

PC1

THE ABCS OF MEDICAL STUDENT EDUCATION: FUNDAMENTALS FOR PEDIATRIC EDUCATORS

Andy Mutnick, MD, Columbia University, New York, NY; Anton Alerte, MD, University of Connecticut, Hartford, CT; Stephanie Starr, MD, Mayo Clinic, Rochester, MN; Lisa Leggio, MD, Georgia Health Sciences University, Augusta, GA

This interactive workshop is designed for educators who would benefit from an introduction to a variety of topics related to medical student education. Target audiences are new clerkship directors, site directors, sub-I directors, coordinators and anyone else wanting an 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! Strategies that have worked for others will be highlighted. 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"? 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. **Workshop Learning Objectives:** Understand requirements for a productive educational experience understand objectives and competencies; understand regulatory requirements governing medical education; understand various teaching methodologies; compare and contrast different feedback and evaluation methods and determine the feasibility of implementation; assemble a model for curriculum design; and compile resources to further enhance your academic success as an educator. 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 is a perfect introduction to the organization.

PC2

USING REFLECTIVE WRITING IN MEDICAL EDUCATION

Rich Frankel, PhD, Thomas S. Inui, Sc.M., M.D., Debra Litzelman, MA, MD, Bob Vu, MD, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, IN

Purpose and Rationale: Excellent practice requires that physicians approach patients with both objectivity and an open, caring attitude. However, much of what physicians bring to interactions with patients, students, and staff may be beyond their awareness: values, beliefs, and emotions informed by personality, character, and prior life experiences. These aspects of the physician “self”, if left unexamined, may interfere with the ability of the physician to be effectively engaged with patients and with members of the health care team. The growing problems of burnout and compassion fatigue can also be exacerbated when physicians ignore their emotional responses to clinical situations that challenge their ideals of practice. The practice of reflective writing has gained increasing acceptance as a method to enhance self awareness, with a significant positive impact on personal and professional formation. It allows physicians and students to articulate and explore important areas of cognitive, ethical and emotional conflict. The process of narrative reflection can also serve as a powerful tool for formative assessment. Additionally, schools can learn about themselves –typically about both their strengths and their lapses – from their students’ perspectives. With all its potential strengths, this emerging method presents challenges: narrative is a complex and subtle form of communication, capable of bringing to light aspects of experience not always easily understood or intuitively analyzed. Because reflective writing is all about personal experience, it is important to develop a sensitive style of facilitation to assist learners in understanding their relationships with their patients, colleagues, and themselves as well as gain insight into more fully understanding his or her own written account. **Objectives:** At the conclusion of the workshop participants will be able to: 1. describe how reflective writing and narrative methods can be integrated more effectively into their curricula; 2. understand what level of faculty preparation is appropriate for the various uses of narrative work and reflective writing; 3. prepare a plan for implementing a reflective writing exercise with colleague at the COMSEP conference and at their home institution.

PC3

GRANT WRITING: THE BIG PICTURE, THE DETAILS, THE COMSEP SMALL GRANT PROGRAM AND BEYOND

Sherilyn Smith, MD, University of Washington, Seattle, WA; Janet Fischel, PhD, Stony Brook University, Stony Brook, NY; Susan Bannister, MD, FRCP, University of Calgary, Calgary, AB; Eve Colson, MD, Yale, New Haven, CT; Joseph Gigante, MD, Vanderbilt, Nashville, TN, Terry Kind, MD, MPH, George Washington University, Washington, DC; Leslie Fall, MD, Dartmouth, Lebanon, NH; Linda Tewksbury, MD, NYU, New York, NY; Lavjay Butani, MD, UC Davis, Sacramento, CA

Rationale: Educational scholarship is a key skill for academic success for clerkship directors. Successful grant writing is one method to obtain resources for scholarly work. Many educators do not have training or experience writing grants. **Objectives:** 1) Articulate the key elements of a COMSEP grant proposal 2) Write a clear question related to their proposed research or scholarly work 3) Match appropriate methods to the study question 4) Create a timeline for their scholarly work 5) Summarize the budgeting process for COMSEP grants 6) Discuss common mistakes in grant proposals and methods to address them. **Methods and Content:** The workshop will begin with a short didactic session reviewing and explaining the elements of a grant, with a focus on the COMSEP small grant application. Participants will then work in small groups to develop their individual project ideas, facilitated by COMSEP members who are experienced grant reviewers. Participants will use a worksheet based on the COMSEP grant to write a clear research question, a statement of need, and specific aims for their proposed project. We will briefly review common methodologies used with different types of scholarship. In facilitated small groups, participants will choose appropriate methods for their projects and will create a draft timeline for their work. The full group will review 1) the COMSEP grant budget process 2) other funding sources and 3) common mistakes in grantsmanship and ways to avoid them. The workshop will conclude with presentation of examples of participants work and discussion of next steps. Participants will receive resources for grant writing and identifying funding. Facilitators may continue to serve as mentors for participants as they submit grants in the future.

PC4

TODAY A CLERKSHIP DIRECTOR, TOMORROW&?: THE MINDFUL PATH TO ACADEMIC ADVANCEMENT

Jennifer Koestler, MD, New York Medical College, Valhalla, New York; Anton Alerte, MD, University of Connecticut, Hartford, CT; Michael Barone, MD, Johns Hopkins University School of Medicine, Baltimore, MD, Charles Bergstrom, MD, University of Washington School of Medicine, Seattle, WA; Lyuba Konopasek, MD, Weill Cornell Medical College in Qatar, Doha, Qatar; Angela Mihalic, MD, University of Texas Southwestern, Dallas, Dallas, TX; Sandy Sanguino, MD, Northwestern University, Feinberg SOM, Chicago, IL; Elizabeth Stuart, MD, MEd, Stanford School of Medicine, Palo Alto, CA

Rationale: Serving as a clerkship director is often the first step on a path to broader educational roles - for example, in Curriculum Development, Student Affairs, Admissions, or Residency Education. Opportunities may arise serendipitously or by deliberate planning. The goal of this workshop is to enable clerkship directors to anticipate potential career opportunities beyond the clerkship and ready themselves for the possibility of taking on new roles. **Objectives:** At the completion of the session, participants will be able to: Describe key features of academic roles often taken after leading the clerkship; Reflect on existing skills, interests, and sources of passion and how these might fit with a variety of future roles; Identify practical skills and resources needed in applying for and/or accepting new roles; Anticipate challenges and outline strategies for solving common problems associated with the transition from clerkship director to other academic positions. **Methods and Content:** After a brief introduction, workshop faculty will describe their academic roles beyond the clerkship, with an emphasis on skills, personal values, and job features that have proven to be important. Participants will then break into small groups to work through a series of cases and exercises focused on the following: Self-assessment of skills, interests, values, and passion - Positioning oneself in the institution to take on additional roles - Clarifying the scope and details of a new position - Developing additional skills needed in new roles - Exploring the fit between existing and new responsibilities - Making the transition. Participants will have an opportunity to reflect on personal experiences and tap the shared wisdom of colleagues. In addition to written tools and handouts used during the workshop, we will distribute a bibliography of resources and an outline of ideas generated during the problem solving sessions.

