at Houston, Houston, TX, Maria Marquez, MD, Georgetown University School of Medicine, Washington, DC, Noelle Johnstone, MD, Stanford School of Medicine, Palo Alto, CA

Rationale: Half of the information that we learn in medical school is obsolete within a decade. With the continuous growth of medical knowledge, it is necessary for medical educators to teach students the “art of learning” along with the “science of medicine”. In fact, helping students develop skills for continuous learning is currently thought to be more important to the medical school curriculum than teaching scientific details. The individualized learning plan (ILP) is one strategy to help adult-learners acquire skills for lifelong learning. Because the use of ILPs requires a different approach to student learning, medical educators will need to assist students in using these tools effectively.

Objectives: By the end of this workshop, participants will be able to 1) Describe components of an effective ILP as well as barriers to their use, 2) Discuss strategies for encouraging high-quality ILPs among students, 3) Develop a plan to use and/or improve ILPs in their home institution, 4) Be included in a group that can choose to continue to collaborate on scholarly projects in this area of medical education.

Methods and Content: This workshop will utilize interactive didactics and small groups. Participants will be introduced to key concepts and then divide into groups and rotate through stations centered on the use of ILPs in a variety of medical school settings. They will practice creating their own ILPs based on video review, give feedback on student ILPs of differing quality and discuss methods for encouraging student investment. After rotating through the stations, participants will share new ideas that arose during group discussions and develop plans for implementation of ILPs as well as discuss potential collaboration on areas of scholarship.

THE I-PASS HANDOFF PROCESS PART 2: FOCUS ON MEDICAL STUDENT IMPLEMENTATION

Amy B. Guiot, MD, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Brian P. Good, MB, BCh, BAO, University of Utah, Salt Lake City, UT, Jennifer H. Hepps, MD, Uniformed Services University of the Health Sciences, Bethesda, MD, Noelle Johnstone, MD, Stanford School of Medicine, Stanford, CA, Jennifer O'Toole, MD, MEd, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Rationale: The IPASS handoff bundle has been shown to increase patient safety by standardizing the handoff process for residents. This workshop will be aimed at medical student educators to teach the handoff process and facilitate its implementation into the medical student curriculum.

Objectives: 1) Describe the need for and the elements of an effective handoff process 2) List effective techniques for teaching a standardized approach to handoffs 3) Articulate and practice strategies to observe the handoff process using validated tools 4) Determine utility and detail

steps necessary for implementation of handoff training in a medical student curriculum. 5) Synthesize gained knowledge to brainstorm about challenges and future directions

Methods and Content: Increased focus on patient safety in the clinical arena has been the impetus for many improvements in medical education. For example, the duty hour restrictions have led to an increase in patient handoffs, prompting both the ACGME and COMSEP to advocate for training in and monitoring of handoffs in residency and medical school respectively. The AAMC, in fact, lists giving an effective patient handoff as one of its core entrustable professional activities (EPAs). Despite this mandate, a multi-site needs assessment showed that a large percentage of medical students participate in handoffs during their pediatric clerkship, yet receive limited training and supervision for this skill. In this interactive workshop, participants will learn the evidence-based, consensus-driven approach to teaching and assessing trainee handoffs based on the work of the I-PASS Study Group. First, we will review the methodology and present the results of the original IPASS resident study, which showed a significant decrease in medical errors associated with the IPASS handoff bundle. Participants will complete a simulation exercise to practice giving, receiving, and assessing a patient handoff using the IPASS method. Next, participants will work with I-PASS facilitators and use published tools to develop an implementation plan for their own institution and to determine the optimal timing of the curriculum during medical school. Finally we will draw upon the cumulative experience of the group to brainstorm specific barriers to implementation and to explore future directions for handoff training across the continuum. References, resources, curricular materials, and validated tools will be available to all participants.

PREPARING FOR ACCREDITATION: WHAT A CLERKSHIP DIRECTOR NEEDS TO KNOW

Sharon E. Sholiton, MD, Rush Medical College, Chicago, IL, April O. Buchanan, MD, University of South Carolina SOM Greenville, Greenville, SC, Jennifer Koestler, MD, New York Medical College, Valhalla, NY, Pradip D. Patel, MD, University of Louisville SOM, Louisville, KY

Rationale: Clerkship directors and faculty play key roles in preparing for LCME accreditation at their respective institutions, by preparing their clerkships to meet the educational standards established by the LCME, as members of self-study committees, and as participants in the site visit itself. This workshop will introduce novice clerkship faculty to the accreditation process and allow more experienced educators to enhance their understanding of the key issues involved in this process. Challenges and successful strategies will be highlighted and shared within the group.

Objectives: At the completion of this workshop, participants will be able to: (1) discuss the accreditation process, the role of the LCME, the institutional self study and the site visit, (2) recognize challenging issues that face clerkship directors involved in preparing for institutional accreditation, (3) formulate best practices and strategies to address key LCME educational standards, and (4) participate effectively in their institutional self study and LCME site visit.

Methods and Content: The role of the LCME, the institutional self-study process and the structure of a site visit will be reviewed. Workshop faculty will discuss key educational standards and share their experience in addressing them at their home institutions. Participants will work in small break-out groups, focused around individual standards, to identify measures that will demonstrate achievement of that standard and methods to accomplish those goals. A large group debrief will be used to share work done in the break-outs with the entire workshop group. Effective strategies, challenges, and methods to overcome barriers will be identified. Workshop faculty will identify resources available to assist clerkship directors in preparing for upcoming LCME accreditation visits. Participants will have the opportunity to develop a plan and timeline to address issues identified within their respective clerkships/institutions in preparation for an upcoming LCME accreditation visit.

PHYSICIAN HEAL THYSELF: LEARNING SELF-CARE AND PROMOTING IT IN OTHERS

Stuart J. Slavin, MD, MEd, Saint Louis University School of Medicine, St. Louis, MO, Lyuba Konopasek, MD, New York Presbyterian Hospital, New York, NY

Rationale: Faculty in academic medical centers are under ever increasing pressure to see more patients, obtain grants, publish, teach, serve on committees, and engage in service activities and scholarly work. These pressures can come at a cost, namely negative impact on individual mental health and well-being. New approaches are needed to help faculty develop better skills in managing stress so that they are able to flourish rather than succumb to disenchantment, burnout, anxiety, and/or depression

Objectives: By the end of the workshop, Participants will be able to: 1. Identify factors in their work environment that are stressful and/or disheartening. 2. Describe strategies that they can use to combat these stressors. 3. Develop a personal plan for stress reduction and an action plan for sharing these strategies with learners that can be implemented at their own institution.

