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CREDIT

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MEETING FACULTY LIST:

<u>Name</u>	<u>Institution</u>	<u>Role</u>
Joseph Gigante, MD	Vanderbilt School of Medicine	Course Director
Christopher White, MD	Medical College of Georgia	Planner
Jerold Woodhead, MD	University of Iowa	Planner
Aleca Clark, MD	Loma Linda University School of Medicine	Planner
Robert Swantz, MD	University of Rochester	Planner
Jennifer Christner, MD	University of Michigan	Planner

PC1: 1:00 PM – 5:00 PM

THE ABCS OF MEDICAL STUDENT EDUCATION: FUNDAMENTALS FOR PEDIATRIC EDUCATORS

Glen Medellin, MD, The University of Texas Health Science Center at San Antonio, San Antonio, TX; Anton Alerte, MD, University of Connecticut, Hartford, CT; Stephanie Starr, MD, Mayo Clinic, Rochester, MN; Lisa Leggio, MD, Medical College of Georgia, Augusta, GA

This workshop is designed for educators who would benefit from an introduction to a variety of topics related medical student education. Target audiences are new clerkship directors, site directors, sub-I directors, coordinators and anyone else wanting a great foundation in 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! These issues and those raised by participants will be explored. 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 various teaching methodologies; compare and contrast different feedback and evaluation methods and determine the feasibility of implementation; understand objectives and competencies; understand regulatory requirements; assemble a model for curriculum design; and compile resources to further enhance your academic success as an educator. Learners will be broken up into smaller groups for parts of the workshop based on specific interest to cover topics such as clerkship organization and administration and other topics chosen by participants in a pre-conference needs assessment. If you are attending a COMSEP meeting for the first time, this is a perfect introduction to the organization.

PC2: 1:00 PM – 5:00 PM

HOW TO DEVELOP A STRATEGIC PLAN THAT HELPS YOU AND YOUR GROUP ACCOMPLISH GREAT THINGS

Susan Bannister, MD, David Keegan MD, CCFP (EM), University of Calgary, Calgary, AB

Rationale: Do you feel that you are pulled in all sorts of directions and don't know what to do first? Are you faced with numerous decisions regarding the use of limited resources, involvement in a myriad of initiatives, or the development of educational projects? Well - you are not alone! But - some of these decisions must be made rapidly, or see an opportunity disappear. Such decision-making is a lot easier and more effective if you and your group have a meaningful strategic plan to guide you. This workshop will provide participants with a step-by-step approach to leading their own groups through a strategic planning process that will lead to a strategic plan that is truly useful and meaningful. **Objectives:** By the end of this workshop, participants will be able to 1. Describe the key steps to develop a useful strategic plan, 2. Develop an inclusive list of planning participants, 3. Develop and administer a survey that "kick-starts" the process, and 4. Lead a strategic planning event that will result in a clear strategic plan. **Methods and Content:** In this highly interactive session, participants will be engaged in a variety of large group discussion, peer consultations, and individual work using provided materials. The workshop will be a "how-to" guide on (1) identifying your stakeholders, (2) preparing for a strategic planning event, (3) leading discussion so you get a clear shared vision of what you want to accomplish, (4) establishing what you will do as a group to get to this vision. Participants will be applying the concepts and processes discussed to their own scenarios, and will leave the workshop with a customized series of steps for developing their own groups' strategic plans.

PC3: 11:00 AM – 5:30 PM (Off-site, transportation provided)

This workshop will be limited to the first 40 registrants. If you are assigned this workshop, you will be notified at the completion of the registration process. Attendees must be at the hotel for bus transportation by 11:00 a.m. The bus will return to the hotel at 5:30 p.m.