PC5: 8:00 a.m. – 1:00 p.m.

Clerkship Administrator Certification

WORKSHOP 1: CHARTING A COURSE

Gary Beck PhD, University of Nebraska College of Medicine; Virginia Cleppe AM, Medical College of Wisconsin

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

A1

REFLECTING ON REFLECTIONS: USING FEEDBACK TO STIMULATE REFLECTIVE CAPACITY IN YOUR LEARNERS

Lavjay Butani, MD, UC, Michele Long, MD, Albina S. Gogo, MD, UC Davis Medical Center, Sacramento, CA,; Leonard J. Levine, MD, St Christopher's Hospital For Children/Drexel University, Philadelphia, PA

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

Objectives: At the end of the workshop participants will be able to: 1. Discuss how 'critical reflection' differs from 'reflection' 2. Promote the value of giving formative feedback to learners to enhance their reflective capacity 3. Analyze reflective writings to assess depth of reflective capacity, and 4. Demonstrate facility in the use of provided worksheets to stimulate critical reflection. **Methods and Content:** 0:00 to 10:00 minutes Introductions and review of objectives (Large group discussion) 10:00- 30:00 minutes Role of reflection in medical education (Brainstorming+ brief didactic of Kolb's learning theory, summary of studies showing benefits of reflective capacity, components of critical reflection) (Objective 1 and 2) Hand out worksheet #1 for evaluation of reflective capacity 30:00-50:00 Analysis of sample reflective writings using worksheet #1 (Facilitated large group discussion) (Objective 3) 50:00-70:00 How to give feedback on reflections to stimulate critical reflection (Think pair share using sample writings + Brief didactic (slides on framework to give feedback) (objective 4) Hand out worksheet #2 for articulation of feedback on reflective capacity 70:00 to 90:00 Evaluating and articulating feedback on learner reflections using worksheets 1 & 2 (Small group activity, role play) (objective 4) 90-110:00 Sharing of small group work 110:00-120:00 Wrap-up Commitment to change/act.

A2

INSTILLING FORM IN YOUR FORMS: IMPROVING THE QUALITY OF THE CLERKSHIP EVALUATION FORMS YOU COMPLETE AND RECEIVE

Susan L. Bannister, MD, FRCP, University of Calgary, Calgary, AB; Diane Moddemann, MD, FRCP, University of Manitoba, Winnipeg, MB; Stacey Bernstein, MD, FRCP, University of Toronto, Toronto, ON

Rationale: Evaluation (or assessment) forms are the main way that clerkship directors receive feedback about the performance of their medical students on their different rotations. On many occasions, though, these forms do not accurately depict the knowledge, behaviors, and expertise of the students. This presents a significant challenge to clerkship directors. **Objectives:** By the end of this interactive workshop participants will be able to: 1. Identify the challenges of evaluation form completion at the individual and program level. 2. Identify key components of high quality completed evaluation forms. 3. Distinguish between high-quality and poor-quality evaluation forms using an evidenced-based rating scale. 4. Complete a high-quality evaluation form. 5. Describe the ways that clerkship directors can support faculty to provide an accurate evaluation form. **Methods and Content:** In this highly interactive workshop, participants will engage in several activities. In a large group interactive session, participants will identify the reasons evaluation forms are often not completed well and compare these to the reasons identified in the literature. Individually and then in pairs, participants will evaluate real-life evaluation forms against an evidenced-based scoring sheet. Participants will review and practice completing quality evaluation forms in a fun, practical exercise using video clips. They will engage in a peer-consultation exercise to receive feedback on their completed evaluation forms. By the end of the session, participants will walk away with the knowledge and skills to evaluate evaluation forms and complete high-quality evaluation forms. Further, they will have the knowledge to support their faculty, improving the assessment process at their institution.

A3

BITE-SIZED MORSELS: EFFECTIVE, EFFICIENT FACULTY DEVELOPMENT

Jennifer Christner, MD, University of Michigan, Ann Arbor, MI; Miriam E. Bar-on, MD, University of Nevada School of Medicine, Las Vegas, NV; Lyuba Konopasek, MD, Weill Cornell Medical College in Qatar, Doha, Qatar; Steve Tinguely, MD, University of North Dakota, Grand Forks, ND

Rationale: The Liaison Committee for Medical Education (LCME) requires faculty to participate in faculty development to improve their teaching skills. Multiple challenges exist in implementing faculty development including time, pressure to increase clinical productivity and individual interest. Models of faculty development have traditionally focused on 60 minute grand rounds presentations and multiple-hour workshops. While these models have been shown to be effective, they may not be the best mode for delivering this material to faculty with multiple competing priorities i.e. clinical care, administrative duties and teaching. To address these challenges, a shorter bite-sized faculty development session the snippet - has been created. Each 20 minute snippet combines didactics with interactive activities and focuses on a specific skill related to effective teaching or learner assessment. Adult learning theory clearly states that the attention span of an adult is about 20 minutes, making the snippets an ideal method to impart knowledge and develop skills. Further, snippets can be embedded into faculty meetings with minimal disruption of the agenda and maximal attendance. Snippets do not replace traditional in depth faculty development, but rather bring it to individuals who cannot routinely attend these types of sessions. They may also be used as previews to trigger interest in longer workshops.

Objectives: 1) Transform barriers for faculty development into an efficient, effective and interactive faculty development model, "snippets". 2) Design snippets using a standardized template. 3) Develop a mechanism to build a snippet library for sharing resources. **Methods and Content:** During this interactive workshop we will first introduce the origin of snippets and the philosophy/educational rationale behind their development. This section will include brief didactics with demonstration of a snippet followed by buzz group work. Next we will use a pair-share method to make lists of faculty development topics that lend themselves to snippets. These ideas will then be shared with the large group. We will then break into small groups and use a standardized template for snippet development and design of snippets. Groups will have the opportunity to take a topic and develop a snippet based on the template. Workshop leaders will collect these snippet designs to compile into the beginnings of a library to share with the group so all will have access to the snippets created during the workshop.