Methods and Content: The workshop will begin with introductions of participants and what they see as a key issue or challenge that they struggle within their work environment. (15 minutes- Slavin and Konopasek) Next, participants will work in small groups to identify stressors in their work environment (20 minutes) The large group will reconvene and representatives from the small groups will present key points from their discussions (15 minutes- Konopasek). An interactive presentation will follow, describing approaches that have been taught to medical students to help them manage stress and how these can be adapted for use by faculty. (40 minutes- Slavin). A discussion on barriers to change will be conducted and each participant will devise a stress management plan and an action plan to introduce to learners that they will implement on return to their institution. (20 minutes- Konopasek) The workshop will close with final comments, questions, and discussion (10 minutes- Slavin)

MEDEDPORAL 1.0: A WORKSHOP FOR DISSEMINATING EDUCATIONAL SCHOLARSHIP

Carrie A. Phillipi, MD, PhD, Oregon Health & Science University, Portland, OR, Mary E M. Rocha, MD, MPH, Baylor College of Medicine, Houston, TX, Makia E. Powers, MD, MPH, Morehouse School of Medicine, Atlanta, GA, Mitzi Scotten, MD, University of Kansas Medical Center, Kansas City, KS, Amal Khidir, MD, Weill Cornell Medical College-Qatar, New York, NY, Caroline R. Paul, MD, University of Wisconsin-Madison, Madison, WI, Jennifer Trainor, MD, Northwestern University Feinberg School of Medicine, Chicago, IL, Gary L. Beck, PhD, Nebraska Medical Center, Omaha, NE, Janice L. Hanson, PhD, EdS, University of Colorado School of Medicine, Denver, CO

Rationale: Educators often create novel curricula, evaluation tools or educational products, yet may not develop them into scholarly products. Lack of dissemination is problematic. Educator productivity may go unrecognized by formal promotion and tenure committees and effective educational interventions may not be accessible by others. Dissemination of educational products in peer-reviewed electronic repositories advances an individual's academic record while advancing the field of medical education by allowing others to use and build on prior work. MedEdPORTAL, an educational product repository developed by the Association of American Medical Colleges, provides peer review and dissemination of products such as OSCEs and teaching cases. Prior COMSEP meetings have introduced MedEdPORTAL to novice participants. This workshop aims to help participants create a MedEdPORTAL submission with the overarching goal of enhancing scholarship in the COMSEP membership.

Objectives: (1) Clarify MedEdPORTAL requirements (2) Refine a MedEdPORTAL project (3) Establish a coaching relationship and timeline for submission.

Methods and Content: This hands on workshop will be led by faculty experienced with MedEdPORTAL. Before the meeting, participants will identify an appropriate educational product developed and implemented at their own institution to form the basis of a draft facilitator's guide, and access MedEdPORTAL to understand submission requirements and process. During the workshop, assigned coaches will help individuals finalize a submission suitable for MedEdPORTAL. Coaches, working with individuals (no more than two) on participants laptops, will guide participants through a step by step approach to organize their products into valuable submissions for MedEdPORTAL. By the end of the workshop, participants will draft a submission and create a timeline for completion upon their return home. The workshop facilitators, in their coaching role, will offer assistance after the COMSEP meeting and product submission will be tracked. This workshop builds on a prior COMSEP workshop (Marcdante, et al., 2009).

SOMETHING FOR EVERYONE: ENGAGING MULTIPLE LEVELS OF LEARNERS IN THE CLINICAL SETTING

Patricia D. Quigley, MD, MME, University of Iowa Carver College of Medicine, Iowa City, IA, Kira A. Molas-Torreblanca, DO, Keck School of Medicine at the University of Southern California, Los Angeles, CA, Nicholas M. Potisek, MD, Wake Forest School of Medicine, Winston-Salem, NC

Rationale: In clinical care, pediatric educators often teach multilevel groups composed of learners in varying stages of training. Balancing the demands of patient care and attempting to engage each learner is a unique challenge for the attending physician.

Objectives: 1. Define the challenges of teaching learners in a variety of stages, such as third year medical students, fourth year acting interns, residents and fellows. 2. Describe the potential needs of each type of learner. 3. Delineate effective strategies for engaging multiple levels of learners in a variety of situations. 4. Apply effective teaching techniques to case-based scenarios.

Methods and Content: This highly interactive workshop will explore challenges of and approaches to simultaneously engaging multiple levels of learners during clinical teaching in both the inpatient and outpatient settings. Discussion of audience-identified challenges will be followed by small group exercises identifying the needs of learners at each level of training, with emphasis on medical students, interns and senior resident physicians. Discussion of strategies for engaging multiple levels of learners will include participant insights as well as reference to available literature and research on effective methods, including research conducted by one of the workshop facilitators. Workshop participants will have the opportunity to explore and apply effective strategies to a variety of common inpatient and outpatient teaching scenarios through roleplaying and problem solving exercises. Practical ways to incorporate teaching will be introduced by the facilitators and expanded upon by the group. Implementation of effective strategies in participants' individual teaching practices as well as opportunities for faculty development at participants' institutions will be explored. At the conclusion of the workshop, participants will be encouraged to identify at least one new strategy they will incorporate into their teaching practice with multilevel learner groups.

HABITS OF HIGHLY SUCCESSFUL ACADEMICIANS: MAKING YOUR GRANDMOTHER (AND YOUR DEPARTMENT CHAIR) PROUD

William B. Cutrer, MD MEd, Vanderbilt University School of Medicine, Nashville, TN, Joseph Gigante, MD, Vanderbilt University School of Medicine, Nashville, TN

Rationale: Physician training in medical school and residency focuses on professionalism with patients; however, little time is spent preparing trainees for career success in academic medicine. The goals of this workshop are to identify the key qualities of successful academic physician leaders and to help workshop participants develop techniques to improve how they are perceived by their colleagues.

Objectives: Participants in this workshop will: 1) Outline the attributes and habits of academic physicians that can impact how they are perceived by their peers 2) Discuss common political pitfalls in academia, and how to effectively navigate them 3) Review successful and unsuccessful behaviors of professional networking and practice the delivery of a successful Elevator Speech

Methods and Content: Using a combination of didactic, case-based, and small group learning techniques, important concepts of professionalism and communication will be addressed. The workshop will be broken into two sections. First, we will address common practices of effective academic physician self-management as a key to success using the acronym CREDO (Communicator, Reliable, Enthusiastic, Doer, Organized) as a tool for practice. The second focus of the workshop will be relationship management, including navigating political scenarios as well as networking. Using case-based small group discussion, participants will create generalizable rules for navigating charged political scenarios in academic medicine with report out to the whole group. The final segment will begin with a brief discussion of effective networking techniques. This will include a demonstration of a focused overview of current activities (the Elevator Speech). Participants will then divide into dyads to practice developing and delivering their Elevator Speech to each other. The workshop will conclude with take home points and a brief question/answer period. By the end of the workshop, participants will be able to use the CREDO acronym to be more effective academicians, have approaches for navigating academic politics and have an Elevator Speech they can use to briefly summarize their academic activities to others.

YEAR AT A GLANCE: CLERKSHIP ADMINISTRATORS ROLE IN THE THIRD YEAR

Christy L. Schwartz, AAHCA, Bon Secours St Mary's Hospital, Richmond, VA, Marlo E. Meyer, Clerkship Administrator, University of Virginia, Charlottesville, VA

Rationale: This proposed workshop will give the administrator a time line of events, deadlines, and ongoing projects roll out for the third year of medical school. By illuminating the clinical year for the medical student and, how the responsibilities of the administrator play a role, will help create a larger picture for understanding the importance of this clinical year. This workshop will highlight the major deadlines such as Deans Letter, Grades, LCME site reviews, etc. as well as the importance of work place balance and comradery between clerkship administrators across disciplines. The administrator will be guided through the year, month by month, highlight ongoing projects and deadlines that must be met.