SIMULATION: THE FUTURE OF MEDICAL EDUCATION. PRACTICAL WAYS TO INCORPORATE SIMULATION AT YOUR INSTITUTION

Alexandra Clark, MD, Soo Kim, MD, Loma Linda Children's Hospital, Loma Linda, CA

Rationale: Simulation allows students to experience real time type situations and learn practical aspects of patient care within a safe environment. In addition, simulation allows the educator to assess and teach core competency skills and knowledge. With the increased use of simulation in medical education, this workshop aims to train educators in the available methodologies for different types of simulation and learner groups. It will also address methods by which to incorporate different levels of simulation based upon the facilities available at individual institutions. It will also include educating physicians on how to design and facilitate educational and productive healthcare simulations that can be used as a part of a clerkship curriculum. **Objectives:** 1. Participants will learn the prevailing methodology for conducting three types of simulation: Skills, Task and Procedure Training; Lecture Animation; and Immersive Patient Care Management Experiences. 2. Participants will learn to evaluate what resources are available and/or necessary to them as they develop their simulation scenarios and curriculum, as well as how to most efficiently use these resources. 3. This training includes understanding available roles (facilitator, content expert, debriefing leader, confederate, etc.) as well as training on preparation and implementation and instruction on how to implement and amend desired projects in a timely, efficacious manner. 4. Participants will learn how to effectively incorporate simulation into their clerkship curriculum. **Methods and Content:** Internet based modules, live simulations, lectures, and course handouts will be used for the workshop presentation. The educational design will include multi-media presentations, experiential learning with interactive simulation sessions, round table discussion and role play. The educator will go through the various learning points and methods in an interactive fashion resulting in the understanding of the facilitator role and methodology of medical simulation. It is designed to mirror the processes educators would encounter when incorporating simulation into a clerkship curriculum.

PC4: 8:00 AM – 1:00 PM

CLERKSHIP COORDINATORS PRE-CONFERENCE CERTIFICATION WORKSHOP: BREAKING THE BOUNDARIES OF A JOB TITLE

Gary L. Beck, MA, University of Nebraska Medical Center Omaha, NE; Ginny Cleppe, AM, CISW, Medical College of Wisconsin, Milwaukee, WI

Given the increasing demands on medical service providers, clerkship directors must have exceptional administrative support if they are to devote time to educational activities or research. These administrative support persons, who juggle the multiple responsibilities of course implementation, can be encouraged to use existing skills or develop new ones that can enhance undergraduate medical education programs in a myriad of ways. This certificate program builds on the premise that professionalism is an approach to one's work rather than a job level or position description. Most clerkship support personnel have the opportunity to go beyond what the basic job description is, especially as others in the department get to know more about each individual's capabilities and interests. Helping clerkship staff know what skills to apply and how to apply them is the major objective of this program.

The Clerkship Administrator Certificate Program is composed of three sessions and a career enhancement project. All three sessions will be completed during the pre-conference workshop. During the course of the next year, a career enhancement project will be undertaken and reported at the following annual meeting.

A certificate of completion will be awarded upon completion of the project.

Session 1: Plotting a Course - 90 minutes

Leaders in today's complex educational organizations must be able to articulate a vision of future direction, build high levels of trust and create a sense of community. The utility of mission, vision and value statements in functional organizations is critical in today's work environment and your personal mission, vision and values must be concordant with others in your organization. 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 Session 1, participants will

- Articulate your personal mission;
- Correlate your passions with your mission;
- Understand the relationship of your personal mission, vision and values in light of the institution's.

Session 2: Expanding the Realm: Understanding your Role through Leadership & Emotional Intelligence - 180 minutes (with breaks)

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 requires advanced communication skills. At the conclusion of Session 2, participants will

- Identify the level at which you are a leader in medical education
- Correlate your mission with the core purpose of your clerkship
- Understand the importance of emotional intelligence and its role in leadership
- Develop strategies for using emotional intelligence to achieve desired outcomes in critical conversations

Session 3: Your Project for Career Development - 30 minutes

To expand your skills and become a leader in medical education, continued professional development is key. Therefore, to complete the certificate program you are required to undertake a research or quality improvement project at your home institution. Expectations for the projects as well as examples of completed projects,(e.g. automating evaluations, researching the effectiveness of changes in the curriculum, etc.) will be further discussed during this wrap-up session.

WORKSHOP DESCRIPTIONS

Saturday, March 5, 2011 – 2:00 PM – 3:30 PM

A1

DISSEMINATING SCHOLARSHIP WITH STYLE AND PANACHE

Daniel Heintz, MD, Miriam E. Bar-on, University of Nevada School of Medicine, Las Vegas, NV; J. Lindsey Lane, MD, Matthew Rustici, MD, University of Colorado, Aurora, CO

Rationale: Much has been written on how to perform research, however there is a paucity of peer-reviewed literature about how to deliver high quality poster and platform presentations in order to disseminate work at local and national meetings. Those who do have the skills need to be empowered and trained to pass on their knowledge to their colleagues and learners. This workshop was created for attendees to develop these important skills and to "train the trainer".