A4

GIVING A FEEDBACK SANDWICH WITH A SLICE OF THE COMPETENCIES

Julie M. Noffsinger, MD, Jennifer B. Soep, MD, University of Colorado Denver, Aurora, CO; Erin K. Balog, MD, USUHS, Bethesda, MD; Janice L. Hanson, PhD, University of Colorado Denver School of Medicine, Aurora, CO; Matthew Eberly, MD, USUHS, Bethesda, MD

Rationale: The importance of high quality feedback in training physicians has been well-documented (Ende, 1983). Lack of formal training in how to give feedback and clinical demands often prevent faculty from giving timely and constructive feedback. The current "Pediatric Milestones Project" aims to further define and apply the ACGME competencies across the continuum of pediatric medical education. This collaborative effort will eventually also drive how medical students are assessed. Therefore, faculty will need to anticipate, understand, and apply the competencies when delivering feedback to students. **Objectives:** 1) Review and practice the essentials of high quality feedback. 2) Outline the ACGME core competencies and trends towards application in undergraduate medical education and assessment. 3) Explore links between sample evaluation forms and competency-based feedback. 4) Practice giving competency-based feedback using a newly developed tool. **Methods and Content:** This workshop will begin with a didactic outlining the "basics of feedback" and a brief review of the ACGME core competencies (10 minutes). Next, participants will observe a student-patient interaction and evaluate the student using a global evaluation tool, then discuss how competency-based assessment might change faculty feedback. Data will then be presented (5 minutes) on the effectiveness of a competency-based feedback intervention in a resident population. Facilitated small groups will then create a list of behaviors that pediatric clerkship students should demonstrate, using the 6 core competencies. After a large group debrief, this draft will be used as a tool for competency-based feedback. Next, we will use video cases and worksheets to practice giving feedback utilizing the competency-based framework. We will discuss as a large group implications of this method for sample evaluation forms. The workshop will conclude with examples of how these practical tools can be used at your home institutions. This workshop has something to offer both first timers learning the basics of feedback as well as feedback veterans wanting to master a new approach.

A5

DO AS I DO: BEING MINDFUL OF ROLE MODELING IN MEDICAL EDUCATION

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

Rationale: As medical educators, we teach by example. Through our actions and the expression of our values, we are inherently role models for our learners who emulate our behaviors as they form their own professional identities as physicians. Our role as medical educators puts us in a unique position to positively influence the mindfulness of students in medicine. Mindfulness refers to bringing a certain quality of attention to an experience. The goal of this workshop is to enable participants themselves to be more mindful of the powerful strategy of role modeling in medical student education. **Objectives:** By the end of this workshop, participants will be able to: 1. Define what makes an effective role model 2. Identify barriers to effective role modeling 3. Identify what individuals communicate as role models 4. Determine how to enhance the impact of role modeling as a teaching strategy. **Methods and Content:** This workshop will start with a brief introductory plenary presentation on role modeling in medicine. We will use video vignettes to facilitate interactive breakout discussions in small groups. We will encourage participants to identify and discuss their own strengths and areas for development through a written self-reflective exercise. At the end of the workshop, participants will reconvene into the larger group to summarize key points and lessons learned. Based on the number of participants, we will involve other facilitators as required to maintain an atmosphere conducive to open small group discussions. Technological requirements include a laptop computer, projector, and speakers which we will provide. This workshop is based on a workshop created by the Faculty Development Office from the Faculty of Medicine at McGill University, Montreal, Quebec, Canada, adapted and used with permission.

A6

TBL 101: AN INTRODUCTION TO TEAM-BASED LEARNING

Jocelyn H. Schiller, MD, University of Michigan Medical School, Ann Arbor, MI; Lucy Y. Chang, MD, Linda Tewksbury, NYU School of Medicine, New York, NY; TJ Jirasevijinda, Weill Cornell Medical College, New York, NY; Andrew Mutnick, Columbia University, New York, NY

Rationale: Medical educators are quickly catching on to Team-Based Learning (TBL), a well-established educational strategy that replaces lecture presentations with active small-group learning. Typically employed during the basic science years, TBL is gaining traction during clinical clerkships, where it transforms passive didactic sessions into engaging learning experiences, even when the student to faculty ratio is high. TBL promotes active learning and in-class collaborative problem solving. This approach deepens understanding of the subject material and further helps students develop competency in interpersonal skills, teamwork and peer feedback. The Flexner II Report advocates for developing habits of inquiry and promoting identity formation. Team-based approach to learning can address both. Recent research has shown that the use of TBL in clinical clerkships improved student performance compared to traditional didactic lectures and small group lectures.

Objectives: Outline the benefits of team-based learning (TBL) in a clerkship setting -Demonstrate the key components of a successful TBL exercise -Illustrate how to change a small group into a productive learning team. **Methods and Content:** Active engagement in a TBL session, where participants experience the learners perspective, best demonstrates the strengths of this instructional method. This workshop will immerse participants in a simulated TBL module designed for educators who have little or no knowledge of this unique pedagogy. After presenters deliver a short overview, participants will be organized into teams. Attendees then participate in the 3 phases of TBL: preparation, readiness assurance and application. At the close of the simulation, leaders and participants will reflect on their experience of the TBL method, discuss the challenges of integrating TBL into their curriculum, and plan for implementing TBL at their home institutions. The instructors will provide resources to facilitate the implementation of TBL at other institutions.

A7

MEDICAL STUDENT PEER ASSESSMENT: SHOULD I BE USING THIS IN MY CLERKSHIP?

Gwen C. McIntosh, MD, University of Wisconsin School of Medicine and Public Health, Madison, WI; James Stallworth, MD, University of South Carolina School of Medicine, Columbia, SC; Lisa Martin, MD, MPH, Loyola University Stritch School of Medicine, Maywood, IL; Starla Martinez, Northeast Ohio Medical University, Akron, OH

Rationale: As peer assessment plays an increasingly important role in all areas of medical education from maintenance of licensure and graduate medical education to undergraduate medical education, clerkship directors may be called upon to implement medical student peer assessment in their clerkships. This is a newly developing area to which few clerkship directors have meaningful exposure. **Objectives:** 1. Discuss the fundamental principles of medical student peer assessment 2. Review current practices of medical student peer assessment 3. Analyze current literature on usefulness and validity of peer assessment 4. Recognize strengths and potential short comings of peer assessment 5. Develop and refine a peer assessment tool for use at your institution. **Methods and Content:** The goal of this workshop is to familiarize clerkship directors with the fundamental principles, practices and pitfalls of student peer assessment. Through interactive discussion and brainstorming we will review the data supporting the usefulness and validity of student peer assessment and will examine the current practices of peer assessment in medical student education. While peer assessment can provide unique and valuable information on interpersonal skills, professionalism and communication skills, there may be some drawbacks to using this method of assessment. In a small group case-based exercise, participants will debate the merits and limitations of student peer assessment. Examples of peer evaluations will be provided for review and discussion on how best to convey this type of assessment to a student in a constructive manner. During the final portion of the workshop, attendees will develop and refine a tool for student peer assessment that can be personalized for use at home institutions. Participants will leave the workshop with a reference list of relevant articles and a sample peer assessment tool for implementation in their own clerkships.