Objectives: 1. Participant will be able to identify key deadlines for third year medical students 2. Participant will gain knowledge about how to work with other clerkships to meet demands not directly related to the third year medical student. 3. Participant will gain knowledge on how to organize themselves, the student and administrators throughout the year for dates/events that are relevant for next steps

Methods and Content: A preconference survey will be disseminated via survey monkey to see where our baseline is for participants regarding their role, timeline knowledge and relevance to include: Quality of Clerkship; Student Morale while on the clerkship; Scholarship; Circulate overall program goals philosophy, if so, when do you do this? (LCME link); Funding, budgeting; Maintaining Learning Objectives (LCME link); Faculty Development; Attendance Lists; Procedure Logs (LCME); keeping duty hour logs (LCME); Continuity Clinic Data Tracking; Mid-clerkship exams and feedback; NBME Exam; In house final exam; Requirement Checklist (all clinical duties the student must complete for the clerkship); Journal Club; Teaching Activities (LCME); Faculty teaching hours; Final Graduation Summary Evaluation (Deans Letter) if so, when do you do this?; Faculty/Resident Evaluation Maintenance; Peer Evaluations; Rotation Evaluations; F/u on delinquent evaluations; Annual Schedule, Elective assignments; Fourth Year electives (if so, when do you handle these? A certain time of year?); Dictations; Updating Delinquent Evals, Documentation, Dictations; Update Clerkship Handbook; Update Policies and Procedures; Duty Hour Maintenance; Faculty/resident student teaching awards?; Maintenance of Certification, USMLE, ABP, License; Biannual Written Feedback by Director; Curriculum Committee, AAP rep, Committee reps; COMSEP Annual Meeting; Monthly Clerkship Administrator meeting; Other? Please list {text box}. Part will be didactic, part will be hands on. A powerpoint presentation will discuss the student steps prior to third year, during third year and next steps. These will be identified through dates and time lines. After the talk, a BINGO game will be done to using a 365 day calendar where important items that are called out need to be marked on the calendar with the goal of someone reaching BINGO. This calendar can be taken back with the participant as a reference point, to use as a tool or to educate themselves and others.

Saturday, March 14th 10:00am-12:00pm

FINDING OPPORTUNITIES IN QUALITATIVE RESEARCH: FRAMING YOUR MEDICAL EDUCATION RESEARCH QUESTION

Terry Kind, MD, MPH, Children's National / GW, Washington, DC, Eve Colson, MD, MHPE, Yale School of Medicine, New Haven, CT, Daniel G. Richards, MD, Texas A&M College of Medicine, Austin, TX, Janice L. Hanson, PhD, University of Colorado School of Medicine, Aurora, CO, Linda R. Tewksbury, MD, NYU School of Medicine, New York, NY, Caroline R. Paul, MD, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, Karen Forbes, MD, FRCPC, University of Alberta, Edmonton, AB, Gary L. Beck, PhD, University of Nebraska College of Medicine, Omaha, NE, Cynthia Christy, MD, University of Rochester, Rochester, NY, Susan L. Bannister, MD, MEd, University of Calgary, Calgary, AB

Rationale: What does every strong research project start with? A well crafted question --one that is unanswered or insufficiently answered in the literature-- leading to a clear statement of purpose. Honing the research question and purpose of study will help investigators select appropriate methods. There are many medical education research projects for which qualitative methods are the most suitable. Yet, all too often one says, "I want to do a qualitative study;" without asking if these methods are right for the research question or problem statement. Put theory into action with our practical workshop and move from idea to implementation.

Objectives: Participants in this workshop will 1) craft a research question that is best answered through qualitative methods, 2) select appropriate qualitative methodology to answer the research question, 3) choose a philosophical framework for the research question, 4) Identify next steps in their own qualitative research project.

Methods and Content: Participants will be encouraged to come with a research idea or partially formed question. We will also share examples of questions best answered by qualitative methods and help participants select the appropriate methods to answer those questions. Through

facilitated small group activities, we will help them craft their own research question(s), select appropriate methods, and identify next steps. In introducing some theory, participants will also match qualitative frameworks to various research questions. In the latter portion of the workshop, participants will chose 1 of 3 stations focusing on different data collection methods (direct observation, focus group, in-depth interviews). We will draw upon the recent standards for reporting qualitative research to provide both the novice or the experienced qualitative researcher with best practices. Additional resources will be provided, and participants will be encouraged to give project updates 6 months after the workshop. (from the R&S Task Force)

FROM TWERKING TO WORKING: AN APPROACH TO THIS GENERATION OF LEARNERS, THE SO-CALLED MILLENIALS.

Sarah Gander, MD, FRCPC, Dalhousie, Saint John, NB, Preetha Krishnamoorthy, MD, FRCPC, McGill University, Montreal, QC, Karen Forbes, MD, FRCPC, University of Alberta, Edmonton, AB

Rationale: There are many names for the students we see today: millennials, generation Y, echo-boomers, generation M and digital natives. As such, there is an increase on the involvement of technology and media but also the generalized outside perception of entitlement and a different work ethic. As experienced educators in medicine both at the undergraduate and postgraduate level, we consistently receive feedback from clinical and academic faculty that they have difficulty relating to today's learners. This workshop hopes to explore these themes today and compare trends over time. We also hope to equip faculty and preceptors with tools to focus on the advantages and navigate the disadvantages both academically and clinically.

Objectives: 1. To identify the characteristics of millennial generation of learners 2. To recognize generalizations, bias and truths of this generation of learner 3. To identify advantages and disadvantages of this generation of learner both clinically and academically 4. To leave this workshop with practical, easy tools to manage relationships and optimize the teaching of this generation of learner.

Methods and Content: This workshop hopes to explore those differences through discussion around modern learning strategies and technology and role play exercises. After a short plenary session, participants will divide into small groups to consider case vignettes. They will rotate through the cases only to return to the large group to discuss their observations and reflections. This will be followed by several role play scenarios where participants will have a chance to apply what they have learned in the plenary and case vignettes. We will close with a summary and time for more questions and discussion.

PLANTING SEEDS OF WELLNESS AND RESILIENCE INTO THE PEDIATRIC CLERKSHIP CURRICULUM

Deborah T. Rana, MSc, MD, University of California San Diego Medical School, La Jolla, CA, Marta A. King, MD, MEd, Saint Louis University, St. Louis, MO, Janet R. Serwint, MD, Johns Hopkins University School of Medicine, Baltimore, MD, Margaret R. Moon, MD, MPH, Johns Hopkins, Baltimore, MD, Albina Gogo, MD, UC Davis, Sacramento, CA, Olle Jane Z. Sahler, MD, University of Rochester, Rochester, NY

Rationale: The September 2014 AAP clinical report on Physician Health and Wellness and the Pediatric Milestone project emphasize the importance of creating a health care provider culture of wellness and developing strategies to prevent burnout. Developing resilience is crucial to prevent burnout, depersonalization, major depression, medical errors and dissatisfaction with career choice. Incorporating the concept of resilience is especially important during medical student training. During this formative period, students feel deeply about patient outcomes and need a framework for processing their positive and negative experiences. However, historically, concepts of wellness and resilience have not been included in most training programs. To address this deficiency, members of the COMSEP, AAP, APA, and APPD collaboratively developed a novel curriculum focused on promoting resilience in the face of grief and loss during pediatric training. In this highly interactive workshop we will use a train the trainer model to introduce components of this curriculum. Using individual work, pair-share, and small, and large group discussion we will practice techniques for reflection, journaling, and identifying in-the-moment and long-term strategies for resilience. Participants will outline strategies for implementing the curriculum at their own institution at both the faculty and clerkship levels.