Objectives: Part 1 Poster Presentations: 1. List the purpose of a scientific poster 2. Describe the components of effective poster design 3. Apply newly gained knowledge and understanding by engaging in critiques of several posters Part 2 Platform Presentations: 1. Identify potential problems when preparing platform presentations 2. List potential problems of delivering platform presentations 3. Describe solutions to mitigate these problems Part 1 and 2 together 1. Improve the quality of the poster and platform presentations at one's own institution through faculty development. **Methods and**

Content: The workshop will be divided into two parts. The first section will consist of a mini-didactic on creating posters. Participants, working in small groups, will use a worksheet/checklist designed to facilitate critiques of previously created posters. This will be followed by large group discussion. The second section will begin with a trigger tape. Participants, using pair-share, will brain-write and reflect on presentations they attended focusing on strengths, challenges, and potential pitfalls of creating and delivering platform presentations as well as their personal fears. The entire group will discuss outcomes of the pair-share and create a list of potential pitfalls and problems thus consolidating their ideas into a coherent and comprehensive guideline. Participants will then critique a video of a platform presentation using their newly created guideline. Handouts with references that can be used by participants in faculty development sessions at their own institutions will be provided for both sections of the workshop.

A2

DEBRIEFING ALL THOSE SIMULATION EXERCISES: MAKING IT STICK LONGER

Rebecca Tenney-Soeiro, MD, Jeanine C. Ronan, MD, University of Pennsylvania, CHOP, Philadelphia, PA

Rationale: Simulation offers an opportunity for students to apply their theoretical knowledge while engaging in experiential learning. Studies show that under the right conditions, simulation training facilitates learning by reinforcing medical management. Such conditions include providing feedback, repetitive practice, multiple learning strategies, and defined outcomes. In addition, with guided critical reflection through strong facilitation, students will learn to be more systematic in their approach to a problem, work together as a team, and communicate more effectively. When facilitated well, simulation scenarios allow students to develop self-awareness and self-confidence, which better prepares them to encounter real-life situations and emergencies. **Objectives:** At the end of this workshop, the participants will be able to:

Explain and demonstrate the role of facilitator/debriefer in simulation exercises. Articulate and perform a variety of facilitation debriefing techniques to optimize effective learning in a simulation exercise. Describe the responsibilities and key attributes of an effective facilitator. **Methods and Content:** The goal of this workshop is to combine didactic and experiential learning to increase knowledge in the concepts and tools of an effective facilitation/debriefing of a simulation-based education exercise. The workshop will consist of three parts. Part 1: The large group will define the essential components of debriefing techniques. Part 2: The group will be divided into small groups to review videotapes of simulation sessions. Each small group will practice the 3 phases of debriefing. Part 3: The large group will reconvene to discuss the different phases of debriefing and the differences in facilitation techniques based upon the learner's level of training- clerkship student versus sub-intern versus resident or staff. Materials with information pertaining to facilitation and debriefing will then be provided to attendees for use in their own simulations.

A3

DELIBERATE PRACTICE AND MASTER COACHING: GUIDING NOVICE LEARNERS ON THE JOURNEY TOWARDS EXPERTISE

Renee Moore, MD, Satid Thammasitboon, MD, MHPE, Kathryn Moffett, MD, Jeffrey Lancaster, MD, West Virginia University, Morgantown, WV; William Cutrer, MD, MEd, Vanderbilt University, Nashville, TN; Geeta Singhal, MD, MEd, Baylor College of Medicine, Houston, TX; Martin Weisse, MD, Tripler Army Medical Center, Tripler AMC, HI

Rationale: Clerkship education represents the training ground for novices to obtain knowledge and skills to become competent practitioners while acquiring the tools of lifelong learning needed for the progression towards expertise. Rather than expecting that learning would occur by simply working alongside experts, efforts to facilitate the journey towards expertise need to be more explicit. Recent evidence in cognitive psychology, neuroscience and education revealed a new perspective on how one might achieve expertise via deliberate practice. We propose learner instruction in deliberate practice augmented with master coaching as a mechanism to expedite the development of expertise. **Objectives:** 1. Characterize the principles of clinical expertise including intuition and metacognition 2. Examine the framework of deliberate practice as the critical element for expertise development 3. Explore the vital role of master coaching in expertise development. **Methods and Content:** This workshop utilizes a variety of teaching formats based on Kolb's learning cycle to provide educators with tools to teach learners. The workshop will begin with a role play that illustrates how experts use a blend of intuition (rapid, unconscious thinking) and metacognition (deliberate, conscious thinking) to solve problems effectively. Participants will complete a self-assessment about cognitive style preferences. A discussion will follow that outlines strategies to attain intuitive and metacognitive skills using interactive activities such as a jeopardy game. A case-based discussion will address critical elements of deliberate practice (ignition, deep practice and master coaching). An audience-response question and answer system will be used to promote active participation. The workshop leaders will share applications for teaching and curriculum development at their institutions. In small groups, participants will brainstorm about strategies to incorporate acquired knowledge into the existing clinical teaching. Finally, participants will develop action plans for bringing back knowledge to their institutions.

