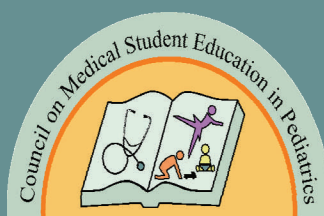


COMSEP

Council on Medical Student Education
in Pediatrics



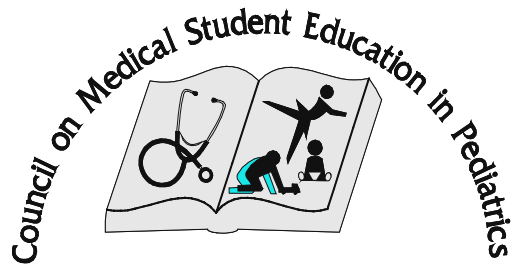
**Professionalism:
Always Doing What's Right is
Not Always What's Easy**

March 25—27, 2010



**Hotel Albuquerque
at Old Town
Albuquerque, NM**

**Jointly Sponsored by:
Vanderbilt School of Medicine, Department of Pediatrics
and COMSEP**



UNDER THE AUSPICES OF THE
Association of Medical School Pediatric Department Chairs, Inc.

Executive Office: 6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • www.comsep.org

January 26, 2010

Dear COMSEP Member:

It's time for the annual COMSEP meeting! The 2010 meeting of COMSEP, **Professionalism, Doing What's Right and Not Always What's Easy**, will be held March 25 - 27, 2010, at the Hotel Albuquerque in the heart of Old Town Albuquerque, New Mexico. As a representative of the University of New Mexico I am honored to be your program host.

This year we are delighted to have Maxine Papadakis, MD as our plenary speaker. A practicing general internist, Dr. Maxine Papadakis is Professor of Clinical Medicine and Associate Dean for Student Affairs at the University of California, San Francisco, School of Medicine, and a member of the Haile T. Debas Academy of Medical Educators at UCSF. She is well acquainted with undergraduate medical education serving as an internal medicine clerkship director for 10 years and as past president of Clerkship Directors of Internal Medicine (CDIM). In 2005, Dr. Papadakis published a ground-breaking paper in *The New England Journal of Medicine* demonstrating that "disciplinary action among practicing physicians by medical boards was strongly associated with unprofessional behavior in medical school." She has become a nationally recognized expert and researcher in the assessment of professionalism in medical students.

Albuquerque is one of the oldest cities in the U.S., and it boasts a unique multicultural heritage and history where Native American, Hispanic & Latino, Anglo and other cultural influences are a part of everyday life. Nowhere is the confluence of past and present more dramatic than here in Albuquerque, where the modern city skyline is set against a backdrop of the ancient Sandia Mountains and an endless, timeless blue sky. The one-of-a-kind character of Albuquerque is the result of many different forces, perhaps none as important as the centuries of history that have shaped our city. Starting with the Native Americans who have lived here for thousands of years and continuing through Albuquerque's official founding in 1706, the city has grown into a multi-cultural metropolis of nearly 800,000 people. While the modern city of Albuquerque is a center of high-tech industry and research, it retains vital connections to the past, such as the ancient rock carvings at Petroglyph National Monument, the historic Old Town Plaza and the trail of vintage neon signs along Route 66 spanning the city.

Spectacular weather, with 310 days of sunshine, makes Albuquerque an ideal destination. Albuquerque enjoys a mild dry climate. The average high temperature for March is 61 with a 73% chance of sunshine. Albuquerque sits at the base of the Sandia Mountains. At its lowest elevation, 4,500ft, runs the Rio Grande River. The highest point of the Sandia Mountains sits at 10,678ft.

The annual COMSEP meeting is open to anyone at your institution who is involved or interested in medical student education. We always welcome new members and look forward to sharing ideas and reconnecting with valued friends and colleagues. We hope to see you in Albuquerque – this exceptional program and magnificent setting promises to make this COMSEP meeting one of our best meetings ever.

Sincerely,

Annalisa Behnken, MD FAAP
Associate Professor
University of New Mexico

Wednesday, March 24, 2010	
Noon – 6:00 p.m.	Registration
6:00 p.m. – 10:00 p.m.	Executive Committee Meeting and Dinner
Thursday, March 25, 2010	
7:30 a.m. – 5:30 p.m.	Registration
7:30 a.m. – 8:30 a.m.	Continental Breakfast
8:30 a.m. – Noon	DO's Meeting (Tentative)
8:00 a.m. – 1:00 p.m.	Clerkship Coordinators' Pre-Conference Workshop: Standard Certification
8:00 a.m. – 12:00 p.m.	Pre-Conference Workshops (See descriptions for more information)
Noon – 1:00 p.m.	Task Force Leaders Meeting
2:00 p.m. – 3:30 p.m.	General Session – President's Address
3:30 p.m. – 3:45 p.m.	Break
3:45 p.m. – 5:45 p.m.	Task Force Meetings
3:45 p.m. – 5:45 p.m.	PUPDOCC Meeting
3:45 p.m. – 5:45 p.m.	Clerkship Coordinators' General Session
6:00 p.m. – 7:30 p.m.	Educational Research Grants Review Committee Meeting
Friday, March 26, 2010	
7:30 a.m. – 5:30 p.m.	Registration
7:00 a.m. – 8:00 a.m.	Continental Breakfast
8:00 a.m. – 10:00 a.m.	Plenary Session: Miller/Sarkin Lectureship - <i>Plenary Speaker: Maxine Papadakis</i>
10:00 a.m. – 10:15 a.m.	Morning Break
10:15 – 11:45 a.m.	Workshops (Choice of one, A1-A8)
Noon – 1:15 p.m.	Lunch
1:30 p.m. – 3:00 p.m.	Workshops (Choice of one, B1-B8)
3:30 p.m. – 3:45 p.m.	Afternoon Break
3:30 p.m. – 5:00 p.m.	Richard Sarkin Fun Run/Walk
5:00 p.m. -7:00 p.m.	Poster Session and Reception

This program is subject to change.

Saturday, March 27, 2010	
7:00 a.m. – 5:00 p.m.	Registration
7:00 a.m. – 8:00 a.m.	Continental Breakfast
7:30 a.m. – 9:00 a.m.	Executive Committee Meeting
9:00 a.m. – 11:00 a.m.	Workshops (Choice of one, C1-C8)
11:15 a.m. – 1:00 p.m.	Research Presentations with Boxed Lunch
1:30 p.m. – 3:00 p.m.	Task Force Meetings
1:30 p.m. – 3:00 p.m.	PUPDOCC Wrap-up
1:30 p.m. – 3:00 p.m.	Coordinators' Wrap –up
3:15 p.m. – 4:00 p.m.	General Session Wrap-up
4:00 p.m. – 4:30 p.m.	Task Force Leaders Wrap-up
6:00 p.m. – 9:00 p.m.	Reception and Banquet at The Anderson-Abruzzo Albuquerque International Balloon Museum
Sunday, March 28, 2010	
8:00 a.m. – 4:00 p.m.	CLIPP Editorial Board Meeting

This program is subject to change.

Continuing Medical Education Credit Required Information:

COURSE OVERVIEW

The COMSEP Annual Meeting provides a formidable menu of continuing education topics for pediatric educators. While learning activities are often relevant to all levels of medical education, including resident education and continuing medical education, the conference is focused on medical student education. Formal presentations by the organization's leadership, plenary session speakers on state-of-the art topics, poster sessions, interactive workshops, task force meetings, scientific platform presentations, and informal networking comprise the annual program. Attendees participate fully in these sessions and attend relevant organizational committee meetings held in conjunction with the scientific program.