Objectives: 1. Explain long-term wellness strategies essential for the health of our profession 2. Identify 5 adaptive life strategies effective in maintaining resilience in-the-moment and long-term. 3. Draft a personal Wellness Learning Plan 4. Identify opportunities to implement the AAP Resilience curriculum within your clerkship.

Methods and Content: Agenda with methods and content: 5 mins: Intro: Review objectives ppt 15 mins: Journal concerning an emotional experience during training Individual work, Pair Share (Objective 1) 5 mins: Resilience in preventing burnout/depersonalization, ppt (Objective 1) 10 mins: Overview of Resilience in the Face of Grief and Loss Curriculum, ppt, Group discussion (Objective 4) 20 mins: Resilience strategies: (break room into 2 groups: one for short term, other side for long term, Small Group Discussion (Objective 2) 15 mins: Resilience strategies Large Group (Objective 2) 10 mins: Wellness Overview, ppt, (Objective 3) 10 mins: Draft an Individualized Wellness Plan, Individual work (Objective 3) 20 mins: How to implement curriculum in own program, Large Group Share (Objective 4) 5 mins: Questions

FACILITATING CRITICAL INCIDENT DEBRIEFING FOR STUDENTS: SKILLS DEVELOPMENT FOR FACULTY

Marta A. King, MD, MEd, Saint Louis University, St. Louis, MO, Deborah T. Rana, MSc., MD, UCSD School of Medicine, La Jolla, CA, Margaret R. Moon, MD, MPH, Johns Hopkins School of Medicine, Baltimore, MD, Olle Jane Z. Sahler, MD, University of Rochester, Rochester, NY, Janet R. Serwint, MD, Johns Hopkins University School of Medicine, Baltimore, MD, Albina Gogo, MD, UC Davis, Sacramento, CA, Susan Bostwick, MD, Weill Cornell Medical College, New York, NY

Rationale: Identifying and addressing critical incidents is essential for physician well-being, self-reflection, and successful experience integration. This is especially important during the formative phase of clinical training. While debriefing allows individuals to reflect on a significant incident, identify their own emotional reactions, better understand the perspectives of others, and pose critical questions to allow a care team to reach closure, it has not historically been included in medical training. To address this gap, members of COMSEP, AAP, APA and APPD collaboratively developed a novel curriculum focused on promoting resilience in the face of grief and loss. The use of debriefing is a key components of this curriculum.

Objectives: 1. Identify situations following which debriefing sessions would be beneficial 2. List components and benefits of a debriefing session 3. Recognize the need for support and debriefing in others 4. Participate in a mock debriefing session 5. Identify strategies for implementing a debriefing in clinical teaching and the clerkship curriculum

Methods and Content: In this highly interactive workshop, participants will learn how to both incorporate debriefing sessions into their own clinical teaching and how to instruct others who work with trainees to do so. Using journaling, pair-share, small and large group facilitated discussions, and a mock debriefing, we will identify situations following which debriefing sessions are beneficial, share practical tips for leading a debriefing, and brainstorm ideas for implementing a debriefing curriculum. Participants will receive a toolbox of ready-to use presentations, mock cases, journaling worksheets, facilitators guide, and evaluation sheets that will enable them to implement faculty and resident development on the topic of conducting a debriefing at their own institutions. Additionally, we will share a link to the overall Resilience in the Face of Grief and Loss curriculum. Participants will complete a debriefing action plan and leave the workshop with strategies for implementing debriefing in both their own clinical teaching and their clerkships. Prelim agenda: Introductions and Welcome: 5 min; Ice Breaker: evaluating participants prior debriefing experience: 10 min; Journaling: reflection on a critical incident: 10 min Pair-Share: 5 min; Facilitated Discussion: 25 min; Leading a Debriefing: didactic presentation: 15 min; Mock Debriefing Role Play: 20 min; Facilitated Discussion: 10 min Debriefing Action Plan: 5 min; Wrap-up and Evaluation: 5 min.

AND ACTION! MAKING VIDEO A PART OF YOUR EDUCATIONAL REPERTOIRE

Matthew D. Eberly, MD, Uniformed Services University, Bethesda, MD, Christopher B. White, MD, Georgia Regents University, Augusta, GA, Christopher W. Foster, MD, Uniformed Services University, Bethesda, MD

Rationale: Medical education for the next generation of learners requires a shift in traditional teaching methods. With the fascination of social media amongst Millennials, medical students today appreciate the incorporation of video during teaching sessions. The use of video has numerous advantages, such as depicting a clinical condition or procedure difficult to describe using words and the ability to reach the learner at any time, any place. Material currently available for students on the internet for their pediatric clerkship, however, is limited in scope. We want to empower pediatric educators to create their own videos with minimum expense and expertise and employ its use at their home institution.

Objectives: By the end of the session, participants will understand the importance of video in pediatric education. They should be able to demonstrate some basic skills in proper filming and editing techniques. Using these skills, participants will be able to create their own video projects for use at their home institution.

Methods and Content: First, we will briefly demonstrate some examples of how video is being used to teach medical students and the benefits of such. Participants will then receive hands-on training and learn the basics of filmmaking using their own smart phones and/or tablets. Participants will discover how to make their videos look less amateurish and how to improve the sound quality with a few simple adjustments and devices. Basic video editing will be discussed and some of the tools available for enhancing videos will be demonstrated. Finally, participants will break up into small groups to generate ideas for a video that can be used for their own clerkship and begin the steps for framing the project. Note: Although the video editing principles are generic to all computers, the presenters will be utilizing Apple computers and software for this workshop.

DONT JUDGE A BOOK BY ITS COVER-ENGAGING THE QUIET LEARNER

W C. Golden, MD, Johns Hopkins University School of Medicine, Baltimore, MD, William B. Cutrer, MD MEd, Vanderbilt University School of Medicine, Nashville, TN, Meg Keeley, MD, University of Virginia School of Medicine, Charlottesville, VA, Amy Fleming, MD, Vanderbilt University School of Medicine, Nashville, TN, Heather Burrows, MD, University of Michigan Medical School, Ann Arbor, MI, Sharon Kileny, MD, University of Michigan Medical School, Ann Arbor, MI, Laura Ballenger, MD, Nationwide Children's, Columbus, OH

Rationale: Quiet learners may suffer in the context of the clerkships where level of engagement and medical knowledge are often measured based on verbal interactions. Not all quiet learners are created equally and therefore the same teaching strategies will not work for all of them. Appropriate assessment of the quiet learner can improve the selection and implementation of education strategies to maximize their education.

Objectives: 1-Recognize the reasons learners may seem quiet 2-Identify an effective format to assess your quiet learners 3-Develop management strategies for engaging quiet learners 4-Create an action plan for implementing learned strategies upon return to home institution

Methods and Content: This interactive workshop will utilize multiple educational strategies to actively engage participants in diving deeply into the topic of the quiet learner. Techniques will include videos, role-plays, think-pair-share, didactic, and small group work. Participants will transition through the stages of Kolbs learning cycle; concrete experience, reflective observation, abstract conceptualization, and active experimentation. Participants will have the opportunity to describe their own experiences of dealing with quiet learners and share approaches they have used to deal with them. Structure will be provided for considering different categories of quiet learners and how to best target teaching techniques to the specific type of quiet learner. Using a combination of videos and role plays, participants will identify and practice strategies in small group discussions and address common challenging quiet learner scenarios. By the end of the workshop, participants will create a tool kit of strategies they can employ when engaging students or residents and can share these ideas with their faculty at their home institutions.