A8

JUST WHAT DO I WANT TO STUDY? WRITING QUALITATIVE RESEARCH QUESTIONS AND PLANNING INITIAL RESEARCH DESIGN

Janice L. Hanson, PhD, University of Colorado, Aurora, CO; Eve Colson, MD, Yale University, New Haven, CT; Caroline R. Paul, MD, University of Wisconsin, Madison, WI; TJ Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Paritosh Kaul, MD, University of Colorado, Aurora, CO; Cori M. Green, MD, Weill Cornell Medical College, New York, NY; Heather McLauchlan, MD, University of Illinois, Peoria, IL; Madeleine Bruning, EdD, MEd, University of Southern California, Los Angeles, CA; Mitzi Scotten, MD, University of Kansas, Kansas City, MO; April Buchanan, MD, University of South Carolina, Greenville, SC

Rationale: For reflective practitioners, qualitative research methods provide a useful approach to inquiry about medical education. Writing effective qualitative research questions and planning a study can, however, prove challenging. This workshop will provide opportunities to discuss the challenges of a reflective, qualitative approach to research, write and hone qualitative research questions, explore qualitative methods, and initiate plans for a rigorous design. **Objectives:** 1) Identify challenges to writing high-quality qualitative research questions. 2) Write and edit a qualitative research or evaluation question for medical education. 3) Make initial sampling and data collection decisions. 4) Discuss the role of reflection in research. **Methods and Content:** After introductions, participants will discuss in pairs, Which 1 or 2 qualitative studies stand out in your mind, and why? Returning to the large group, participants will share these examples and assemble a list of topics that participants would like to study with qualitative methods. A facilitator will then lead a discussion of participants' past challenges with qualitative research or evaluation. Next, a brief didactic presentation (10 minutes) will introduce philosophical frameworks and explain their relevance to writing a question. Then, using a worksheet and working in groups of 2-4 participants, each with a facilitator, each participant will write a question for a qualitative study. The small groups will then discuss implications of the newly-written research questions for planning a qualitative study: Who will I gather data from? (a sampling plan) How will I gather data? (a data collection plan) Returning to the large group, participants will share their research questions and initial design plans. The workshop will close with a discussion of the role of reflection and mindfulness in qualitative research and evaluation.

A9

TEMPERAMENT: IMPROVING RELATIONSHIPS WITH MEDICAL EDUCATORS AND STUDENTS

Gretchen Shawver, Stanford University, Palo Alto, CA; Alison D. Ricker, Dartmouth Medical School, Hanover, NH

Rationale: Temperament refers to the innate aspects of an individual's personality, such as introversion or extraversion. Awareness of your own temperament helps interpersonal communication and understanding of those around you. This workshop will explore the relevance of temperament to the realm of clerkship education as it applies to the Clerkship Administrator. Although we will use interactions with medical educators and students as a focus for discussion, the concepts and approaches to be presented are relevant for all relationships and environments. **Objectives:** By the end of the session, participants will be able to: (1) Identify individual temperament features, (2) Explore the differences and similarities of unique personality types, (3) Discover strategies to promote improved relationships with medical educators and students. **Methods and Content:** The workshop will begin with an introduction to temperament and a review of personality types based on the Myers Briggs Type Indicator/Keirsey Temperament Sorter. Each participant will receive the results of their personality type and engage in interactive, hands-on, exercises to explore temperament features and strategies to promote improved relationships with medical educators and students. Participants will return to the large group to share and discuss how they may use individual temperament features and strategies at their home institution. Participants will leave the workshop with a notebook of descriptions of personality types and strategies for improving relationships.

B1

DEATH AND DYING--HOW WELL ARE OUR STUDENTS PREPARED TO COPE?

Shelley W. Collins, MD, Maria Kelly, MD, University of Florida, Gainesville, FL

Rationale: The message our students receive about death is that it is part of being a doctor. Maintaining distance is professional. The reality is most medical students have not experienced the death of a patient and therefore do not have the coping skills necessary to know how to act or react when faced with this eventuality. As clerkship directors and pediatric medical student educators we have a responsibility to address this deficit in the education and experience of our students. Certainly creating a hypothetical situation is not the same as facing the reality of a patient death, but it is often not even discussed. Pediatric educators must have a comfort in dealing with the emotions that students have when dealing with a patient death. This often requires understanding our own coping mechanisms and biases as it relates to patients and their death and dying process. **Objectives:** 1. Review the literature on the effect of patient deaths on medical students. 2. Identify your own coping mechanisms when dealing with a patient death. 3. Recognize the impact of your behavior on that of your student when a patient dies. 4. Understand the effect writing about your experience might have on how you deal with it. **Methods and Content:** The workshop will include various techniques including large group lecture, individualized writing, small group breakout and a large group wrap up session. 0-5 Min: Welcome and introductions 5-20 Min: Overview of the workshop Review of pertinent literature on death and medical student coping skills 20-50 Min: Instructions and Reflective writing piece on personal coping mechanisms and review of personal experiences with patient death and/or helping a student cope with the death of a patient 50-70 Min: Small group sharing of reflective writing and feedback 70-85 Min: Large group discussion 85-90 Min: Wrap Up

B2

HOW TO BE A SUPER MODEL: UTILIZING ROLE MODELING TO BECOME AN EXEMPLARY EDUCATOR

Priti Bhansali, MD, Children's National Medical Center, Washington, DC, Helen B. Fromme, MD, The University of Chicago, Chicago, IL; Melissa Held, MD, Connecticut Children's Medical Center, Hartford, CT

Rationale: Over the past three decades many studies have been published on the qualities and skills of exemplary medical educators. Role modeling is a skill frequently mentioned in these studies, but is a skill not often developed for use as an educational method. The purpose of this workshop is to assist participants in attaining a better understanding of the characteristics of effective role modeling, and to create a paradigm to consciously incorporate role modeling into the daily education of trainees and colleagues in varied domains.

Objectives: 1) Examine the impact of role modeling in medical education 2) Discuss different health care settings in which role modeling can be employed as an educational method. 3) Create strategies to integrate role modeling as an effective teaching method. **Methods and Content:** In this workshop, participants will be introduced to the concept of role modeling as a metacognitive process in which successful educators make their thought processes and reasons for behaviors accessible to learners. Through an interactive icebreaker, participants will discuss role modeling behaviors they have encountered. Then, using a guided exercise, they will reflect on their own professional development, describing the impact of positive and negative role modeled behaviors observed through their training. Next, we will provide participants with a succinct review of the literature on role modeling as an educational method in order to provide a framework for participants' active experimentation in breakout sessions. During these small group sessions, participants will explore the different contexts in which they currently may role model teaching, professionalism, communication, and clinical behaviors. Finally, participants will collaborate to develop practical strategies for utilizing role modeling in the daily practice of education using the framework provided, and share their strategies with the larger group. Participants will leave the workshop having created a toolbox that will describe settings, preparatory tasks, specific techniques, and debriefing strategies for educators to utilize role modeling as a valuable and successful educational method.

B3

TO SHARE OR NOT TO SHARE? THE ROLE OF FORWARD FEEDING IN EVALUATION OF STUDENTS.

Jennifer G. Christner, MD, University of Michigan, Ann Arbor, MI; Glen A. Medellin, MD, University of Texas Health Science Center, San Antonio, TX; Huiju Carrie Chen, MD, MEd, University of California, San Francisco, CA, Tim W. Kelly, MD, University of California, San Francisco, CA

Rationale: Forward feeding is sharing information about students between courses and clerkships with the goal of longitudinal correction of concerning behaviors and skills. Clerkship directors serve a vital role in oversight of medical student performance, but are limited by brief length of clerkships. Although most clerkship directors believe that forward feeding is important for accurate evaluation of struggling students, few schools have formal policies about sharing medical student information. **Objectives:** By the end of this workshop, participants will be able to: 1) Define the types of student behaviors and deficiencies that are appropriate and potentially beneficial to share, 2) Explore the advantages and disadvantages/risks of forward feeding, and 3) Develop mechanisms to respond to common student struggles shared with clerkship directors, including how to use the information in a way that best benefits and least disadvantages the student.