TARGET AUDIENCE

Members of the Council on Medical Student Education in Pediatrics and others interested in pediatric education, including pediatrics course/clerkship directors, Department Chairs or Vice-Chairs for Education, Residency Program Directors, medical educators with an interest in pediatrics and clerkship coordinators.

OBJECTIVES

After participating in this CME activity, participants should be able to:

- Focus on fostering and cultivating the positive attributes of professionalism in medical students
- Design an effective local curriculum for the pediatric clerkship
- Refine teaching skills
- Develop skills in providing assessment and feedback to medical students
- Design methods and goals for faculty development
- Meet further education goals based on workshop selection

COURSE FACULTY

<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
Julie Byerley, MD	University of North Carolina	Planner
Robert Swantz, MD	University of Rochester	Planner
Michael Barone, MD	Johns Hopkins University	Planner
Annalisa Behnken, MD	University of New Mexico	Planner

DISCLOSURE STATEMENT

It is the policy of Vanderbilt School of Medicine and COMSEP to require disclosure of financial relationships from individuals in a position to control the content of a CME activity; to identify and resolve conflicts of interest related to those relationships; and to make disclosure information available to the audience prior to the CME activity. Presenters are required to disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentations.

All course directors, planners, and speakers indicated no financial relationships to disclose.

ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Vanderbilt School of Medicine and COMSEP. Vanderbilt School of Medicine is accredited by the Accreditation Council for CME to provide continuing medical education for physicians.

Vanderbilt School of Medicine designates this educational activity for a maximum of 14.75 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AMERICANS WITH DISABILITIES ACT

It is the policy of Vanderbilt School of Medicine and COMSEP not to discriminate against any person on the basis of disabilities. If you feel you need services or auxiliary aids mentioned in this act in order to fully participate in this continuing education activity, please call Jillian Gann at (703) 556-9222 or attach a note to your registration form.

GRANT ACKNOWLEDGEMENT

This educational activity received no commercial support.

General Meeting Information:

REGISTRATION FEE

Includes course materials, two continental breakfasts, two lunches, poster reception, one dinner, and transportation to off-site events. Excludes guest fees and pre-conference options. Fee must be paid by check and only in U.S. Funds.

COMSEP member:	\$450.00 prior to 3/1/10; \$475.00 after 3/1/10 or on-site
NON-COMSEP member:	\$500.00 prior to 3/1/10; \$525.00 after 3/1/10 or on-site
CME Administrative Fee:	\$25.00
Pre-Conference Workshop:	\$60.00
PUPDOCC:	\$25.00
GUEST for Saturday dinner:	\$75.00

REFUND AND CANCELLATION POLICY

In the event of cancellation by a registrant, a refund will be given less a \$100 administrative fee provided written notice is received by March 1, 2010. No refunds will be made thereafter. In the event of cancellation or rescheduling of this conference by the Planning Committee due to unforeseen circumstances, a full refund of tuition paid will be provided.

MEETING LOCATION

The annual meeting will be held at the Hotel Albuquerque at Old Town, 800 Rio Grande Boulevard NW Albuquerque, New Mexico 87104 - Telephone Number: (505) 843-6300. The off-site banquet will be held at

The Anderson-Abruzzo Albuquerque International Balloon Museum. Bus transportation will be provided to this event.

ACCOMMODATIONS

A block of rooms has been reserved at the Hotel Albuquerque at Old Town. The group room rate is \$165.00 per night, plus taxes. You may make your reservations by calling 505-843-6300 or toll free at 800-237-2133 and make the booking under the name of COMSEP 2010 Annual Conference. NOTE: Even though March 1, 2010, is the cutoff date, room availability should not be counted on until then as our room block may be picked up prior to that date. The number of rooms guaranteed by COMSEP is based on history of the group's pickup from previous years and registration is unpredictable. In other words, make your reservations as soon as you receive the meeting information to ensure a room.

TRANSPORTATION

Taxicabs are available 24 hours, and local shuttle services are also available to and from the airport (hours of operation and fees vary). Albuquerque City Busses also run all over town and to the airport during the day for a nominal fee.

DIETARY/SPECIAL NEEDS

Special requests may be indicated on the registration form, and must be made in advance in order to be accommodated.

FURTHER INFORMATION

Please contact Jillian Gann at (703) 556-9222 or jillian@degnon.org.

PC1

LEADING THE CLERKSHIP IN PEDIATRICS: A WORKSHOP FOR NEW CLERKSHIP DIRECTORS

Members of the COMSEP Faculty Development Task Force and COMSEP Executive Committee

This workshop is designed for new clerkship directors and other faculty with clerkship responsibilities who would benefit from a broad introduction to a variety of topics related to their position. If you have questions about getting started, clerkship organization and administration, 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 this 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 this new role. Workshop Learning Objectives: 1. Outline the responsibilities of the clerkship director; 2. Assemble a model for curriculum design to utilize for analysis or development in your clerkship; 3. Understand objectives and competencies; 4. Understand various teaching methodologies; 5. Compare and contrast different feedback and evaluation methods and determine the feasibility of implementation in your clerkship; 6. Understand LCME requirements; 7. Compile resources to further enhance your clerkship and your academic success as an educator.

PC2

FOSTERING PROFESSIONALISM IN MEDICAL STUDENTS: EXPLORING CONTEXT AND CREATING DIALOGUE AROUND VALUES

Annalisa Behnken, MD, FAAP; Ann Morrison, MD; Peter Barnett, MD; Kathleen Kennedy MD; Teresa Anderson, MD; Teresita McCarty, MD; Sheila Hickey MD; Cynthia Geppert, MD PhD, Department of Pediatrics, University of New Mexico, Albuquerque, NM

Developing competency in professionalism requires students to understand professionalism precepts and to interpret and apply these precepts in the context of clinical medicine. Clinical training presents students with a highly complex environment where students are often called on to balance conflicting expectations and values. Role modeling is the educational technique most often relied on to teach students professional practice. Role modeling is a powerful tool which has both positive and negative impacts. Without explicit discussion of the behaviors which are modeled, students may not have a clear understanding of professionalism. **Objectives:** As a result of this workshop participants will be able to 1. Describe common professionalism challenges for medical students 2. Identify teachable moments to role model professional behaviors and reasoning about professional dilemmas for students 3. Explain the importance of recognizing and appreciating students' demonstrations of professional behaviors 4. Practice giving formative feedback to students on their professional conduct 5. Recognize patterns of unprofessional behavior that require further evaluation. **Methods and Content:** Through active learning techniques participants will develop strategies for teaching and reinforcing students' professional judgment. The workshop will begin to create dialogue around these dilemmas to include identifying effective role modeling, reflective exercises and skills practice. Through interactive didactic sessions participants will explore the context in which medical students develop professional attitudes and behaviors. The discussion will utilize trigger tapes and include experiences of the participants who will develop common scenarios that challenge students during clinical training. Through reflective exercises and small group exchanges, participants will analyze underlying value conflicts inherent in the scenarios. Once the context is established, participants will review effective techniques for giving students feedback on their professional conduct and practice through an established model for debriefing professional conduct in simulated scenarios. These concepts will be transferred into skills when participants practice giving feedback regarding professionalism within their small groups. Participants will ground their learning in skills practice and ultimately bring these skills back to their educational environment.