A4

ACADEMIC ENTREPRENEURSHIP: SUSTAINING INNOVATIONS IN MEDICAL EDUCATION

Leslie H. Fall, MD, Norman B. Berman, MD, Dartmouth-Hitchcock Medical Center, Lebanon, NH; Phillip H. Kaleida, MD, University of Pittsburgh, Pittsburgh, PA; Chris Maloney, MD, PhD, University of Utah, Salt Lake City, UT; John Stephens, MBA, ilnTIME, Lebanon, NH

Rationale: Developing and implementing medical education innovations are important tasks for the academic growth of medical educators. Innovation is critical to the advancement of medical education, and requires a significant investment of precious faculty time and institutional and/or other resources. Many promising or initially successful projects do not endure beyond the development and early implementation phases for multiple reasons, including lack of sustained support. Drawing from business models, we will demonstrate how thinking like "academic entrepreneurs" can help ensure long-lasting success of educational innovations. Participants are encouraged to bring a current or planned innovation. Co-attendance by their respective department chairs is highly encouraged. **Objectives:** 1) Identify your creative passions and link them to mission-critical needs at your home institution. 2) Apply the components of an effective business plan when developing the core components of a promising medical education innovation. 3) Draw from strategies and experience of field-tested educational innovators. 4) Describe how to effectively present your academic business plan and practice

pitching your innovation and sustainability methods to a panel of institutional investors. 5) Create an action plan for sustaining your innovation. **Methods and Content:** Following an introductory presentation, participants will break into groups to outline a business plan for an educational innovation, including matching individual passion to institutional need, articulating goals and outcomes, identifying key stakeholders and values, and developing a sustainable long-range budget. Groups will re-convene to learn the components of an effective “elevator pitch” to key investors. Selected individuals will practice pitching their innovation to a panel of academic investors, pediatric department chairs and academic deans, followed by a group de-brief of the innovator presentations. Participants will leave the workshop with a written plan for implementing their creative vision at their home institution.

A5

"CLEAN UP" YOUR APPROACH TO THE PROBLEM LEARNER USING "SOAP"

Joseph Gigante, MD, Amy E. Fleming, MD, Vanderbilt University School of Medicine, Nashville, TN; Meg G. Keeley, MD, University of Virginia, Charlottesville, VA; Jocelyn H. Schiller, MD, Jennifer G. Christner, MD, Heather L. Burrows, PhD, MD, University of Michigan, Ann Arbor, MI

Rationale: The American Board of Internal Medicine defines a problem learner as a trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident. In our teaching roles we have all encountered problem learners. This small group of individuals often poses a large problem for preceptors and clerkship directors, who may lack specific knowledge of teaching and interacting with the problem learner. **Objectives:** 1-Recognize the classes and types of problem learners 2-Identify an effective format for assessing the different types of problem learners 3-Develop management strategies for dealing with problem learners. **Methods and Content:** This interactive workshop will begin with a discussion of the different types of problem learners we encounter. Participants will then have the opportunity to discuss problem learners they have experienced and share approaches they have used to deal with them. The SOAP format for writing progress notes (Subjective, Objective, Assessment, Plan) will then be introduced as an approach for dealing with the problem learner. Using a combination of videos and role plays, participants will practice using the SOAP format in small groups, addressing some of the more common challenging problem learner scenarios. By the end of the workshop participants will be able to categorize some of the learning problems that arise when working with learners. They will have a model they can use to develop specific strategies to assess, diagnose and manage these problems, which they can share with their faculty at their home institutions.

A6

IT TAKES A VILLAGE: INTERPROFESSIONAL EDUCATION IN PEDIATRICS

Rebecca L. Latch, MD, Mary E. Huckabee, MD, University of Arkansas for Medical Sciences, Little Rock, AR

Rationale: Interprofessional healthcare education is a topic and educational movement that has been gaining ground in several medical schools both here and abroad. Interprofessional education (IPE) promotes communication and collaboration among healthcare teams. Integrating IPE into a clerkship can be daunting and barriers may arise from many different sources. However, expanding a clerkship to include this will result in improved pediatric skills and better understanding of global pediatric issues by medical students. Our institution has developed an interprofessional curriculum that begins with first year students. We have extended that to the Pediatric Clerkship and Pediatric Sub-Internship with lectures and workshops that include practitioners and trainees in respiratory therapy, nursing, speech therapy, physical therapy, nutrition, and child life. **Objectives:** By the end of this workshop, participants will be able to 1) Define interprofessional healthcare education and understand benefits clerkship students may receive from such education. 2) Identify opportunities to involve other healthcare professionals and to implement interprofessional education within their own clerkship. **Methods and Content:** We will describe the concept of interprofessional education and discuss the literature that supports its use. We will also specifically discuss the importance of IPE in pediatric medical education. We will describe the implementation of an IPE curriculum within our own institution and how we have adapted this and integrated it into the Pediatric Clerkship and Sub-Internship. Participants will be asked to brainstorm opportunities for and barriers to interprofessional education within their own programs and then discuss among a small group. Small groups will present their ideas to the large group and elicit other thoughts and ideas. Along with the participants, we will discuss ways to overcome barriers and promote IPE. Participants will leave with ideas of areas where IPE can be useful within their clerkship and specific methods of implementing these concepts.