Methods and Content: Workshop leaders will present a brief review of the literature on forward feeding and its role in longitudinal assessment. Models and policies currently used in medical schools will be described. Participants are encouraged to bring their school's policies and practices to share with the group. Participants will engage in small group activities to work through case scenarios regarding common issues facing struggling students. Then, through a mixture of audience participation and small group breakout sessions, strategies will be developed to assist clerkship directors in being advocates for students. Finally participants will explore caveats and risks of forward feeding such as bias, stigmatization, unfair advantage and litigation. This will include appropriate mechanisms to interact with medical school administration as well as their own faculty to best help the student.

B4

REMEDIATING THE DIFFICULT LEARNER

Vinita C. Kiluk, MD, University of South Florida, Tampa, FL

Rationale: This session will look review what options are available to a student requiring remediation when they fall into the category of the difficult learner. Specifically, this workshop will discuss actions one can take when a student on a clerkship is found to be below their peers in more than one category: communications, skills (both history taking and physical exam) and critical reasoning. Many course directors are faced with the challenge of bringing these students up to the level of their peers through a variety of formative activities that include both simulation and in situ actions of remediation. This workshop will review the options that are available to the faculty who face these challenges. **Objectives:** At the end of this workshop, the participants will be able to: 1. Recognize a difficult learner on their rotations. 2. Discuss three formative activities that faculty can utilize to remediate a student below the level of their peers. 3. Describe a summative activity the remediated student can complete to bring their grade scores in line with their peers. 4. Evaluate the process of identifying appropriate remediation events to address their students needs. **Methods and Content:** This workshop will follow the format: 1. Introductions 10 mins - Group Discussion 2. Who is the Difficult Learner? - 10 mins - Group Discussion 3. Identification of key methods to evaluate student performance - 15 minutes - Small group discussion, team presentation 4. Outline of the core formative activities to engage remediated learners - 20 minutes - Small group discussion, team presentation 5. Detail of the summative evaluations to measure effectiveness of remediation program - 15 minutes - Large group discussion, Audience Response System- (non-computer) 6. Overview and review of participants developed materials - 20 minutes - Discussion, Audience Response System (non-computer), Q and A.

B5

CLIPP: NOT JUST THE FACTS, MAAM

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Rationale: Over the past ten years, CLIPP has become one of the most commonly used educational tools in Pediatrics, used by nearly 90% of medical schools in North America. Designed with the COMSEP curriculum as a blueprint and ED-2 as a national educational directive, CLIPP cases have been used primarily for curriculum coverage. A recent national survey of educators in Pediatrics, however, identified formative and summative assessment tools as well as supplemental teaching tools as pressing curricular needs. In addition, the development of clinical reasoning skills in students has been identified as a collective area of interest for many COMSEP members and residency program directors. In response, CLIPP has developed several tools which address many of these educational needs. **Objectives:** At the end of this workshop, participants will be able to use new tools to: (1) evaluate students' ability to synthesize key findings into a summary statement; (2) examine students' line of clinical reasoning as they work through a case; (3) utilize probing questions to test students' understanding of key clinical and basic science concepts; (4) further develop student oral presentation skills to reflect clinical reasoning. **Methods and Content:** The workshop will begin with an orientation to the newest additions to the CLIPP Instructors Area: (1) a summary statements tool; (2) a case analysis tool; (3) questions for further consideration and (4) an oral presentation skills development module. Following this orientation, participants will rotate through breakout groups (2 or 3, based on length of workshop) which will allow for hands-on experience with these tools, discussion of integration strategies, and user feedback. Workshop faculty include members of the CLIPP editorial board as well as COMSEP members who have used CLIPP as a platform for developing and disseminating educational scholarship. NOTE: this workshop may be considered under Hot Topics (connection to clinical reasoning agenda within COMSEP) or Foundational (as assessment tools are discussed as well)

B6

MINDFULNESS MATTERS: USING YOUR EDUCATORS PORTFOLIO TO ADVANCE IN THE ACADEMIC PROMOTION PROCESS

Corinne Lehmann, MD, MEd, Cincinnati Childrens Hospital, Cincinnati, OH; Amy Guiot, MD, Cincinnati Children's Hospital, Cincinnati, OH; Joseph Gigante, MD, Amy E. Fleming, MD, Vanderbilt, Nashville, TN; Jocelyn Schiller, MD, University of Michigan Medical School, Ann Arbor, MI; April Buchanan, MD, University of South Carolina School of Medicine, Greenville, SC; Carrie Anne Phillipi, MD, Oregon Health and Science University, Portland, OR; Paritosh Kaul, University of Colorado-School of Medicine, Aurora, CO

Rationale: Planning for promotion in a medical career should start early, perhaps even on the first day of medical school! Physicians are not taught to routinely reflect and be mindful of the many accomplishments that should advance us in the promotion process. Many pediatrics faculty on the clinician educator pathway are unaware of their own institutions promotion criteria or delay their academic advancement planning due to job demands. Even for those who are armed with knowledge and planning, navigation of the promotion process can be challenging for medical educators as traditional promotion criteria may be based on research activities and funding. Many institutions have now developed portfolios to track important progress in academic activities. **Objectives:** By the end of this interactive workshop, each participant will start or enhance their own educators portfolio and will be able to more mindfully discuss and advance their own educational scholarship and promotion process at their home institution. **Methods and Content:** During this workshop, we will first review the different components of an educator portfolio. Next, we will critique together several examples of portfolios documenting the activities for the clinician educator, such as curriculum development, teaching, learner assessments, advising/mentoring, and leadership/administration. Then by focusing on the concept of educational scholarship, participants will then be able to identify their own work which they can further develop and document, as well as potentially disseminate on a wider scale. Participants are asked to bring a laptop with copies of their own educational materials or an existing portfolio. Working in pairs, participants will actively create or edit their own portfolio. Promotion criteria from various institutions will be reviewed and facilitators will provide examples of successful and less successful promotion reviews in mixed media formats.