PC3

LEADERSHIP IN MEDICAL EDUCATION

David Keegan MD, CCFP (EM), University of Calgary; Susan Bannister, MD, University of Calgary, Alberta Children's Hospital

Part One: How to Strategically Prepare Your Team to Accomplish Great Things:

This highly interactive session is a broad overview of the key elements/skills/knowledge an educational leader needs for his/her group to be effective. It includes a self-assessment tool in which participants will identify areas of weakness and be pointed to resources to address them. Peer consultations take place with people who have opposite strengths, and participants develop a concrete plan for working on their weaker areas.

Part Two: Making Stuff Happen with Big Buy-in: Developing practical negotiation skills to get the outcomes you need

This highly interactive session is a focused exploration of one of the commonest areas of weakness identified in Part One. Participants engage in large and small group learning and discussion, and apply stakeholder-needs-assessment methods to mock and real scenarios. They workshop their own particular challenge or initiative using the Stakeholder Map and identify stakeholders and estimate their needs, and engage with a colleague in a peer consultation. Participants leave with a concrete plan to engage others in a meaningful way to accomplish the outcomes they need.

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

Gary L. Beck, M.A., Education Administrator Department of Pediatrics, University of Nebraska Medical Center; Ginny Cleppe, A.M., ACSW, CISW, Pediatric Clerkship Coordinator, Medical College of Wisconsin

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 individuals' 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

Friday, March 26, 2010 – 10:15 a.m. – 11:45 a.m.

A1

OMG! LOL! TWEETS, FRIENDS, AND POSTS: MEDICAL PROFESSIONALISM IN THE ERA OF ON-LINE SOCIAL NETWORKING

Kit Kieling, MD, Uniformed Services University of the Health Sciences, Bethesda, MD; Jeff Hutchinson, MD, Uniformed Services University of the Health Sciences, Bethesda, MD

Medical educators, patients, and ultimately society recognize the need for the development of physicians with high standards of professionalism. Indeed, professionalism is listed as a "core" competency by the Accreditation Council for Graduate Medical Education (ACGME), and is further defined by specific professional domains including compassion, responsiveness to patient needs, respect for patient privacy, and sensitivity to diversity. Defining, teaching and objectively assessing the development of professionalism in medical trainees has historically been difficult. This task has become increasingly challenging with the development of Web 2.0 technology. Web 2.0 refers to Internet applications built around user-generated content, and includes such incredibly popular sites as Facebook, YouTube, Twitter, Flickr, and many others. A recent study found two-thirds of medical students and a growing number of residents and young faculty use on-line social networking sites regularly. These popular sites allow users to share photos, videos, blogs, and up-to-the-minute "updates" with large numbers of other users. Pictures of weddings, new children and other momentous occasions fill these pages. But pictures of these activities aren't the only things being uploaded. In fact, the majority of medical schools, in a recent survey, reported incidents involving students posting unprofessional behavior. Photographs of excess alcohol or other drug use, overt sexuality, foul language, and patient privacy violations abound in the on-line postings of medical trainees. The purpose of this workshop is to explore the blurring boundaries between what a medical student does on-line and their development as a medical professional and will include specific methods for discussing, promoting, and evaluating medical professionalism in the context of on-line social networking.

Objectives: At the conclusion of this workshop, participants will be able to: 1. Define professionalism as it relates to medical student education 2. Define Web 2.0 technology and list the current applications being used by medical students 3. Cite and differentiate

various professional and unprofessional uses of on-line social networking sites 4. Educate and assess the use of on-line social networking sites by medical students 5. Promote "safer" uses of these sites. **Methods and Content:** 1. Prior to the workshop, a survey to will be sent to the COMSEP list-serv asking for specific examples of Internet related unprofessional behavior 2. Short didactic defining professionalism and Web 2.0 3. Open discussion about personal experience with medical students and the introduction of the results of the survey 4. Small group brainstorming to discuss methods to promote the professional use of these sites and ways to limit or prevent the unprofessional use, including: a. Instruction on Privacy Settings b. Monitoring the "digital footprint" c. What to do when a patient "friends" you d. Patient privacy and confidentiality e. Self-assessment 5. Develop a curriculum/education intervention for each participant to implement at their home institution.

A2

ONLY HOW MANY WORDS? FINE TUNING YOUR WRITING SKILLS TO PRODUCE CLEAR AND COMPELLING ABSTRACTS

Sherilyn Smith, MD, University of Washington, Seattle, WA; Jocelyn H. Schiller, MD, University of Michigan, Ann Arbor, MI; Janice L. Hanson, MD, Uniformed Services of the Health Sciences, Bethesda, MD; Nasreen J. Talib, MD, Children's Mercy Hospital, Kansas City, MO; Linda R. Tewksbury, MD, New York University School of Medicine, New York, NY, T.J. Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Gary L. Beck, MD, University of Nebraska Medical Center, Omaha, NE; Cynthia Christy, MD, University of Rochester, Rochester, NY; Lynn M. Manfred, MD, Medical University of South Carolina, Charleston, SC

Writing clear, compelling abstracts requires effective communication of complex ideas with few words. Creating a well-written abstract is one of the first steps in disseminating scholarly work in education. Few educators have formal training on how to write abstracts in medical education. **Objectives:** By the end of the workshop participants will be able to: 1) Apply Glassick's elements of scholarship to critique abstracts 2) Identify common mistakes in written abstracts 3) Modify examples of submitted abstracts to enhance their clarity. **Methods and Content:** This workshop will utilize short didactics and interactive exercises facilitated by members of the Research and Scholarship Task Force experienced in reviewing abstracts. Workshop organizers will review the elements of educational scholarship as outlined by Glassick (2000). They will then engage participants in a discussion about how these criteria apply to different types of scholarly work in medical education for which an abstract may be written. In small groups, participants will apply these criteria to critique abstracts describing different types of scholarship, provided by the facilitators. The organizers will then review common mistakes made when writing abstracts, followed by critical review of abstracts in small groups. Finally, using the scholarship framework and knowledge of common mistakes, participants will revise abstracts to enhance their clarity.

A3

GETTING FROM HERE TO THERE: PLANNING YOUR CAREER TO ADVANCE IN THE FASHION YOU DESIRE

Bruce Z. Morgenstern, MD, Phoenix Children's Hospital, Phoenix, AZ; William G. Wilson, MD, University of Virginia, Charlottesville, VA; Alicia Freedy, MD, VCU School of Medicine Inova Campus, Falls Church, VA

Historically, it's been common for Pediatric Clerkship directors to be assigned to the job initially, rather than planning for a career in medical education. COMSEP has been a vital organization to help people who find themselves as clerkship directors develop into medical educators. Despite this mentoring, further career advancement seems almost as haphazard and serendipitous for many clerkship directors as the initial placement into the job. Our goal is to help participants develop a personal blueprint and action plan based upon that blueprint for the middle and end of their careers. **Objectives:** At the end of the workshop participants will: 1. Have developed an approach to identify their career aspirations and goals. 2. Have constructed a general plan to reach the goals identified in #1. 3. Have developed a method to identify mentors and counselors to aid in the process. 4. Have a system to identify milestones by which they can measure their progress. 5. Have an action plan for their next steps **Methods and Content:** Participants will work independently and in small groups to achieve the objectives outlined above, guided by senior and mid-career COMSEP members. The process will be as follows: 1. Introductions, Delphi method used to identify participants' goals. (10 minutes) 2. Individual assignment: write an outline of what participant would like his/her ideal "retirement announcement" to say as it highlights his/her career (20 min) 3. Small group discussions to identify goals common in each group. Develop "dream career paths" that could apply to each group and participant that might achieve those common goals. (20 min) 4. Interactive moderated discussion (entire group) to identify approaches that might allow participants to achieve these more common goals. (15 min) 5. Small group discussions to apply concepts from #4 to the small groups' multiple goals - joint mentoring (25 min) 6. Individual assignment: develop personal action plan, including milestones (10 minutes) 7. Leaders discuss: why "the best laid plans" How to thrive in the face of perceived setbacks. (10 min) 8. Wrap up & feedback from participants. What went well, what were major lessons learned, was this a useful workshop for mid-career COMSEP members, what would improve it? (10 min)