A7

THE NEW LCME LEARNING ENVIRONMENT (PROFESSIONALISM) STANDARD: CHALLENGES FOR PEDIATRIC EDUCATION

Janet E. Fischel, PhD, Leslie M. Quinn, MD, Stony Brook University, Stony Brook, NY; Alisa LoSasso, MD, Jefferson Medical College, Philadelphia, PA

Rationale: Among the LCME standards for training medical students, the new standard, MS-31-A, focuses specifically on the development of professional attributes. The responsibility for a positive learning environment re professionalism is shared by faculty, residents, students, and staff, thus casting a broad net of stakeholders for creating, assessing, and maintaining a professional environment. The expectation is that professionalism will be taught, disseminated widely, modeled, monitored, and remediated when necessary. This workshop will explore, both in the context of the clerkship in Pediatrics, and at the school-wide level, ways to address the new standard. **Objectives:** Attendees will gain the following skills and information: 1) ability to define attributes of professionalism referenced by national initiatives; 2) strategies to disseminate the defined attributes; 3) methods to monitor the learning environment; and 4) ability to identify important violations of professionalism that undermine maintenance of a positive learning environment, with consideration of intervention strategies. **Methods and Content:** Participants will receive the new LCME standard, information from national and regulatory guidelines on attributes of professionalism, and information on measuring professionalism. In a highly interactive format, participants will distill attributes of professionalism for use in the workshop. Breakout groups will develop 1) curriculum (strategies to teach attributes of professionalism in the Pediatrics clerkship); 2) dissemination options; and 3) monitoring methods. Each group will then report back. Next, using illustrative scenarios, participants will generate solutions for specific challenges to professionalism, such as inappropriate use of social networking, the hidden curriculum, or falsifying information. The presenters will provide an annotated bibliography of research fueling the need to develop and monitor professionalism successfully. The session will conclude with participants creating an individualized action plan for adoption at the home institution from best practices and the workshop discussion.

A8

THE ADMINISTRATION OF CLIPP: ADDRESSING FOUNDATIONAL NEEDS

Olga Z. Olowolafe, Michigan State University, East Lansing, MI; Audra Bucklin, InTIME, Lebanon, NH

Rationale: The vast majority of U.S. and Canadian medical schools have integrated CLIPP (Computer-assisted Learning in Pediatrics Program) into their clerkships. Presenting the versatility of CLIPP from an administrative perspective offers opportunity for COMSEP membership to gain knowledge of the tools many of them currently use thus opening the window to creative approaches to meet the future educational needs of the clerkship. **Objectives:** 1. Overview: (a) website location and navigation; (b) case structure navigation; (c) student registration; (d) instructor area access and offerings; (e) administration needs of the final exam and question bank; and (f) administering an institutional subscription and seeking support. 2. Explore utilization strategies to understand the versatility of CLIPP and different ways to use this tool in meeting the needs of teaching faculty and clerkship coordinators from an administrative perspective. **Methods and Content:** The workshop presenters will provide a brief overview of CLIPP's history and begin by discussing the institutional administration process followed by an overview of the Instructors' Area including the steps needed to utilize the CLIPP final exam. From there, the presenters will poll the group to determine the different experience levels of CLIPP users and break out into two or three groups accordingly. Each presenter will work with a group to provide instruction appropriate to the experience level of the user.

WORKSHOP DESCRIPTIONS

Sunday, March 6, 2011 – 1:30 PM -3:30 PM

B1

FOCUS YOUR VISION FOR THE FUTURE: SCHOLARSHIP IN PEDIATRIC MEDICAL EDUCATION

Jean A. Petershock, MD, University of Texas Health Science Center, San Antonio, TX; Rebecca Tenney-Soeiro, MD, University of Pennsylvania, CHOP, Philadelphia, PA; Janice L. Hanson, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD; Terry Kind, MD, MPH, George Washington University, Washington, DC; April O. Buchanan, MD, University of South Carolina School of Medicine, Greenville, SC; Jocelyn H. Schiller, University of Michigan, Ann Arbor, MD; Joseph Gigante, MD, Amy E. Fleming, MD, Vanderbilt University School of Medicine, Nashville, TN; Linda Tewksbury, MD,