FINDING OPPORTUNITIES FOR TEACHING AND EMPLOYING REFLECTIVE PRACTICE IN YOUR CLERKSHIP

Amy M. Creel, MD, LSU New Orleans, New Orleans, LA, Kathryn Beatty, MD, LSU New Orleans, New Orleans, LA, Chelsey Sandlin, MD, LSU New Orleans, New Orleans, LA, Dan Richards, MD, Dell Children's Medical Center, Austin, TX, Kimberly N. Paduda, MD, University of Mississippi Medical Center, Jackson, MS

Rationale: One definition of reflective practice in medicine is the action of thinking critically and consciously about one's practice, so as to reduce the risk of non-conscious habitual practice, which can lead to compromised patient care and safety (Chaffey 2013). Effective reflective capacity may be considered essential to competent professional practice and to the development of professional behaviours. Becoming skilled at reflective practice is a learned process. Teaching reflective practice, however, remains challenging, in part due to ambiguity of the educator's goals in regard to the use of a particular reflective task.

Objectives: Following this interactive workshop, participants will be able to: 1. Recognize the importance of and potential barriers to reflective practice in medical student education; 2. Discuss learning scenarios where incorporating reflective practice would strengthen medical student curriculum; 3. Build the repertoire of practical techniques for using reflective practice in medical student education; 4. Create action plans for integrating reflective practice techniques into medical education at their institution.

Methods and Content: This interactive workshop will utilize techniques including media clips, small group exercises, worksheets, and large groups exercises. A facilitated discussion on reflective practice will explore rationale for and examples of techniques from the literature and from attendees, including use of the familiar SOAP format as a guide for initiating independent reflective practice. Participants will break into small groups. Think-pair-share and other guided exercises will be utilized to identify opportunities for integrating reflective practice techniques into a variety of settings in medical curriculum. Matching activities will be used to pair settings to appropriate techniques. Individuals will create action plans for further integrating and evaluating reflective practice at their institution. Take home resources will include handouts, worksheets, and references, allowing participants to build a lasting toolbox of practical reflective techniques for use in education programs.

NAVIGATING YOUR ACADEMIC CAREER PATH: "LOOK BEFORE YOU LEAD!"

Kenya A. McNeal-Trice, MD, University of North Carolina School of Medicine, Chapel Hill, NC, Robert P. Drucker, MD, Duke University School of Medicine, Durham, NC, Jennifer L. Koestler, MD, New York Medical College, Valhalla, NY, Meg G. Keeley, MD, University of Virginia School of Medicine, Charlottesville, VA, Amy E. Fleming, MD, Vanderbilt University School of Medicine, Nashville, TN, Nicholas M. Potisek, MD, Wake Forest School of Medicine, Winston-Salem, NC

Rationale: Talented medical educators often follow a career trajectory toward leadership positions within academic medicine. While this progression is sometimes purposeful, many medical educators find themselves presented with unexpected opportunities without prior reflection on the impact these career choices may have on their ultimate career goals. Professional development planning is an important skill to successfully navigate the pathway towards productive careers in academic medicine (Spector 2012).

Objectives: Upon completion of this workshop, participants will be able to: 1. Recognize the diverse career opportunities available to medical educators 2. Identify tools and purposeful skills necessary to successfully navigate a career in medical education 3. Discuss ways to establish effective mentorship for academic career progression

Methods and Content: A diverse group of educators representing leaders in medical student education, advising, student affairs, admissions, and graduate medical education will lead this workshop. Facilitators will guide participants in identifying the wide range of career opportunities available within academic medicine and the essential tools to pursue those careers. Participants will define their personal goals and skills, and then map these to qualities needed for successful leadership roles within medical student and resident education programs. Workshop participants will then work in teams to categorize the common challenges and missteps to avoid while navigating academic career advancement. Working in small groups based on mutual academic career interests, and led by a facilitator sharing that interest, participants will develop an outline for implementing purposeful career development plans. Participants will then work together to identify the common features of the different plans in order to be prepared for unexpected opportunities. Participants will leave the workshop with an action plan for maximizing career opportunities using mentorship from within their own institution and from academic leaders nationally.

WE'RE ENGAGED! HOW TO CREATE AN INTERACTIVE LEARNING ENVIRONMENT THAT WILL LAST A LIFETIME.

Devon W. Hahn, MD, University of Oklahoma College of Medicine, Oklahoma City, OK, Kira A. Molas-Torreblanca, DO, Children's Hospital of Los Angeles, Keck School of Medicine, University of Southern California, Los Angeles, CA, Nicholas M. Potisek, MD, Wake Forest School of Medicine, Winston-Salem, NC, Mark A. Ferguson, MD, University of Oklahoma College of Medicine, Oklahoma City, OK

Rationale: Some people are born to teach medical students, others have it thrust upon them! In either case, a successful learning outcome doesn't just happen. For the last several decades, medical educators have explored ways to engage the learner and enhance learning. Relatively new learning methods have increased the interaction between the learner and the learning environment. The quality of this interactivity determines the level of critical thinking skills that are developed. Many of these newer learning techniques were developed to transform large audience lectures into highly interactive sessions, but there are many opportunities to utilize these techniques in the small group settings that occur more often in the clinical years of medical education.

Objectives: 1) Discuss important features of the learning environment, including teacher, learner, and setting. 2) Define current terminology using Michelene Chis ICAP framework, Active learning theory, and Collaborative learning theory. 3) Describe several different techniques to incorporate active, constructive, and interactive (or collaborative) activities into small group teaching settings. 4) Demonstrate the incorporation of one technique into a mock teaching session. 5) Create a plan to incorporate two techniques into your current teaching activities

Methods and Content: We will begin with a discussion of the key elements that create an optimal learning experience. A didactic session will follow, describing the current terminology and definitions for active, constructive, and interactive (or collaborative) learning. Facilitators will also introduce many learning techniques, focusing on how they can be incorporated into small group learning experiences, such as those that occur in the outpatient clinic and on the inpatient service. Participants will then work in small groups to practice using these learning techniques in a mock teaching scenario. Finally, participants will create a plan to utilize at least two learning strategies in their current teaching experiences at their home institutions.