A4

EXTREME MAKEOVER: LECTURE EDITION

Lisa A. Martin, MD, Loyola University, Stritch School of Medicine, Maywood, IL; Daniel J. Heintz, MD, University of Nevada School of Medicine, Las Vegas, NV; Miriam Bar-on, MD, University of Nevada School of Medicine, Las Vegas, NV

Medical knowledge is rapidly expanding at a rate higher than any time in the past. In order to convey this vast amount of information efficiently, educators have relied on the traditional lecture. But is this the most effective way to convey this information? Studies show that increased retention is achieved when participants are actively engaged in the learning process. After a standard lecture, learners typically retain 10-30% of the information. However with active participation, the retention rate increases to 70-90%. Incorporating active learning in a large group setting can seem like a daunting task. The goal of this workshop is to enhance the educator's ability to efficiently employ active learning techniques within the constraints of the lecture format in order to facilitate learning retention.

Objectives: 1. Describe key elements of structuring a talk. 2. Identify and utilize techniques to engage learners while teaching in a large group. 3. Apply new active learning strategies to a previously prepared talk. 4. Employ progress monitoring to measure student

learning. **Methods and Content:** Through dynamic discussion, workshop participants will share their experiences and challenges in shifting from the traditional lecture paradigm. A brief presentation of teaching tips to implement active learning will be given followed by a discussion of overcoming barriers. Using either small groups or pair-share, participants will have the opportunity to revamp a previously prepared lecture from their clerkship. Volunteers may then share their modification ideas with the group. A final discussion of assessing outcomes from newly designed learning experiences will be conducted. Attendees will be provided with a list of take home points to implement interactive sessions and deal with institutional challenges.

A5

MEDICAL STUDENT DOCUMENTATION: AN ASSET OR A LIABILITY?

Adam T. Stevenson, MD, University of Utah School of Medicine, Salt Lake City, UT; Todd M. Poret, MD, Dartmouth School of Medicine, Lebanon, NH; Colin M. Sox, MD, Boston University School of Medicine, Boston, MA

The utilization of medical student documentation in the medical record is highly variable. Medicaid and HCFA guidelines regarding documentation and billing are poorly understood and can often create misconceptions about the sanctioned use of medical student documentation. This can lead to inappropriate billing if medical student documentation is over-utilized or missed educational experiences if under-utilized. This conflict is magnified as many institutions navigate the transition to an electronic medical record. When Clerkship Directors create their own institutional documentation policy they must consider how to address the concerns of risk management, compliance officers, and billing requirements while maximizing the students' educational experience. **Objectives:** During this workshop the participants will: (1) Learn the Medicaid and HCFA guidelines regarding medical student documentation and billing, (2) Identify how medical student documentation relates to billing, medical-legal, patient safety and educational issues, (3) Learn three unique methods currently in use for utilization of medical student documentation, (4) Describe the benefits, risks and pitfalls of various methods of utilization, and (5) Identify methods to teach other faculty how to best utilize medical student documentation. **Methods and Content:** The workshop will include a didactic description of the history and evolution of the Medicaid and HCFA guidelines as they relate to medical student documentation and billing. Potential inappropriate ways of utilizing medical student documentation will be demonstrated. Three methods for the utilization medical student documentation currently in use at various clerkship sites will be reviewed, including real time EMR. In small group sessions, participants will discuss the benefits and pitfalls of the demonstrated methods as well as identify other potential solutions. The groups will then provide suggestions for improvement, possible new solutions, methods for teaching faculty these issues and will discuss potential COMSEP standards and goals for the future.

A6

A GUIDE TO THE ASSESSMENT OF PROFESSIONALISM IN MEDICAL STUDENTS

Maxine Papadakis, MD, Associate Dean for Student Affairs, University of California – San Francisco, San Francisco, CA

This workshop will provide hands-on experience to the method that UCSF uses to assess professionalism in medical students. Participants will be able to discuss successes and difficulties that they have experienced as they assess medical students at their institutions and discuss standards of professional behavior.

A7

CAN WE CREATE AN ILP PROGRAM FOR STUDENTS THAT THEY ACTUALLY LIKE? YES WE CAN!

Paola A. Palma Sisto, MD, Medical College of Wisconsin, Milwaukee, WI; Sajani Tipnis, MD, Medical College of Wisconsin, Milwaukee, WI; Michele Long, MD, UC Davis, Sacramento, CA, Virginia Cleppe, Medical College of Wisconsin, Milwaukee, WI; Karen Marcandante, MD, Medical College of Wisconsin, Milwaukee, WI; Elizabeth Stuart, MD, Stanford University, Palo Alto, CA

Competency-based education and assessment are gaining momentum in undergraduate medical education. A recognized focus for educators is curricula devoted to self-directed learning, including self-reflection and PBLI (practice-based learning and improvement.) Individualized learning plans (ILPs) are used to help direct individuals to define specific areas for improvement. Management of an ILP is a pediatric residency program requirement, but many students have little experience or training in ILP use. Recognizing the need to increase PBLI, ILP use, and self-directed learning education in the pre-residency years of training, this workshop will explore how to integrate ILP development into clerkship and fourth-year rotations. Techniques for ensuring learner engagement and facilitating reflection will be emphasized. We will also address the rarely discussed topics of stress and burnout and how to use ILPs to promote goal creation in the area of self-care. **Objectives:** At the end of this workshop, the participants will be able to 1) Compare/contrast models for ILP integration in student education 2) Outline strategies to engage students in reflection 3) Develop their own ILPs, selecting goals for their academic development, as well as self care. 4) Define strategies for implementation of ILP education with a self care focus into their own programs. **Methods and Content:** After describing the literature on reflection and portfolio development as well as the ILP programs for students from our institutions, we will engage participants in a discussion of their experiences in student reflection. We will then present relevant literature on the impact of stress and burnout in physicians as well as physicians in training. Participants will complete a Perceived Stress Scale. Scores on the survey as well as the impact it has had on our students will be discussed. Participants will develop their own ILPs, reflecting on their current goals, both in academics as well as in self care. Small groups will review the ILPs for measurability and feasibility. A large group discussion will allow participants to offer suggestions for improvement and application of the ILP process at home institutions. All workshop materials will be made available to all participants.

A8

PROFESSIONALISM IN PEDIATRIC MEDICAL STUDENT EDUCATION: THE ROLE OF THE CLERKSHIP ADMINISTRATOR

Joyce Salter, Pediatric Clerkship Administrator, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Constance McAneney, MD, Director of Pediatric Medical Student Education, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Professionalism is the heart of the "art of medicine." Professionalism in medicine has received much needed attention in medical education literature over the last decade including discussions on how to teach professionalism and how to evaluate professional behavior. Professionalism issues and infractions are particularly difficult to deal with because they are so vital to the central core of medicine and because the topics themselves are sensitive, sometimes involve power and hierarchy, and are difficult topics on which to give honest feedback. Pediatric Clerkship Administrators, who have close contact with students and faculty, may be the first in line to hear or deal with professionalism topics. The goal of this workshop is to explore the meaning of professionalism in pediatrics and gain insight into managing those issues.