New York University School of Medicine, New York, NY; T.J. Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Kathryn S. Moffett, MD, West Virginia University, Morgantown, WV; Eve Colson, MD, Yale University School of Medicine, New Haven, CT; Robin English, MD, Louisiana State University Children's Hospital, New Orleans, LA; Mitzi Scotten, MD, University of Kansas Medical Center, Kansas City, KS

Rationale: Does the nomenclature of medical education research make your head spin? With our many demands as academic faculty, does the idea of pursuing educational scholarship seem daunting? This workshop will explore scholarship in pediatric medical education in a fresh way. Whether you want to understand the domains of scholarship and criteria that determine rigor or seek fresh approaches to your current scholarly activities, this workshop is for you. Scholarship is expected of all of us in medical education. Let's get together to share and develop ideas. Through interactive large and small group activities we will explore the four domains of scholarship as defined by Boyer (discovery, application, integration and teaching) and the criteria for rigor outlined by Glassick. **Objectives:** After attending this workshop, participants will be able to 1. Define the 4 categories of scholarship as described by Boyer. 2. Evaluate medical education projects for evidence of a structured approach to scholarship, utilizing Glassick's 6 criteria. 3. Outline a project in medical education that demonstrates a rigorous approach to scholarship. **Methods and Content:** After a quick introduction to scholarship, workshop facilitators will assess examples of scholarship with participants in small groups. Reconvening the large group, we will construct definitions of the four types of scholarship, using as illustrations the clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique evident in the examples. We will then pose a topic for a new scholarly medical education project. Participants will select a small group to plan a project on this topic using scholarship of discovery, application, integration or teaching. Step-by-step worksheets will guide development of a scholarly project in each domain. We will reconvene the large group to share the four scholarly approaches to the topic. Participants will leave with worksheets to evaluate scholarship and build new projects.

B2

DEVELOPING AN INNOVATIVE CURRICULUM IN CULTURALLY EFFECTIVE CARE: A PATIENT CENTERED APPROACH

Paritosh Kaul, MD, J. Lindsey Lane, MD, Jennifer B. Soep, MD, University of Colorado, Denver School of Medicine, Aurora, CO

Rationale: As globalization increases, our learners must be trained to provide culturally effective care (CEC) to their patients, however, training in CEC is challenging to incorporate into medical education. A method to teach this topic effectively is to use patient centered care (PCC) as the framework for learning. We propose that culture can be conceptualized as one factor to consider in PCC and that CEC requires a PCC approach. The definition of culture must be expanded to include the culture of illness as well as what we traditionally think of as culture. This workshop will present several models to incorporate this conceptual approach into the clerkship that will enhance medical student skills in delivering CEC. **Objectives:** 1. Describe the expanded concept and linkage between PCC and CEC. 2. Identify the pros and cons of 4 different tools for teaching CEC. 3. Write goals and objectives for a clerkship teaching/learning experience in CEC. 4. Develop a CEC curricular plan. 4. List the steps needed to implement a CEC teaching/learning experience into the clerkship. 5. Commit to incorporating a CEC teaching/learning experience into their clerkship. **Methods and Content:** After a brief introduction about the PCC-CEC linkage and an explanation of 4 different tools, participants will work in small groups and develop a CEC learning experience using one of the tools. The tools are: video trigger with discussion group, case-based learning, reflective writing/journaling, and activated demonstration. Each group will develop goals and objectives and a curricular plan and strategize how to implement it in different clerkship formats. The work done in each of the 4 small groups will be presented to the entire group. Large group discussion will focus on the pros and cons of each teaching tool/learning method and the challenges to curricular implementation. Participants will be provided with the curricular plans of each group to take home and will commit to implementing a CEC learning experience in their own clerkship.

B3

TEACHING AND ASSESSING ORAL CASE PRESENTATION SKILLS

Linda O. Lewin, MD, University of Maryland, Baltimore, MD; Suresh Nagappan, MD, University of North Carolina, Greensboro, NC

Rationale: Oral patient presentations (OCPs) are the currency with which clinicians communicate about patient care. Medical students learn to create an OCP in a rote manner, yet are expected to be proficient at creating effective presentations for an infinite variety of patients clinical scenarios. The process of learning this skill is not well documented, and there are few published reports of curricula to address this process. Further, there are few validated tools to rate medical students' case presentations available to educators who would like to give feedback to students, allowing them to continually improve this important skill set. **Objectives:** At the end of this session, participants will be able to: " Describe one or two approaches to teaching medical students how to compose an appropriate OCP " Propose methodology for teaching medical students how to improve OCPs in their own clerkships " Identify the advantages of having a specific tool to use when rating student OCPs " List the elements that they feel are most important to include on an OCP rating tool.