Platform Presentations

Establishing Validity of PBEAR: An Oral Case Presentation Tool to Promote Clinical Reasoning

Christina Tuluca, MD, Childrens National; Nicole Akar-Ghabril, MD, Childrens National; Jeff Sestokas, MA, Childrens National; Wilhelmina Bradford, BA, Childrens National; Gabrina Dixon, MD, Childrens National; Mary Ottolini, MD, MPH, Childrens National

Advising Perspectives of Pediatric Clerkship Directors: A National Survey of COMSEP Members

Michael Ryan, MD, Virginia Commonwealth University; Leonard Levine, MD, Drexel University College of Medicine; Jorie Colbert-Getz, PhD, University of Utah; Nancy Spector, MD, Drexel University College of Medicine; H Fromme, MD, MHPE, University of Chicago

Healthcare Professional Student Perspectives about Interprofessional Education

Eve Colson, MD, MHPE, Yale School of Medicine; Jake Weatherly, Medical Student, Yale School of Medicine; Gillian Graham, RN, Yale School of Nursing; Paula Schaeffer, MA, Yale University; Linda Pellico, PhD, Yale University; David Brisette, MMSc., PA-C, Yale University Physician Associate Program; John Encandela, PhD, Yale School of Medicine

Qualitative Analysis of Individual Learning Plans (ILPs) using the COMSEP/APPD Pediatric Subinternship Curriculum

Janice Hanson, PhD, EdS, University of Colorado School of Medicine; Cynthia Christy, MD, University of Rochester; Cori Green, MD, MS, Weill Cornell Medical College; T.J. Jirasevijinda, MD, Weill Cornell Medical College; Amal Khidir, MD, Weill Cornell Medical College in Qatar; Terry Kind, MD, MPH, Children's National Medical Center/The George Washington University; Leonard Levine, MD, Drexel University College of Medicine; Caroline Paul, MD, University of Wisconsin School of Medicine and Public Health; Makia Powers, MD, Morehouse School of Medicine; Mary E Rocha, MD, MPH, Baylor College of Medicine; Sandra Sanguino, MD, MPH, Northwestern University School of Medicine; Jocelyn Schiller, MD, University of Michigan School of Medicine; Rebecca Tenney-Soeiro, MD, MEd, Children's Hospital of Philadelphia, Perelman School of Medicine at the University of Pennsylvania; Jennifer Trainor, MD, Northwestern University Feinberg School of Medicine; Daxa Clarke, MD, Phoenix Children's Hospital; Linda Tewksbury, MD, New York University School of Medicine

COMSEP Poster Themes 2015

Clerkship and Clinical Experiences

1. Impact of Family-Centered Rounds on Medical Student Performance on the NBME Pediatric Subject Examination (Kimbrough)
2. LInC'ing Students and Children: Introduction of a Longitudinal Integrated Clerkship in Year 3 (Punnett)
3. Out with the Old, In With the New: Are Medical Student Outcomes Comparable Between Longitudinal Clerkships and Traditional Block Rotations? (Len)
4. Burning the Midnight Oil: A Focus Group Student of Medical Student Night Call Preferences (Scott)
5. Mixed Methods Evaluation of University Hospital Learning Environment (Higgins)
6. Student Utilization of Computer Order Entry Opportunities in the Third Year Pediatric Clerkship (Scotten)
7. If the Trainers Have Not Been Trained: Gaps in Residency Curriculum in Cultural Competence (Rosenberg)
8. Medical Students and Physicals Rarely Identify or Address Overweight/Obesity in Hospitalized Children (King)

Feedback and Evaluation

9. Development and Multicenter Validation of a Written Pediatric History and Physical Exam Evaluation (P-HAPEE) Rubric (King)
10. A Qualitative Study of Third-Year Medical Students (Emmott)
11. The Impact of Patient Feedback on Medical Students: Examining Perceptions, Obstacles, and Solutions (Chua)
12. Comparison of Mid-Clerkship Faculty and Student Self-assessment Using a PRIMES iPad Application (Chang)
13. Automated Analysis of Student Summary Statements (Berman)
14. The Introduction of a PRIME+ Tool of Medical Students' Performance Evaluation into a Clerkship and Sub-Internship (Allen)

Teaching and Assessment of Clinical Skills

15. Medical Student Documentation in the Electronic Healthcare Record and Implementation of a Self-Assessment Tool (Allen)
16. CLIPPettes: Teaching Clinical Reasoning Through Short Cases (Medelin)
17. Advanced Pediatric Elective: More Than Just a Boot Camp (Weimer)
18. Are You Ready? Assessing a Capstone Course Designed to Improve the Transition into Pediatric Residency (Waloff)
19. Hitting the Ground Running: An ACGME Competency Based Curriculum for Pediatric Sub-Interns (Graham)
20. Developing and Assessing an E-Learning Module Using Illness Scripts to Improve Students' Diagnostic Reasoning Skills (Akar-Ghabril)
21. Comparing the Impact of an Online Module to Faculty Feedback Sessions on Students' Oral Presentations: A Multi-Center Randomized Controlled Trial (Sox)
22. Characteristics of 3rd Year Medical Students' Patient Assessments (Greenberg)
23. Teaching Tweeters about Patient Assessments (Greenberg)
24. USMLE Step 2 Clinical Skills Preparation During Third Year (Ward)

Preclinical Experiences

25. Medical Student Preparation for Pediatrics Compared to Other Clerkships (Held)
26. Social pediatrics in the Pre-Clerkship Years Providing Early Exposure to Conditions Affecting Children in the Community (Sarah)
27. PedLER: Medical Students Shadowing Pediatric Residents (Weidman)

Individualized Learning Plans

28. Results of Pediatric Clerkship Students' Self-Identified Deficiencies, Interests, and Learning Styles in the Individualized Learning Plan (Hernan)
29. Description and Effectiveness of the Individualized Learning Plan (ILP) for Pediatric Clerkship Medical Students (Hernan)

30. Analysis of Individualized Learning Plans in a Sub-intern Outpatient Pediatric Rotation: Do Students' Goals match the ACGME Core Competencies? (Walmsley)

CLIPP Utilization

31. Learner Perspective on the CLIPP Case Analysis Tool (Sholiton)
32. Are Students Learning What Educators Intend Them To Learn: A Mixed-Methods Comparative Analysis of Lessons Reported on Student Case Logs from Live vs. CLIPP Cases (Harwayne-Gidansk)
33. Self Assessment Questions Are More Likely to be Utilized by Engaged Students (Phillippi)
34. The Practice Effect of Student-Developed Questions on a Case-Based Final Exam in a Pediatrics Clerkship (Smith)

Innovative Curricula and Teaching Methodologies

35. Introduction of a Telephone Medicine Curriculum Paired with the Transparent Groups OSCE: A Pilot Study (Aly)
36. Use of the Debate-Style Format to Teach Evidence-Based Medicine in the Pediatrics Clerkship (Helou)
37. The Wiki as a Supplement to the Pediatric Senior Elective Syllabus (DeWolfe)
38. Human Sex Trafficking Curriculum (Mittel)
39. Family Centered Rounds Simulation and Medical Students' Perceptions (Lee)
40. Lessons Learned: Creating and Implementing a Hands-on, Interactive, & Practical Medically-Oriented TBL (Idrizi)
41. Medals4Mettle: A Humanistic Way for Medical Students and Pediatric Patients to Bond (Patel)
42. Medical Student Hand-Off Training on the M3 Pediatric Clerkship Improves Skill and Confidence Level (Saudek)
43. Need to Reboot? Retention of Patient-Centered EMR Use Skills (Alkureishi)
44. The Practicality of E-Learning in Improving Knowledge of Medical Students about Basic Concepts in Pediatrics (Khasawneh)

Reflection

45. Listening to Medical Students' Stories of Peak Experiences: Standardization and Diversity (Balmer)
46. Furthering Humanism Through Family Faculty Members: A Qualitative Study of Written Reflections by Third-Year Pediatric Clerkship (Jaramillo)
47. Reflection on Action in the Pediatric Clerkship (Treitz)
48. Qualitative Analysis of Third Year Student Reflective Practice Essays: Effect of a New Curriculum (Randall)

Faculty Interests

49. Pediatric Hospitalist Clinical Educator Training Program: A Novel National Program to Supplement Local Faculty Development Efforts (Long)
50. Clerkship Initiative to Enhance Shared Educational Experience with Community-Based Physicians (Marshall)
51. The Sustainable Voluntary preceptor in Primary Care Pediatrics: Are Financial Incentives Meaningful? (Connelly)
52. Multi-Institutional Medical Education Research: Common Characteristics of Successful Publications (Schiller)

Updates from the COMSEP Grant Program!