During this workshop participants will: 1) Define professionalism in medicine; 2) Explore professionalism issues and the role of the Clerkship Administrators in guiding the medical student; 3) Develop strategies and skills to properly manage (counsel, refer, report) professionalism issues. After an introduction on the background of research and current statement by the AAP, the Clerkship Administrators will participate in a discussion on the definition of professionalism in medicine. The members will then form small groups, each group discussing case scenarios of situations they may encounter in their job. The group will reconvene and share ideas from the small groups with the end product being increased knowledge of professionalism expectations of the medical student and a basic skill set to deal with professionalism problems.

WORKSHOP DESCRIPTIONS

Friday, March 26, 2010 – 1:30 p.m. – 3:00 p.m.

B1

STRATEGIES AND TOOLS TO TEACH ABOUT THE MEDICAL HOME: PROFESSIONALISM, CULTURE, AND COMMUNICATION

Jerold C. Woodhead, MD, University of Iowa, Iowa City, IA; Sherilyn Smith, MD, University of Washington, Seattle, WA; Starla Martinez, MD, Northeastern Ohio Universities College of Medicine, Akron, OH; David A. Levine, MD, Morehouse School of Medicine, Atlanta, GA; Leslie H. Fall, MD, Dartmouth Medical School, Lebanon, NH; Elizabeth Stuart, MD, Stanford University, Palo Alto, CA; Angela P. Mihalic, MD, University of Texas Southwestern Medical School, Dallas, TX

The Medical Home has its foundation in professionalism, cultural competence, and communication skills. These are taught in the preclinical curriculum in all medical schools but often are not part of the formal curriculum for clinical years. Structured teaching methods to address these key Medical Home components have been individually developed (e.g. at Stanford and UT Southwestern). Time and effort to develop teaching methods may be barriers to their wider incorporation in medical education. A new internet-based virtual patient program called "Foundations" (previously called "eCLIPPs") may increase teaching of these topics. **Objectives:** 1. identify gaps in the curriculum at individual schools regarding Medical Home components 2. Gain experience with 3 different models to teach these topics 3. Compare and contrast the 3 models 4. Discuss the family-centered partnership that is central to the Medical Home 5. Develop plans to integrate teaching these topics into the curriculum **Methods and Content:** A brief survey will be sent to workshop enrollees to determine specific interests, current teaching strategies, and barriers/challenges at their institutions related to the teaching of professionalism, cultural competence, and communication skills in the context of the medical home. The workshop will be based on three teaching models: 1. The interactive workshop from UT Southwestern to teach culture-in-medicine with multimedia virtual patient encounters; 2. Stanford's standardized patient program to engage students in communication of health and cultural issues; 3. "Foundations," an internet-based virtual patient program to teach concepts of the medical home, including culture-in-medicine and the family-centered partnership. "Foundations" is based on the model pioneered by the Computer-assisted Learning In Pediatrics Program (CLIPP). The models will be demonstrated and participants will have the opportunity to spend time working with each. After reviewing the on-line simulations, interviewing a standardized patient, and working through one of the virtual cases in Foundations, participants will discuss the 3 models. A concluding group discussion will address the opportunities and barriers identified by participants for integration of teaching about the medical home (culture, communication, and professionalism) and the family-centered partnership into the traditional curriculum. Participants will develop plans for integration of one or more of the models into their home curricula.

B2

MEDICAL EDUCATION IN THE AGE OF ELECTRONIC HEALTH RECORDS: HOW TO ACHIEVE BEST UTILIZATION.

Glen Medellin, MD, The University of Texas Health Science Center, San Antonio, TX; Jennifer Soep, MD, The University of Colorado Denver School of Medicine, Aurora, CO; Soumya Adhikari, MD, UT Southwestern Medical Center, Dallas, TX; Chris Maloney, MD, University of Utah and Primary Children's Medical, Salt Lake City, UT

Electronic health records (EHRs) have been touted for their ability to promote evidence based medicine, improve quality of care and reduce health care costs. The effect of EHR implementation on medical student education is not understood. This workshop will provide participants an opportunity to both share experiences and gain insight into processes that are both positive and negative following EMR implementation. **Objectives:** Attendees will gain valuable experience in reviewing the issues surrounding EHR utilization at academic medical institutions, and participate in a process to eventually allow the creation of future policy statements from COMSEP regarding EHRs. **Methods and Content:** The workshop will be broken down into several sections. During the first section, workshop faculty will review the current literature regarding medical student use of EHR's and the downstream effects on medical student work-flow and educational outcomes. The group will then break into small teams to: 1) Outline challenges following EHR implementation from the perspective of an academic medical institution, 2) Develop principles to guide "ideal use" of electronic records in academic settings and 3) Compile innovative uses of EHRs to promote medical education. The small groups will then re-assemble and share the outcomes of each discussion. Finally, the workshop faculty will discuss novel uses of both coded and free-text data to use to stream-line the clerkship, such as real time creation of patient logs, and other scholarship that can be mined from the EHR. This workshop is sponsored by the COMSEP Technology Taskforce.

B3

TEACHING LEARNERS HOW TO "THINK," "FEEL," AND "REFLECT": THE KEYS TO DEVELOPING PROFESSIONAL COMPETENCIES

Renee Moore, MD, West Virginia University, Morgantown, WV; Satid Thammasitboon, MD, West Virginia University, Morgantown, WV; Jeffrey Lancaster, MD, West Virginia University, Morgantown, WV; Kathryn Moffett, MD, West Virginia University, Morgantown, WV; Geeta Singhal, MD, Baylor College of Medicine, Houston, TX; James Azim, MD, University of Michigan, Ann Arbor, MI

The goal of clerkship education is to nurture learners for professional growth in all areas of competency. Many professional behaviors are often taught via hidden curriculum in the form of apprenticeship between learners and expert clinicians. This workshop will describe a teaching method that brings the unconscious aspect of clinical experience to the conscious level to promote metacognitive learning.

Objectives: 1.Distinguish cognitive and metacognitive approaches in teaching, learning and clinical practice 2.Describe POSE modeling as a method to teach metacognition to learners 3.Develop individual action plans to incorporate metacognitive teaching into clerkship to promote competency development among learners. **Methods and Content:** The workshop begins with engagement of participants through reflection on a role play of patient encounters demonstrating learners using cognitive vs. metacognitive approach. The discussion will follow on how metacognitive capabilities promote critical thinking, effective communication and desired professional behaviors. A case-based, interactive lecture will introduce principles of metacognition (reflection, self-questioning, perspective-taking and self-assessment), propose the use of POSE modeling (Preview, Outline, Share and Evaluation), and discuss its relevance to attaining various competencies. An audience-response question and answer system will be used to promote reflection and active participation. In small groups, participants will practice collaborative/facilitative teaching using the POSE to model and promote metacognitive capabilities with a standardized student. All participants will then reconvene to brainstorm strategies to incorporate metacognitive teaching into various settings in ones' own institutions to produce well-rounded clinicians according to core competency guidelines.