B7

PREPARING TODAY'S MEDICAL STUDENTS TO BE THE INTERNS OF TOMORROW: BEGINNING TO TEACH HANDOFFS IN THE CLERKSHIP

Julie Byerley, MD, MPH, Kenya A. McNeal-Trice, MD, University of North Carolina School of Medicine, Chapel Hill, NC; Skyler E. Kalady, MD, Cleveland Clinic Children's Hospital, Cleveland, OH; Suresh Nagappan, MD, Moses Cone/University of North Carolina, Greensboro, NC

Rationale: The importance of an effective handoff of clinical information has increased recently, especially due to changes in resident work hours. Medical student educators in the clinical setting need to prepare students to become successful residents and thus need to help students build a foundation of effective handoff techniques. The ultimate goal is to prepare future residents to be able to succinctly pass on clinical information, prioritizing those patients who are most ill, and highlighting contingency plans for potential upcoming events. Students have to begin to understand that handoffs are not just transfers of information but also a transfer of duties and obligations to the patient. For many, this is new curriculum. The sharing of ideas in a workshop setting will help clerkship directors address this hot topic in their home institutions. **Objectives:** 1. Medical Student Educators will develop appropriate curricular objectives to build foundational knowledge and skills regarding effective handoffs. These objectives will be generalizable in all medical fields. 2. Workshop participants will create teaching methods to address those objectives. 3. After review of the possibilities generated, individual clerkship directors will have time to record an implementation plan to use in their home setting. **Methods and Content:** After an icebreaker, information about best practices from the emerging literature on handoffs will be briefly reviewed by workshop presenters. Working in small groups, workshop participants will then develop objectives appropriate to clerks for foundational knowledge and skills in handoffs. These objectives will be shared with the larger audience. Participants will engage in a handoff exercise used at one of the institutions as an example of an interactive way to teach this skill. Then, new small groups will be formed to develop methods for curriculum delivery of this content in the Pediatric Clerkship. These methods will be presented to the large group and time will be provided at the end for individual clerkship directors to focus their thoughts on their individual setting and record their implementation plan.

B8

TEACHING THE ART OF OBSERVATION: LEARNING TO LOOK

Mark A. Fergeson, MD, University of Oklahoma College of Medicine, Oklahoma City, OK; Bryon Chambers, Oklahoma City Museum of Art, Oklahoma City, OK; Lyuba Konopasek, MD, Weill Cornell Medical College in Qatar, Doha, Qatar; Jennifer L. Koestler, MD, New York Medical College, Valhalla, New York; William V. Raszka, MD, University of Vermont College of Medicine, Burlington, Vermont; Monica Singh, MD, University of Oklahoma College of Medicine, Oklahoma City, OK

Rationale: Skillful observation is an essential component of clinical diagnosis. Learning to keenly observe patients, (including their body language, facial expression, and clothing), can help clinicians better understand the patients' life context, story and diagnosis. However, this skill is rarely specifically taught to medical students or residents. Studies have demonstrated that guided observation of fine art can improve the observational skills of learners. Paintings and photographic portraits are produced with the intention of conveying emotion and narrative to the observer. Thus, practicing observation skills with visual art can also help clinicians obtain a better appreciation of the patient's condition, dignity and humanity. **Objectives:** Objective 1: Describe the use of Visual Thinking Strategies as a technique to teach the art of skillful observation in medical practice. Objective 2: Apply VTS to the observation of fine art and patient photographs. Objective 3: Demonstrate how the observation of visual art and patient photographs can be used to enhance learners' understanding of patients, including their context and their non-verbal communication skills. Objective 4: Develop a plan for implementing the use of fine art to teach observational skills at your institution. **Methods and Content:** This workshop will begin with a brief didactic session describing how Visual Thinking Strategies (VTS) can be used to improve clinical skills and deepen the experience of caring for patients. Participants will then work in small groups to apply VTS to the study of fine art and patient photographs. The use of reflective practice to improve observational skills and clinical acumen will be emphasized. Finally, participants will be challenged to develop an action plan for incorporating VTS into their own educational activities. They will be provided with a tool kit for implementation and an annotated bibliography.

B9

CLERKSHIP ADMINISTRATORS USING THEMATIC ANALYSIS FOR QUALITY IMPROVEMENT

Gary L. Beck, PhD, University of Nebraska COM, Omaha, NE; Sharon R. Stoolman, MD, University of Nebraska COM, Omaha, NE

Rationale: Clerkships are evaluated by medical students throughout the year. Often, written comments in the evaluations are not given attention until the end of the academic year. In order to make informed decisions about the upcoming academic year, these comments should be reviewed and considered earlier in the year. Therefore, doing a thematic review of student comments leading to potential recommendations should be conducted midway through the year. Due to increasing demands on clerkship directors, clerkship administrators may be trained to do this to facilitate the process of curricular reforms. This workshop is aimed at providing hands on experience to clerkship administrators. **Objectives:** " Describe the process of thematic analysis " Apply thematic analysis process " Explain the importance of this for your clerkship " Gain experience writing a report based on findings **Methods and Content:** This workshop will combine didactics and small group activities for the clerkship administrators. Facilitators will begin by addressing the process of thematic analysis techniques. Participants will then use actual student comments of experiences to identify common themes, pulling out strengths and areas of improvement. Facilitators will then address different methods of reporting this information. Participants will then have the opportunity to draft concise reports for the clerkship director with possible recommendations for problem areas. The workshop will conclude with time for clarification about thematic analysis and reporting findings.

C1

ANALYZE HOW? UNDERSTANDING WHAT STATISTICS TO CHOOSE FOR YOUR MEDICAL EDUCATION RESEARCH

Gary L. Beck, PhD, University of Nebraska College of Medicine, Omaha, NE; Linda Tewksbury, MD, NYU School of Medicine, New York, NY; Sherilyn Smith, MD, University of Washington, Seattle, WA; Mary E. M. Rocha, MD, MPH, Baylor College of Medicine, Houston, TX; Jocelyn Schiller, MD, University of Michigan Medical School, Ann Arbor, MI; John W. Schmidt, MD, Creighton University, Omaha, NE; Amal M. Khidir, MD, FAAP, Weill Cornell Medical College Qatar, Doha, Qatar; Terry Kind, MD, MPH, Children's National Medical Center, George Washington University, Washington, DC

Rationale: Creating and disseminating scholarly work in education is an important aspect of most medical educators' careers. A scholarly approach to educational research and the evaluation of educational innovations require knowledge of appropriate statistics. A firm understanding of general principles about the different statistical analyses will allow educators be better prepared to choose the appropriate analysis when they are developing their project. This workshop seeks to provide foundational principles about different research methods and the appropriate quantitative analysis to select when consulting with statisticians through an interactive, hands-on approach. **Objectives:** Objectives: 1. List the basic statistical concepts as they apply to educational research. 2. Determine which types of statistical analyses would be most appropriate to use for different research questions or innovations. 3. Apply a general framework for determining the appropriate statistical analysis to examples from the medical education literature. **Methods and Content:** The workshop will blend didactics and small group work facilitated by members of the Research and Scholarship Taskforce who have conducted research in medical education. Facilitators will begin by presenting a general framework that can be used to determine which tests are appropriate to choose based on the type of research question being asked. Participants will then work in small groups to identify research methodologies using examples from abstracts. Facilitators will then focus on how to match specific analyses to the methodologies identified through a combination of didactics and small group exercises. The workshop will conclude with time for clarification about parameters of the methodology and what to prepare when consulting a statistician.