Methods and Content: Part I Curriculum 10 minutes: Presenters review literature and describe the curricula they have developed for teaching medical students how to give complete/concise OCPs 20 minutes: Participants work in small groups to develop learning objectives and teaching methods for a curriculum in giving OCPs 15 minutes: Groups report briefly on their work and workshop leaders create a master list of objectives and methods to distribute to participants Part II Assessment 10 minutes: Participants listen to an actual third year student OCP and share their impressions and the feedback they would give to the student 15 minutes: Presenters review literature and describe one oral case presentation rating tool and its development, and then review how it is used 10 minutes: Participants use the rating tool as they re-listen to the same OCP 25 minutes: Presenters facilitate a large group discussion about how the rating tool affected the way that they listened to the presentation, the feedback they would give, the strengths and weaknesses of the tool, and how that tool could be improved and used across a variety of clinical settings.

B4

EVALUATION 101: THE ESSENTIALS TO CREATING SIGNIFICANT LEARNING EXPERIENCES IN OUR CLERKSHIPS

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Rationale: The purpose of core clinical rotations is for medical students to acquire a solid foundation of clinical skills in data gathering and clinical decision-making. Accomplishing this mission and evaluating its success continues to challenge medical educators. One strategy developed by D. Fink called Significant Learning (SL) is focused on mastery of foundational knowledge, application and integration of knowledge and skills, understanding and caring for the human dimension and learning the joy of learning so as to become a life-long learner. Thinking about evaluation in this way allows the educator to address the specific goals needed to be accomplished. This workshop is the first in a series of workshops from the Evaluation Task Force that will target different aspects of evaluation while continuing to address and reinforce essential principles of successful evaluations. **Objectives:** By the end of the workshop, participants will be able to: 1) Identify the essential elements of Fink's Taxonomy in designing Significant Learning Experiences and Integrated Course Design. 2) Apply the principle features of Significant Learning and Effective Evaluations, to develop an evaluation plan for a self-identified curriculum issue. 3) Use the self-developed evaluation plan to consider options for choosing question types, data sources and collection methods. **Methods and Content:** Design and evaluation in Significant Learning occur virtually simultaneously. The SL model will highlight the principles of curricular development and address the essential elements of evaluation. Knowing the type of evaluation to perform, what questions to ask, whom to address questions towards, and what methods to use for analysis are the essential elements in creating effective evaluation instruments. As each principle is reviewed, participants will apply those to their curricular issue, with support from the workshop leaders. Each participant will have their work product vetted for feasibility and goodness of fit. Lessons learned will be discussed at the end of the session.

B5

THINKING ABOUT THINKING: COACHING STRATEGIES TO PROMOTE CLINICAL REASONING

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Rationale: Effective clinical reasoning is essential to providing high quality patient care. As students move through medical training, there is increasing emphasis on application of knowledge to solving clinical problems. Transitioning to clerkships

requires a move from gathering and reporting clinical data to interpreting, synthesizing, and prioritizing information. Some students transition easily; others need coaching and deliberate practice. This workshop will enable participants to diagnose problems with clinical reasoning and prescribe learning activities tailored to the underlying difficulty. Although we will use students in difficulty as a focus for discussion, the concepts and approaches to be presented are relevant to learners at all levels of training and skill. **Objectives:** By the end of the session, participants will be able to: (1) Outline key elements of accepted cognitive frameworks for clinical reasoning, (2) List features of clinical case presentations that suggest the need for skill-building in clinical reasoning, (3) Select learning activities to include in an individualized learning plan for refining clinical reasoning. **Methods and Content:** The workshop will begin with an overview of key concepts from the literature on clinical reasoning. After a review of common problems with clinical case presentations, (e.g. Unfiltered Data Dump, Missing Assessment, Silo Differential, Frozen Differential) we will provide a hands-on demonstration of a variety of simple exercises designed to promote effective reasoning (e.g. Reverse presentation, Highlighter Exercise, Persuade the MD, Script Sorting). Participants will then work in small groups using sample case presentations that illustrate common signs and symptoms of faulty reasoning. Each group will diagnose the presenter's learning needs and select strategies to include in an individualized learning plan for skill-building in clinical reasoning. Participants will return to the large group to share and discuss ILPs, bringing in ideas from their own experience. We will include a discussion of opportunities for promoting clinical reasoning in the context of the Electronic Medical Record. Participants will leave the workshop with a workbook of tools and ideas for application at their home institutions.