The COMSEP Grant Program promotes and supports innovative educational scholarship. This is a terrific opportunity to conduct a study focused on undergraduate pediatric education with both funding and mentorship support.

Please feel free to discuss project ideas with any member of the COMSEP Grant Committee:

Janet Fischel (Chair), Susan Bannister, Michael Barone, Lavjay Butani, Sarah Gander, Chris Maloney, Bruce Morgenstern, Michael Potts, Bill Raszka, Sherilyn Smith.

Information about the accomplishments of our most recent grantees follows.

Development and Multicenter Validation of a Written Pediatric History and Physical Exam Evaluation (P-HAPEE)

Marta King, PI & Richard T. Sarkin Foundation for Medical Education Awardee, 2014-2016, Stuart Slavin, Project Mentor, St. Louis University School of Medicine, and co-investigators, Linda Orkin Lewin, U Maryland School of Medicine, and Carrie Phillippi, Oregon Health & Science University

Dissemination of preliminary work to date:

- ❖ King, M, Slavin, S. Development and Multicenter Validation of a Written Pediatric History and Physical Exam Evaluation (P-HAPEE) Rubric. Poster, COMSEP, New Orleans, March, 2015. Collaborators: C Phillippi, P Buchanan, L Lewin.

Closing the Gap in Handoff Communication: Evaluating the Effects of an I-PASS Medical Student Handoff Bundle

Amy Guiot, PI, 2013-2015, Jennifer O'Toole, Project Mentor, U Cincinnati Coll of Medicine/Cincinnati Children's Hospital Medical Center. This project includes six collaborating institutions: U Cincinnati Coll of Medicine/Cincinnati Children's Hospital Medical Center, UCSF School of Medicine/Benioff Children's Hospital, U Utah School of Medicine/Primary Children's Medical Center, Drexel U Coll of Medicine/St. Christopher's Hospital for Children, U Toronto Faculty of Medicine/Hospital for Sick Children, and Stanford U School of Medicine/Lucile Packard Hospital

Dissemination to date:

- ❖ O'Toole J, Calaman S, Everhart J, Bismilla Z, Good B, Guiot A, Johnstone N, Nilforoshan V, Noble E, Rosenbluth G, Schwartz S, Solan L, Tse L, West D, Weiser J, Landrigan C, Sectish T, Srivastava R, Starmer A, Spector N. I-PASS Handoff Curriculum: Medical Student Workshop. MedEdPORTAL; 2014. Available from: www.mededportal.org/publication/9854
- ❖ Guiot, AB, The IPASS Handoff Process Part 2: Focus on Medical Student Implementation. Workshop at COMSEP, New Orleans, March 2015.

Medical, Nursing and Physician Assistant Student Perspectives about Interprofessional Education (IPE)

Eve Colson PI & Richard Sarkin Foundation Awardee, 2013-2015, Janet Hafler, Project Mentor, Yale School of Medicine

Dissemination to date:

- ❖ Weatherly, J, Graham, G, Colson, ER, Pellico, LH, Brissette, D, Encandela, JA, & Schaeffer, PM. Student Perspectives about Interprofessional Education. Platform presentation at COMSEP, New Orleans, March, 2015.
- ❖ Weatherly, J, Colson, E, Graham, G, Schaeffer, P. Healthcare Professional Student Perspectives about Interprofessional Education. Poster at the All Together Better Health Annual meeting, June 2014.
- ❖ Weatherly, J, Graham, GE, Schaeffer, PA, Brissette, D, Encandela, JA, Pellico, LH, & Colson, ER. Healthcare Professional Student Perspectives about Interprofessional Education. Poster at Pediatric Academic Societies Meeting, Vancouver, BC, Canada, May, 2014.
- ❖ Weatherly, J, Graham, G, Colson, ER, Pellico, LH, Brissette, D, Encandela, JA, & Schaeffer, PM. Student Perspectives about Interprofessional Education. Platform presentation at the Northeast Group on Educational Affairs, New Haven, April, 2014.

A Pediatric Specific Skills Boot Camp for 4th Year Medical Students

Jennifer L. Trainor, PI & Richard T. Sarkin Foundation Awardee, 2012-2014, William McGaghie/Mark Adler, Project Mentors, Feinberg School of Medicine, Northwestern University

Dissemination to date:

- ❖ Burns, R, Mangold, K, Trainor, J, Issa, N. Boot Camp as a Means to Address Learner and Institutional Needs. Educational platform presentation, International Meeting on Simulation in Healthcare, New Orleans, LA. January 2015
- ❖ Burns, RA, Adler, MD, and Trainor, JL, A Brief Pediatric Internship Boot Camp for 4th Year Medical Students. Poster presented at the Pediatric Academic Societies and Asian Society for Pediatric Research Joint Meeting in Vancouver, BC, Canada, May 2014.
- ❖ Trainor, J, Burns, R, Adler, M. A Brief Pediatric Bootcamp: Assessing Perceived Utility and Outcomes. Platform presentation, COMSEP, Ottawa, Canada, March 2014.
- ❖ Burns, R, Eppich, W, McGaghie, W, Trainor, J. A Brief Pediatric Internship Bootcamp for 4th Year Medical Students. Poster at the 13th Annual International Meeting on Simulation in Healthcare, Orlando, FL, January, 2013.
- ❖ Burns, R, Eppich, W, McGaghie, W, Trainor, J. A Brief Pediatric Internship Bootcamp for 4th Year Medical Students. Poster presented at the Simulation Technology in Healthcare Professions Conference, Chicago, September 2012.