C2

THE USE OF SIMULATION-BASED TRAINING TO DIAGNOSE LEARNER NEEDS AND TARGET INSTRUCTION

Jennifer L. Trainor, MD, Feinberg School of Medicine, Northwestern University, Chicago, IL; Julie Stamos, MD, Feinberg School of Medicine, Northwestern University, Chicago, IL; Robert Greenberg, MD, Feinberg School of Medicine, Northwestern University, Chicago, IL

Rationale: Pediatric educators are increasingly using simulation-based training to augment medical students clinical experience during the pediatric clerkship. Frequently educators find it difficult to provide feedback about suboptimal performance in the simulation scenario, often eliciting defensive reactions from students that hamper deep learning and reflection. Factors which promote effective and well-received simulation-based training include: 1) creating a challenging yet supportive learning environment; 2) choosing high-yield clinical scenarios that are linked to relevant learning objectives; and 3) effective debriefings. Well designed simulation sessions match scenario difficulty to the level of the learner. By providing feedback based on observable performance gaps and then using specific communication strategies to elicit the invisible drivers that underlie them, healthcare educators can target instruction to individual learning needs. **Objectives:** After this session, participants will be able to: 1. Discuss the factors that promote a challenging yet supportive learning environment 2. Match learning objectives and dynamically adjust simulation scenario difficulty to the level of the learner 3. Define performance gaps and use them as the basis for debriefing and feedback sessions 4. Better diagnose learners' needs and target teaching to close performance gaps **Methods and Content:** This interactive 90-minute session will include brief theoretical inputs, small group discussions, group team exercise with model debriefing as well as discussion of trigger videos. Participants will have opportunities to engage in deliberate practice to help develop their debriefing skills with feedback from faculty facilitators. The workshop will close with a discussion of lessons learned.

C3

FACILITATING CLINICAL REASONING - A WORKSHOP AND FACULTY DEVELOPMENT TOOL

Linda O. Lewin, MD, David Bowman, MD, University of Maryland, Baltimore, MD

Rationale: Clinical reasoning is a critical skill for physicians. As educators, we are tasked with assessing our learners' abilities in this area and helping them to improve. As educational leaders we have the added responsibility of preparing our clinical colleagues to do the same. The purpose of this workshop is to provide participants with a framework for addressing the clinical reasoning process with learners and to provide the materials for a faculty development workshop that could be easily replicated in their own institutions.

Objectives: Following this workshop participants will: 1. Clearly define the terms "Problem Representation" and "Illness Script" and describe how they are critical elements of clinical reasoning. 2. Describe the 1 Minute Preceptor Model and how it is a useful structure for addressing clinical reasoning with learners. 3. Return home with materials that they can use to conduct similar workshops for their faculty and residents. **Methods and Content:** The workshop was designed for a 90 minute workshop but is easily expandable to 120 minutes 1. 10 minutes for introductions and overview 2. 10 minutes to reflect on a learner with clinical reasoning problems and discuss with neighbor 3. 15 minutes for pairs/groups to report the kinds of problems they discussed 4. 15 minutes of didactics with definitions and examples of problem representations and illness scripts and a description of the one minute preceptor and how it is useful as a tool to assess those areas in learners 5. 15 minutes for groups to discuss scenarios describing learners with common clinical reasoning deficits and potential approaches to discussing those with them (5 scenarios, each group will discuss one of them) 6. 20 minutes for discussions of the scenarios; each small group will present their thoughts and the large group will respond 7. 5 minutes wrap up and summary of major take home points At the end of the session, the power point presentation and all handouts will be available for download onto participants' USB drives or for delivery by email so that they can replicate the workshop at home.

C4

STOP LECTURING ME- HOW TO USE INTERACTIVE TEACHING TECHNIQUES

Stacey Bernstein, MD, FRCP, University of Toronto, Toronto, ON; Diane Moddemann, MD, University of Manitoba, Winnipeg, MB; Susan Bannister, MD, FRCP, University of Calgary, Calgary, AB

Rationale: Active involvement in the learning process promotes attention and retention among learners, and higher levels of learning, including analysis, synthesis, and evaluation. Feedback to the learner and teacher is more immediate and enhanced with active trainee participation. Students and teachers indicate increased satisfaction when interactive teaching techniques are utilized. This workshop will be relevant for all those who engage in small and large group learning activities. **Objectives:** By the end of 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 teaching environments. 3. Demonstrate the use of interactive teaching methods.

Methods and Content: Participants will engage in a number of activities. As a group, the rationale for using interactive teaching techniques will be reviewed, reflecting on the medical education literature from the perspective of the learner and the teacher. Effective questioning techniques, use of icebreakers, think-pair-share, debates, i-clickers and other audience survey methods will be demonstrated. Workshop participants will have an opportunity share interactive approaches implemented in their institutions. The presenters will supplement these with other creative and innovative ideas for discussion. In small groups, participants will practice these techniques with their peers 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 full of practical and interactive methods that they can utilize to make presentations more engaging and memorable. Upon completion of this workshop, participants will also have the ability to engage faculty in incorporating these techniques in their teaching.

C5

MINDFUL TOGGLING: INTUITION, ANALYTICAL REASONING, AND EDUCATIONAL STRATEGIES FOR TAPPING THE MINDS FULL CLINICAL REASONING POTENTIAL

Elizabeth Stuart, MD, MEd, Stanford School of Medicine, Palo Alto, CA,; Lyuba Konopasek, MD, Weill Cornell Medical College in Qatar, Doha, Qatar; TJ Jirasevijinda, MD, Weill Cornell Medical College, New York, NY

Rationale: Recent literature on clinical reasoning reflects an evolving understanding of the cognitive processes involved in solving clinical problems. Skilled diagnosticians use a flexible blend of rapid, intuitive, pattern recognition and analytical or hypothetico-deductive reasoning. The formal curriculum in most medical schools addresses analytical reasoning. Pattern recognition is modeled by clinical teachers but rarely taught or discussed. Preparing students to become proficient diagnosticians requires making them aware of and encouraging them to employ dual processing - by both tapping their growing experience and intuition as well as slowing down, thinking critically, and double checking their reasoning by toggling to the analytic. The goal of this workshop is to translate key concepts and recent evidence from the literature into practical strategies for promoting dual processing and flexibility in clinical reasoning. **Objectives:** 1) Compare and contrast the features of pattern recognition and hypothetico-deductive reasoning. 2) Summarize key concepts from recent literature on cognitive bias and its relationship to analytic and non-analytic reasoning. 3) Apply strategies to promote deliberate practice with dual processing in teaching sessions and clinical teaching. **Methods and Content:** After a brief review of key principles and recent literature on the cognitive processes involved in clinical reasoning, we will engage participants in a series of exercises for deliberate practice with pattern recognition, analytic reasoning, and the process of mindfully toggling between the two. We will include a discussion of cognitive biases and potential strategies to minimize or counterbalance their impact. Participants will work in small groups to outline concrete plans for expanding and refining teaching of clinical reasoning in their clerkships. Participants will leave the workshop with a set of written plans and tools to use with students and faculty in their home institutions.