B4

INTRODUCTION TO SURVEY DESIGN

April O. Buchanan, MD, University of South Carolina SOM / Greenville Hospital System, Greenville, SC; Joseph Gigante, MD, Vanderbilt Children's Hospital, Nashville, TN; T.J. Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Jocelyn H. Schiller, MD, University of Michigan, Ann Arbor, MI; Nasreen J. Talib, MD, Children's Mercy Hospital, Kansas City, MO; Janice L. Hanson, MD, Uniformed Services University of the Health Sciences, Bethesda, MD; Mary E. M. Rocha, MD, Baylor College of Medicine, Houston, TX; Linda R. Tewksbury, MD, New York University School of Medicine, New York, NY

Survey methodology offers one approach to educational research and scholarship. Many clinician educators lack training in survey design. This deficit can result in poorly designed questions, which leads to poor data quality. The goal of this workshop is to introduce attendees to survey planning, development, and administration. **Objectives:** Participants will 1) List the steps of survey methodology including goals, sampling, and administration 2) Construct well-designed survey questions 3) Explain the advantages of piloting a survey. **Methods and Content:** Workshop presenters will begin with a brief overview of survey planning, design, and administration. Utilizing the conference theme of professionalism, small groups will draft a plan for a study to assess professionalism in a clerkship using a survey to collect data. The groups will review objectives for a study, discuss the intended population and sampling, and choose options for administration. Participants will re-convene in a large group to share ideas. In the second breakout session, small groups will review and edit survey questions specific to professionalism for inclusion in a survey, with attention to question design. Sample questions and surveys will be provided for review. Participants who have a survey related to professionalism which they have designed or utilized are encouraged to bring their own work. The workshop will conclude with presenters facilitating a discussion regarding the importance of piloting a survey. All participants will receive an annotated bibliography about survey design, with examples of published survey research.

B5

REMEDIATING UNPROFESSIONAL BEHAVIOR ACROSS THE CONTINUUM

Cynthia Christy, MD, University of Rochester, Rochester, NY; James R. Stallworth, MD, University of South Carolina SOM, Columbia, SC; Lynn C. Garfunkel, MD, University of Rochester, Rochester, NY; April Buchanan, MD, University of South Carolina SOM-Greenville, Greenville, SC

Approaching learners and colleagues with breaches in professional behavior can be extremely intimidating; understanding and planning remediation is equally challenging. Medical educators face this issue frequently but many times lack the blueprint to move forward in successfully dealing with unprofessional behavior. As validated by the theme of this year's conference, more direction and discussion is needed on the identification, documentation, and remediation of unprofessional behavior. **Objectives:** Participants in this workshop will develop a framework to diagnose problem professional behaviors and learn practical tips on how to implement improvement strategies. Using two models, The STP (Specify problem, Target desired behavior, and Plan the approach to ideal behavior) and TIPS (Type and specify the ineffective behavior, Identify the category of difficulty, Perception versus reality feedback, and Strategies for treatment or correction), these professional misadventures will be codified and structured plans to remediate will be developed in round table discussions. Medical educators will leave the session with a better understanding of the types of professional behavior lapses, an approach to the learner with a breach in professionalism, and a framework for developing remediation plans. **Methods and Content:** We will begin the workshop with a brief review of the Problem Learner and a classification system (affective, interpersonal, cognitive, and structural) of learning difficulties. This will be used as a springboard for describing unprofessional behaviors in an interactive session. Examples of unprofessional behavior will then be presented by workshop leaders and participants will be encouraged to share their experiences. The group will discuss instructive case vignettes and begin to characterize and then classify specific behaviors.

Continued...

Simple remediation suggestions that a clerkship or program director or division head can implement with the individual, collaboration with a psychologist, and understanding the referral process to a Committee on Physician's Health, will all be reviewed.

B6

CREATING EFFECTIVE PLANS FOR STRUGGLING STUDENTS: AN EXERCISE IN DELIBERATE PRACTICE

Sajani M. Tipnis, MD, Medical College of Wisconsin, Milwaukee, WI; Paola A. Palma Sisto, MD, Medical College of Wisconsin, Milwaukee, WI; Ruth Rademacher, MD, Medical College of Wisconsin, Milwaukee, WI; Karen Marcdante, MD, Medical College of Wisconsin, Milwaukee, WI; J. Lindsey Lane, MD, Jefferson Medical College, Philadelphia, PA; Virginia Cleppe, MD, Medical College of Wisconsin, Milwaukee, WI

All medical students would like to excel on their clerkships, but some are faced with various challenges that impact performance with possible struggles including understanding roles and responsibilities, adjusting to clinical culture or to the frequent changes in setting and content of each rotation. Often, the clerkship director is asked to intervene when the residents' and faculty's attempts fail to help. Current literature supports creation of plans with opportunities for deliberate practice to help the student achieve his/her potential. Unfortunately, it is often difficult to identify specific strategies and to obtain timely feedback. The purpose of this workshop is to create a menu of strategies that provide specific, measurable goals for the struggling third year student that will foster improved performance. **Objectives:** At the end of this workshop, participants will be able to identify the use of a systematic approach to effectively assist struggling students. **Methods and Content:** After a brief review of key features of effective goals and deliberate practice, a series of vignettes depicting common medical student issues (e.g., difficulty with organization, persistent tardiness) will be presented to small groups of participants in an iterative process. First, facilitators will work with participants to create a list of questions designed to identify possible non-school related issues that may be responsible for the student's performance. After receiving likely answers for each vignette, they will create a series of specific and measurable goals and identify appropriate opportunities for deliberate practice. Small groups will share ideas to create a single action plan for each vignette and then design methods to obtain useful feedback for the student and data for the clerkship director to track progress. The small groups will discuss the feasibility of the plan and utility of the feedback. In the final task the participants will share other interventions that have been effective in their own experiences.

B7

GOOD VS. GOOD: WHO IS RIGHT WHEN EVERYBODY'S RIGHT?

Wayne R. Waz, MD, University at Buffalo School of Medicine, Buffalo, NY; Lyuba Konopasek, MD, Weill Cornell Medical College, New York, NY

An important aspect of professionalism is the ability to understand one's role in the ethical dilemmas that occur in clinical practice. Miller and Schmidt's "habit of humanism" advocates for altruistic action. However, trainees in clinical settings encounter cases in which one individual's perception of an altruistic or "good" action conflicts with another's. Discussion of these cases requires a structure for personal reflection, identification of conflicting viewpoints, interpretation of individual roles in the decision making process, and moving past abstract discussion to a clinical decision. **Objectives:** Identify cases of conflict in clinical settings for discussion at the bedside or in small groups -describe and apply a model for resolving conflicts in patient care -distinguish cases that arise as a result of poor communication from cases that represent true ethical dilemmas. **Methods and Content:** After viewing a video of a case demonstrating an ethical dilemma, participants will define possible altruistic solutions working in buzz groups. Next, a didactic presentation will provide a method for moderating and organizing case-based clinical ethics discussions. This method, adapted from formal ethics consultation, will focus on identifying all relevant parties in a case, their perception of the patient's best interests, and their role in determining which version of the patient's best interests will be chosen for action. We will revisit the initial case using the method presented, first as a "pair share" then as a group. Participants will then be divided into small groups where members will be asked to write about cases from their own clinical practice, choose cases for discussion, and then take turns practicing the role of moderator of the case discussion. A key component of case discussion will involve separating out dilemmas that occur as a result of poor communication from those which truly represent battles of "good vs. good", in which well intentioned parties disagree over a patient's best interests.