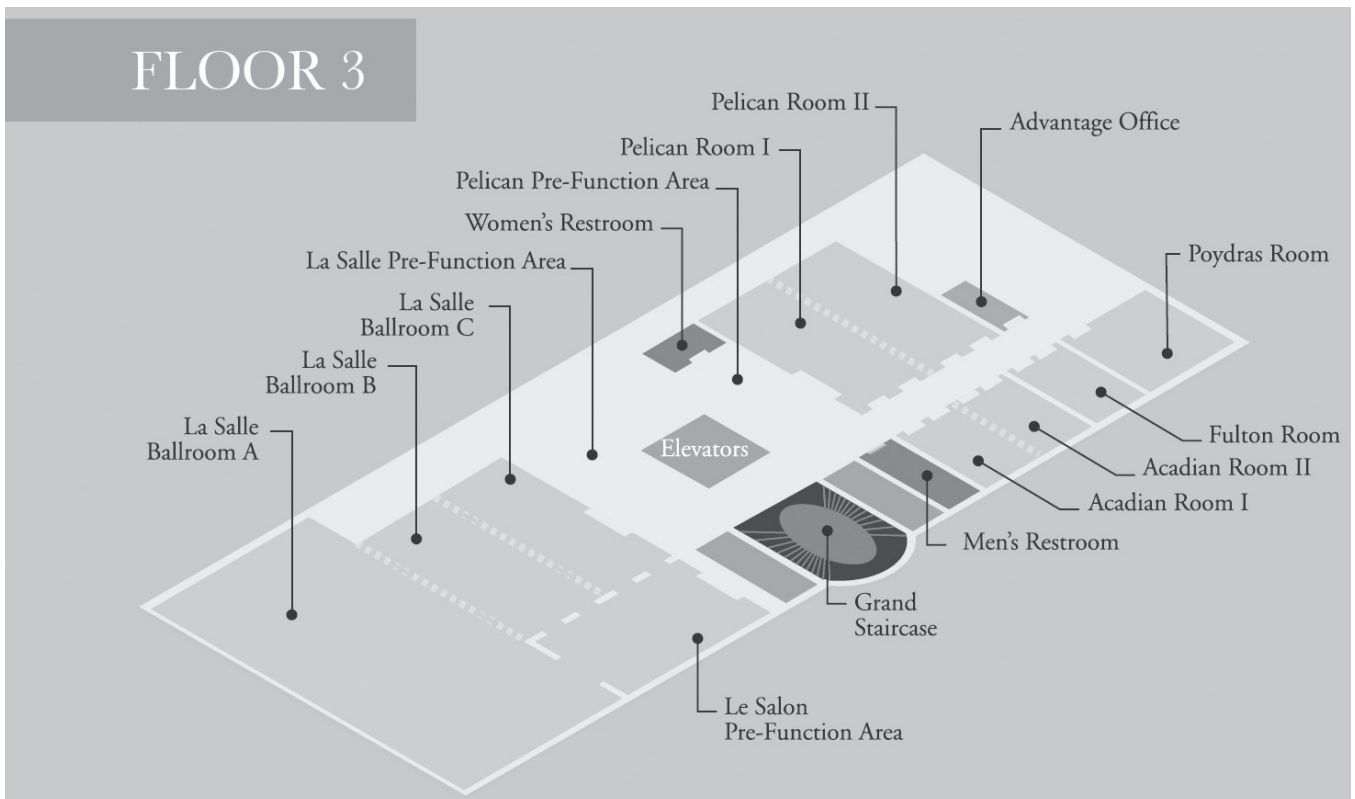
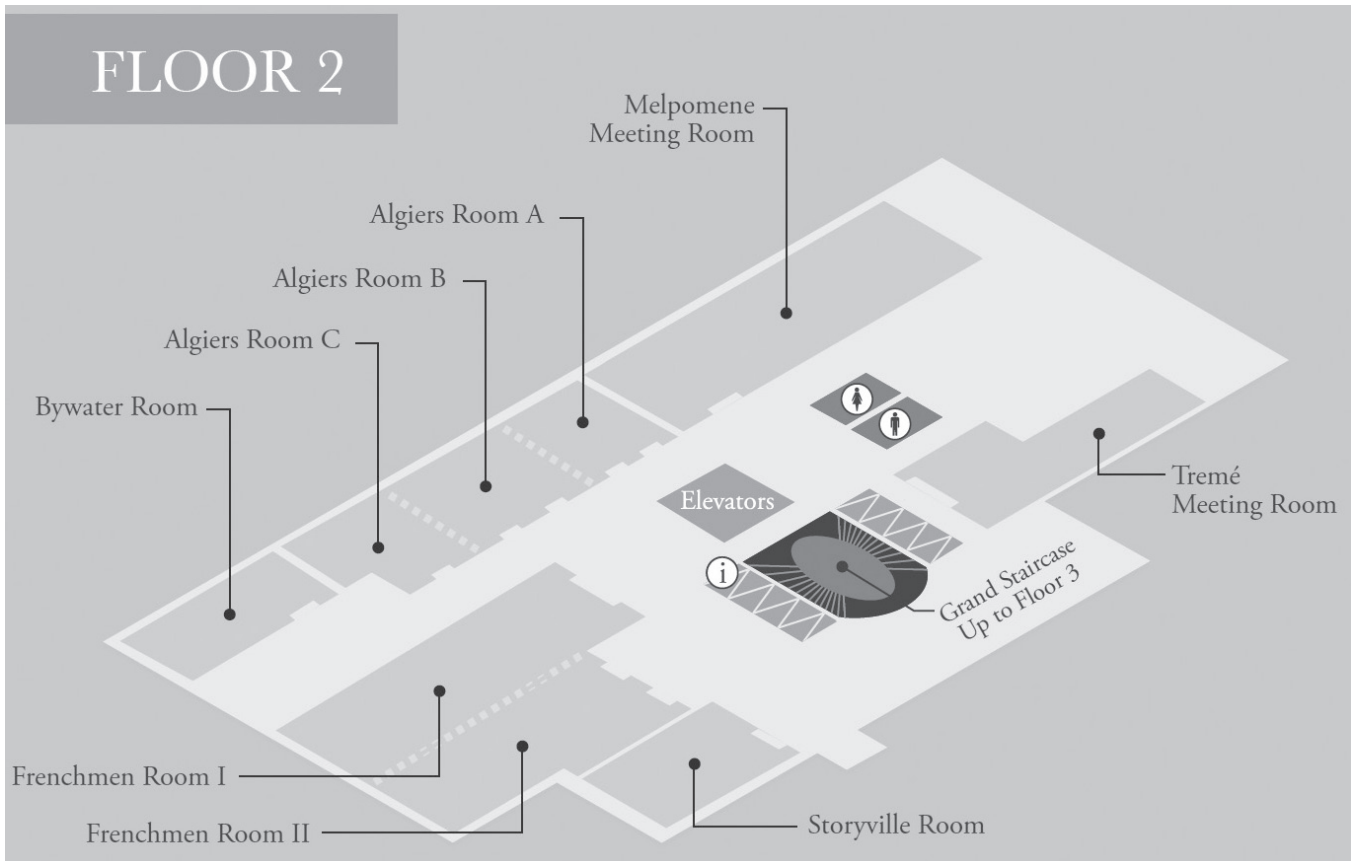
Professional Identity Formation Among Medical Students Who Volunteer at a Medical Specialty Camp

Jimmy Beck, COMSEP Grant Principal Investigator 2012-2014, Terry Kind, Mentor, Children's National Medical Center/George Washington University

Dissemination to date:

- ❖ Beck, J, Chretien, K, Kind, T. Professional Identity Development through Service-Learning: A Qualitative Study of First Year Medical Students Volunteering at a Medical Specialty Camp, Clinical Pediatrics, in press.
- ❖ Beck, J, Kind, T, Chretien, K. Professional Identity Development through Service-Learning: A Qualitative Study of First Year Medical Students Volunteering at a Medical Specialty Camp, Poster presentation, International Association of Medical Science Educators (IAMSE) Conference in Nashville, TN June, 2014.
- ❖ Beck, J, Kind, Chretien, K. Professional Identity Formation Among Medical Students Who Volunteer at a Medical Specialty Camp. USC Innovations in Medical Education Conference, Los Angeles, February 2013.

Hotel Floor Plan



2016

Annual Meeting

April 6-9, 2016



COMSEP

Excellence in Medical Student
Education in Pediatrics

Save the Date!

www.comsep.org

Pediatric Educational Excellence Across the Continuum (PEEAC)

September 18-19, 2015
Westin Peachtree Plaza
Atlanta, GA

Deadline for Call for Workshops: April 2, 2015

visit www.peeac.org for more details