B6

ARE YOU MEASURING WHAT YOU THINK YOU ARE? OPTIMIZING ASSESSMENT OF YOUR LEARNERS AND EDUCATORS: A PRACTICAL APPROACH TO VALIDATING AN ASSESSMENT TOOL

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Rationale: Leaders in medical education are expected to evaluate their learners and teachers. Many medical educators lack training in validating the assessment tools that they use to evaluate learners and teachers. The aim of this workshop is to introduce attendees to understanding and optimizing the validity evidence for assessment tools that they are already using. **Objectives:** 1. Define validity in the context of assessment tools used in medical education. 2. Give examples of five domains of validity evidence in medical education. 3. Assess the degree of evidence for previously validated assessment tools. 4. Develop a strategy for validating your own assessment tools.

Methods and Content: Workshop presenters will begin with an overview of the five domains of validity evidence as defined by the Standards. Examples of validated assessment tools for both students and faculty will be provided that can be used for (1) direct observation, (2) standardized patient examination, (3) written examinations, and (4) clinical teaching. Participants will work in small groups to identify examples within the five domains of validity evidence in these previously validated assessment tools and report back their findings to the large group. Participants will work in small groups to identify strategies for optimizing the validity evidence in their own assessment tools. Participants are encouraged to bring examples of assessment tools they are currently using for this step.

B7

KEEPING UP WITH TECHNOLOGY: APPLICATIONS FOR ENHANCING CLERKSHIP EDUCATION

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Rationale: As medical educators, we must meet the needs of learners, do our work most efficiently with the resources at hand, and think about our own career advancement. Using new technologies in our work can increase learner engagement, enhance effectiveness and add efficiency to our teaching. Scholarship can also be achieved through innovation utilizing educational technology. Successfully incorporating technology entails overcoming a myriad of potential barriers including: identifying and utilizing varied resources, manpower, time, funding issues, as well as the learning curve that is often part of technology integration. The COMSEP Learning Technology Task Force wants to engage the audience in exploration of many of these issues through this workshop by highlighting resources. **Objectives:** Workshop participants can expect to

accomplish the following: 1. Identify technology applications to enhance teaching and learning 2. Become familiar with tools for education management 3. Learn how to achieve scholarship around areas of educational technology. **Methods and Content:** This workshop will include a short introduction followed by four demonstration stations to address issues related to specific educational technologies. Specific topics to be covered will include: (a) existing web-based teaching materials for learning clinical pediatrics, physical exam skills, and clinical reasoning skills, (b) online databases for development of evidence-based skills (e.g. First Consult, Diagnosaurus, MD Consult, UptoDate), (c) course management systems (e.g. Blackboard) for clerkship management, and (d) achieving scholarship around areas of educational technology. A wrap-up discussion will focus on how to integrate educational technology into local education programs and how to identify and leverage resources to make this possible at ones home institution.

B8

TOOLS OF THE TRADE USING TECHNOLOGY MOVING TOWARDS ENVIRONMENTAL STEWARDSHIP

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Rationale: Explore and share how we can utilize what is available in our U.S. and Canadian medical schools using technology to manage clerkship programs that can be implemented and will decrease the use of paper-based processes moving in the direction of environmental stewardship. As medical institutions and private offices advance in technology implementing electronic medical records; the implementation of an electronic workflow in our clerkship administrative process will prepare our medical students to the technology processes of the future. **Objectives:** Overview (a) Course Management system (i.e. Angel, Blackboard, MyCourse) for providing electronic system for clerkship syllabus, handbooks, scheduling, exams, grades, web links access, lectures, etc.; (b) Lectures (Podcast, Camtasia tools for recording lectures); (c) NBME (paperless exams, downloads student scores, reports, on-line exam ordering); and (d) Other on-line web-based tools available for Clerkship Administration (iPads, Doodle.com, Computerized Case Logs, E-Value). Participants will learn what tools are available to manage their clerkship using a course management program. Participants will learn what tools are available to manage their clerkship evaluations electronically. Participants will learn what tools are available to manage their clerkship lectures electronically. Participants will learn what tools the NBME have available for their clerkship electronically. Participants will learn about other on-line web-based tools that are available to enhance the workflow in their clerkship administrative process. Participants will have the opportunity to join a support coaching network to assist in moving towards an administrative electronic workflow for their clerkship program. **Methods and Content:** The workshop presenters will poll the group to determine what technology tools their institutions are using or they have access to use. There will be PowerPoint Presentation and live website navigation to the sites using course management systems, lectures recordings, NBME site, and other on-line web-based tools. The group will be encouraged to participate interactively.