B8

COORDINATORS AS THE SOLUTION: TIPS, TRICKS AND TOOLS FOR AN EFFECTIVE EVALUATION SYSTEM 45 minutes

Gretchen Shawver, MD, Pediatric Clerkship Coordinator, Stanford University, Palo Alto, CA

Coordinators play a pivotal role in acquiring feedback for medical students during their clerkships. This workshop will explore tips, tricks and tools designed for use by the coordinator and faculty/residents to obtain meaningful and constructive feedback regarding medical student performance. The workshop will include a small-group interactive session to share ideas, solve problems and generate a list of ideas to implement at their institutions.

CLERKSHIP ADMINISTRATOR CERTIFICATION PROJECT PRESENTATIONS 45 minutes

To complete the certificate program candidates are required to undertake a research or quality improvement project at their home institution. These coordinators will be completing this phase of certification with the following presentations:

WEB BASED TRACKING IN THE PEDIATRIC CLERKSHIP

Debbie Hernandez, Executive Assistant, Pediatrics, University of Texas Health Science Center, Houston, TX

IS IT POSSIBLE TO UTILIZE ONLINE EVALUATION – WITHOUT SPENDING ANY MONEY?

Susan Perkin, Student Program Coordinator, Pediatrics, University of Oklahoma College of Medicine – Tulsa, OK

C1

ASSESSMENT OF MEDICAL STUDENT PROFESSIONALISM--CRITICALLY APPRAISING THE OPTIONS

Janice L. Hanson, MD, Uniformed Services University of the Health Sciences, Bethesda, MD; Linda R. Tewksbury, MD, New York University School of Medicine, New York, NY; T.J. Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Mitch Harris, MD, Indiana University, Indianapolis, IN; April O. Buchanan, MD, University of South Carolina SOM / Greenville Hospital System, Greenville, SC; Heather Johnston, MD, University of Chicago, Chicago, IL; Joseph Gigante, MD, Vanderbilt Children's Hospital, Nashville, TN; Amy C. Kryder, MD, Virginia Tech Carilion School of Medicine, Roanoke, Virginia

The ACGME, LCME and many discipline-specific professional organizations require or encourage educating medical students and residents in ways that promote professionalism. Clerkship directors and faculty, however, often struggle to find valid ways to assess students' professionalism. **Objectives:** Participants in this workshop will: 1) describe 6 different approaches to assessing students' professionalism; 2) review, assess and critically appraise selected assessment approaches, questionnaires and rating tools; 3) draft a plan for assessment of student professionalism in their own clerkships or medical schools. **Methods and Content:** After introductions, workshop presenters will elicit from workshop participants a list of challenges of assessing medical students' professionalism, writing these challenges on a flip chart for reference throughout the workshop. A brief didactic will then define six approaches to assessing professionalism (student portfolios; reflective writing; faculty narratives and faculty rating tools; student questionnaires; patient/family and peer assessment; critical incident reports). Participants will then break into 3-6 small groups, each with a facilitator, to review one approach to assessing professionalism, including evidence about the validity, reliability and effectiveness of the approach. Each small group will frame a list of advantages and disadvantages of the approach and tool(s) they reviewed, followed by a five-minute report from each small group to the large group. Returning to small groups, participants will complete a worksheet that outlines a preliminary plan for assessment of student professionalism in their own programs or institutions. Small groups will also discuss how approaches to assessment of professionalism can be tailored to address particular challenges. The workshop will close with a brief question/answer session and provision of an annotated bibliography of tools for assessment of student professionalism.

C2

MEETING THE NEEDS OF THE MANY AND THE FEW: PRACTICAL STRATEGIES FOR PROMOTING PROFESSIONALISM - WITH SPECIAL ATTENTION TO REMEDIAL AND ADVANCED LEARNERS

Michele Long, MD, UC Davis, Sacramento, California; Elizabeth Stuart, MD, Stanford, Palo Alto, CA; Rebecca L. Blankenburg, MD, Stanford, Palo Alto, CA; Lavjay Butani, MD, UC Davis, Sacramento, CA; Noelle Johnstone, MD, Stanford, Palo Alto, CA; Christina V. Scirica, MD, Harvard Medical School, Boston, MA

There is a growing gap between learners' and educators' expectations for professional behavior. Advances in technology, work hours regulations, the hidden curriculum, and generational differences impact both learner behavior and educator perception. While training in professionalism is essential for all students, standard curricular interventions may fail to meet the needs of learners outside the norm. This workshop will focus on adapting strategies for professionalism education to meet the needs of individual learners, particularly those needing remediation or those ready for advanced training. **Objectives:** By participating in the workshop, participants will be able to: (1) Summarize recent literature on approaches to professionalism education (2) Apply principles of behavior change theory, deliberate practice, and reflection in practical exercises for promoting professionalism (3) Adapt educational strategies to meet the unique needs of remedial and advanced students. **Methods and Content:** We will start with a brief review of the professionalism literature, highlighting assessment tools and educational interventions thought to be of highest value and utility for all students. The majority of the workshop will be spent in interactive, small groups, where participants will have the opportunity to share their own challenges and solutions while gaining hands-on, practical experience with a variety of activities to foster professionalism. We will discuss: (1) simple strategies to integrate into the clerkship for all students; (2) special considerations for the remedial student, including readiness assessment, learning plan formulation, and ways to individualize learning activities; (3) ideas for learners at more advanced stages, including activities to enhance self-awareness and promote personal leadership development. Participants will leave the workshop with a workbook of tools for promoting professionalism -- for students at all levels of readiness and need.

C3

DRAWING LINES IN THE SAND: DESIGNING A STANDARD SETTING WORKSHOP AT YOUR INSTITUTION.

Michael Barone, MD, Johns Hopkins University, Baltimore, MD; Robert Dudas, MD, Johns Hopkins University, Baltimore, MD; Andrew Mutnick, MD, Columbia University, New York, NY

Grading in the clinical clerkships can be one of the most challenging and controversial tasks clerkship directors (CDs) undertake. Within a clerkship, competing issues such as subjective assessment of students, CD inexperience with standard setting, and concern for student satisfaction may lead to inappropriately low grade thresholds and/or grade inflation. Across clerkships in a medical school, there should be a commitment to consistency and transparency in a grading system. Lack of a defensible and methodologically sound approach can degrade the credibility of the assessment process. **Objectives:** By the end of the workshop, participants will be able to: 1. Describe the characteristics of relative, absolute, and compromise methods of standard setting. 2. Describe the steps and the appropriate use of the Hofstee method of standard setting in a clinical clerkship. 3. Improve grading decisions in their clerkship using important criteria and credible methods. 4. Plan a standard setting workshop at their institution. **Methods and Content:** Ultimately, setting pass / fail thresholds is about identifying students who need remedial work and protecting patients. Clerkship directors are in the unique position of promoting student success while also having to identify those students who have not mastered the required basic competencies. In this workshop, participants will learn about various types of standard setting; systematic methods of establishing

consensus cut off scores for performance. In sharing the experience of an *all clerkship* standard setting workshop at one institution, the presenters will demonstrate one particular approach to standard setting, the Hofstee method. Using their own opinions about passing scores and failure rates, participants will then work in small groups to set cut offs for sample clerkship grading distributions using the Hofstee method. Groups will report back with an emphasis on any benefits or challenges of using Hofstee as well as any remaining clerkship grading controversies. Our process will be generalizable to other institutions. Therefore, participants will be able to create a standard setting workshop at their medical schools.