C6

STAYING WHOLE IN MEDICINE

Shelley W. Collins, MD, Maureen Novak, MD, University of Florida, Gainesville, FL

Rationale: Studies have shown an increased rate of depression, anxiety, and risk taking behaviors in medical students. Empathy and compassion have been shown to fall during medical school. Does the medical education system foster poor coping skills and a fall in empathy? Can it be corrected by encouraging mentorship, leadership and humanism between faculty and students? Participants in this workshop will use the TRIZ method, small group problem solving, and real world scenarios to begin to develop a roadmap for a wellness curriculum that can be utilized in their home institution. **Objectives:** 1. Participants will describe characteristics of the current philosophy of medical education that may promote poor coping skills, a decrease in empathy and compassion during medical school. 2. Recognize red flags of stress that students exhibit early in their medical school career. 3. Identify the goals within medical education that are rooted in health, humanism, professionalism and leadership. 4. Learn to use small group sessions as a format in which to practice and provide examples of wellness activities as well as use them as a health monitoring system.

Methods and Content: The format will combine large and small group discussions. The large group discussion will open with a description of the Staying Whole in Medicine (SWIM) program at the University of Florida. Data from this program supports current literature regarding increases in risk taking behaviors, high levels of binge drinking, and use of stimulants in medical students. The small group breakouts will begin with an icebreaker activity allowing the participants to get to know each other a little better. This activity will be followed by a problem solving activity in which participants will be asked to evaluate their own programs and critically appraise what might contribute to student stress. Using the TRIZ method, groups will work backwards from the worst possible way to provide support to a student in a given scenario, identifying aspects that are consistent with how we currently educate our medical students. Then, participants will use the scenario created by the TRIZ method to develop an ideal, student focused, faculty run support mechanism that can be generalizeable to most institutions.

C7

INTELLECTUAL PROPERTY IN THE DIGITAL AGE

Mark D. Hormann, MD, University of Texas Health Science Center at Houston, Houston, TX; Pradip D. Patel, MD, University of Louisville SOM, Louisville, KY; Tomas A. Lipinski, JD, LLM, PhD, Indiana University School of Library and Information, Indianapolis, IN; Janet L. Meller, MD, Texas Tech University Health Sciences Center at Amarillo, Amarillo, TX; Anton M. Alerte, MD, University of Connecticut, Hartford, CT

Rationale: The explosion of multimedia resources on the Internet has given educators access to vast amounts of teaching material. The era of Click, Copy and Paste has made incorporating all sorts of content incredibly easy. However, identifying what is and is not protected intellectual property online is not always easy, while the ramifications of violating copyright can be profound. Faculty must understand copyright as it pertains to teaching materials. We are fortunate to be joined by Tomas Lipinski, JD, LLM, PhD, the Executive Associate Dean of the Indiana University School of Library and Information Science. He is a national leader in copyright education and intellectual property issues in a digital age, including issues of digital archiving, distance education, cultural rights and privacy. This workshop is designed to give attendees an understanding of copyright as it applies to on-line media. Topics to be discussed include fair use, public domain, what can be placed on Blackboard, and the impact of the Digital Millennium Copyright Act on medical education. The session will be as legal-jargon free as possible, and is designed to provide faculty with basic information to enhance their use of technology in the clerkship. **Objectives:** By the end of the workshop participants will be able to: - Understand the basic law of copyright and how these factors can affect assessment of legal risk. - Apply the four fair use factors to evaluate copyright problems. - Employ the rules regarding use of material in both face-to-face and distance education environments. - Understand and apply rules regarding circumvention of copyright control and how this impacts the use of DVDs and other forms of digital video in the classroom. - Anticipate potential copyright pitfalls in the participants own clerkship. **Methods and Content:** The workshop will consist of a core informational session surrounded by case based discussions designed to illustrate the principles of intellectual property, copyright, fair use and licensing. Attendees are encouraged to bring their specific questions and concerns for discussion.

C8

TEACHING LEARNERS THE SECRETS OF EXPERT THINKING: HOW TO SHARPEN INTUITION AND REFINE METACOGNITION

Renee Moore, MD, West Virginia University, Morgantown, WV; Satid Thammasitboon, MD, MHPE, Baylor College of Medicine, Houston, TX; Maria Marquez, MD, Georgetown University, Washington ,DC; Kathryn Moffett, MD, Jeffrey Lancaster, MD, West Virginia University, Morgantown, WV; William Cutrer, MD, Med, Vanderbilt University, Nashville, TN

Rationale: A call for medical education reform proposes that medical curricula be deliberate about learners' experiences and convey explicit messages to shape the mind, hands and heart of future physicians. Given advances in understanding how experts engage in effective reasoning and decision-making, it is prudent for educators to apply new principles to facilitate learner progression towards expertise. **Objectives:** 1. Describe cognitive processes of expert thinking in medical decision-making 2. Apply teaching methods that will assist learners in utilizing expert thinking in their medical decision-making 3. Develop individual action plans to incorporate the concept of expert thinking into various settings at the individual's institution **Methods and Content:** The workshop will outline methods for guiding learners to model expert thinking aimed at enhancing skills necessary for expertise development. The session will begin by engaging participants through reflection on a dramatization of clinical expertise. A didactic session will introduce the concepts of adaptive expertise that encompasses intuition (thinking without thinking) and metacognition (thinking about thinking). In small groups, participants will assimilate individual experiences with the learned concepts, and explore ways to execute a blend of intuitive and metacognitive skills effectively. The participants will then engage in two learning modules. In module 1, participants will learn teaching methods geared at optimizing learner intuition through the strategic use of recognition-primed decision model. In module 2, participants will apply POSE modeling (Preview, Outline, Share and Evaluation) in an exercise with standardized learners. This is a teaching method that brings the unconscious aspect of metacognition (planning, perspective taking, regulation and reflection) to the conscious level. The workshop will conclude with group brainstorming of practical strategies for incorporating the lessons learned into various settings at the individual's institution.

C9

FACILITATING AN EFFECTIVE AND MEANINGFUL ORIENTATION

Kristen M. Moore, Children's Mercy Hospital - UMKC SOM, Kansas City, MO; Cathy M. Chavez, University of Iowa Children's Hospital, Iowa City, IA

Rationale: Clerkships rely on orientation to convey essential information regarding the clerkship to the students. A successful orientation should ensure the student walks away with the facts needed to be successful throughout the clerkship. **Objectives:** The goal of this workshop is to allow facilitators the opportunity to identify their departmental orientation needs/goals, as well as share ideas and strategies to engage medical students in the orientation process and ensure that the information is conveyed in a meaningful way. The participant will leave the workshop with 1) fresh ideas on material and presentation modes that should be included in an orientation, 2) practical techniques for engaging the controversial student while maintaining a positive atmosphere, 3) useful strategies of engaging the student throughout the orientation that can be applied immediately, and 4) a better understanding of the their own clerkships orientation needs as well as the means of implementing an orientation session within their own clerkship.

Methods and Content: The workshop format includes idea sharing of pertinent topics and presentation modes, small group discussion of how to engage the controversial student and maintain a positive atmosphere within the clerkship, and facilitated small group discussions of various engaged learning activities that can be utilized in a standard orientation.