C4

LEARNING STYLES IN ACTION: CONNECTING WITH ALL OF YOUR STUDENTS

Susan Bannister, MD, University of Calgary, Calgary, AB; David A. Keegan, MD, University of Calgary, Calgary, AB

While it is important for medical educators to be familiar with learning style theory, we believe that participants can learn about this in a dynamic, fun, interactive way that allows them to apply the theory immediately to their own teaching. **Objectives:** By the end of the workshop, participants will: 1. have estimated their own learning style; 2. be able to describe the four Kolb learning styles; 3. be able to identify ways to engage these styles, and 4. have received a peer teaching consultation from colleagues with different learning styles. **Methods and Content:** Participants will engage in a fun, dynamic activity to help determine their own preferred learning style and then join their colleagues in a brief curriculum design, illuminating key differences in how individuals perceive and process learning. Each group will present to the large group, highlighting how the different groups learn. Didactic teaching about learning style theory will be interspersed among the interactive activities. Participants will then be divided into small groups with people of different learning styles and each will present and receive feedback about something they already teach. Participants will walk away from this workshop not only with an understanding of learning styles but energized with concrete ideas of how to improve their own teaching. [This workshop was presented at COMSEP in 2007. The average rating was 4.9 out of 5]

C5

SOCIAL NETWORKING WEBSITES AND MEDICAL EDUCATION: CREATING OPPORTUNITY OR LIABILITY

David A. Levine, MD, Morehouse School of Medicine, Atlanta, GA; Pradip D. Patel, MD, University of Louisville, Louisville, KY; Anton Alerte, MD, University of Connecticut School of Medicine, Hartford, CT; Denise I. FitzSimon, MD, Texas Tech Health Science Center at Permian Basin, Odessa, TX

This is a sanctioned workshop proposal from the COMSEP Learning Technology Task Force. The original idea was formulated in tandem with the APPD at the combined meeting in 2009. Physicians and medical educators have struggled to keep pace with modern technology. While much of industry has switched to online systems and databases, physicians continue to struggle with implementation of electronic health records, new regulations on electronic transmission of data, and many other technologic advances. Similarly, we must develop policies and procedures to adapt to the burgeoning social networking websites in the "Web 2.0" movement. Sites such as Facebook, Twitter, and MySpace are used by more and more of our medical students, residents, and faculty members. The "boundaries" of professionalism are easy to cross in cyberspace. There is a burgeoning literature documenting the explosion of use of these sites and there are numerous anecdotes of unprofessional nature discovered in sites. Social networking, however, presents numerous opportunities as well. A well-crafted, secured site can enhance a learner's application to training programs, if looked upon by a prospective program director. LinkedIn is a business oriented networking site that can connect folks with similar interests and opportunities. Many students ignore institutional e-mail messages as most do not apply to them; however messages to a group of students using Twitter might enhance communication. In this workshop we will review existing literature and local institutional policies of the participants and workshop leaders. In small groups, the workshop participants will develop draft policy and procedure statements that can be relevant to their rotation, their clerkship, or even for their entire medical school program. **Objectives:** By the end of the Workshop, Participants will 1. Understand and debate the current medical and social science available literature on social networking sites and education (focusing on medical education), both positive and negative. 2. Discuss and debate existing institutional policies of the workshop participants related to social networks 3. Participants will develop policy and procedure statements that will be appropriate to their role as an educator -- be it rotation coordinator, clerkship director, or leadership in the entire clinical or medical school curriculum. **Methods and Content:** If accepted, the following would be our process: 1. Workshop participants will be contacted prior to the meeting to familiarize themselves with Facebook, Twitter, MySpace, and LinkedIn (and any other sites suggested in our needs assessment). Additionally, the participants will be contacted requesting that they find and bring any of their local policies related to social networks. 2. At the workshop, the leaders will introduce themselves, use an icebreaker warm up, and allow participants to introduce themselves and their interests in the topic. 3. The workshop leaders will review the existing social and medical science literature related to social networking site, presenting both negative (professionalism violations) and positive uses, in "journal club" format. The resource list of all articles reviewed will be distributed so that interested participants can go directly to the studies, if desired. 4. We will break out into 4 small groups. Depending on participant interest we can break into themed or unthemed groups. Themed: If participants can self-divide into positive use policies, negative use policies OR if they wish to divide according to roles -- rotation coordinator, clerkship director, higher level of administration Unthemed: All groups will come up with the elements of both positive and negative policy statements related to social networking. 5. We will reconvene and discuss each groups' work and information. 6. After the workshop, the workshop leaders will compile the work all of the participants and come up with suggested policy statements that can be adapted and used by individual schools. This will be disseminated to all participants and ultimately, all of COMSEP.

C6

ON TARGET LEADERSHIP: MASTERING WORKSHOPS AND RETREATS (AKA THE WORKSHOP ON WORKSHOPS)

Janet E. Fischel, MD, Stony Brook University, Stony Brook, NY; Bruce Z. Morgenstern, MD, University of Arizona, Phoenix, AZ; Leslie M. Quinn, MD, Stony Brook University, Stony Brook, NY

Successful workshops and retreats are challenging to plan and implement. They require a delicate balance of leadership, teaching, and guiding participant discovery. Essential elements of success include: a) a great abstract (getting your workshop accepted for presentation); b) careful planning; c) excellent teaching strategies that fit the topic(s) under study; and d) active participation of attendees (learner-centered learning). **Objectives:** Akin to a *play within a play*, this *workshop on workshops* provides real-time action (what leaders and participants *do*), and simultaneously time to reflect on what is being done. The objective of this session is to expand the participant's toolbox for preparing, implementing, teaching, and managing workshops or retreats to yield maximal success according to two criteria: 1) participant satisfaction; and 2) realization of the goals and objectives set for achievement. **Methods and Content:** Participants will work through individual and group exercises, vignettes, or role-plays to become familiar with strategies that are participatory, engaging, and informative. Emphasis will be placed on workshops or retreats aimed at faculty and resident development, skills for use at one's home institution, templated for dissemination, or further polished for a broader audience. Embracing the COMSEP 2010 theme of professionalism, the workshop will examine strategies to teach and assess topics such as *empathic physician-patient interactions*, *responsibility to quality care*, *the impaired physician*, or *understanding the public trust* in ways that illuminate many facets of professionalism. A spectrum of practical topics will be covered also, from details that might threaten success if left uncontrolled (such as seating plans, adhering to timelines, technological do's and don'ts, managing tangents ... or not), to broader issues (such as keeping it fun, communication skills, and balancing didactics with discovery). Newcomers and experienced workshop and retreat leaders are most welcome to join in.

C7

REASONING READY: TEACHING AND LEARNING CLINICAL REASONING IN THE CLERKSHIP

Lyuba Konopasek, MD, Weill Cornell Medical College, New York, NY; T.J. Jirasevijinda, MD, Weill Cornell Medical College, New York, NY; Mary C. Ottolini, MD, Children's National Medical Center, Washington, DC; Craig DeWolfe, MD, Children's National Medical Center, Washington, DC

Clinical reasoning is often learned in medical school via the implicit curriculum through apprenticeship training; faculty rarely teach clinical reasoning explicitly and students do not learn and practice it deliberately. Clinicians attain proficiency in this domain through experiential learning over years of practice. Experts use a blend of intuition (rapid unconscious thinking) and metacognition (deliberate, conscious thinking) to solve clinical problems; however, they seldom explain this process to the learner. The recent Carnegie Foundation report, *Educating Physicians: A Call for Reform*, proposes that clinical reasoning be taught and assessed deliberately in the context of clinical practice. However, few faculty have had formal training in this domain, and thus, faculty development is an essential step in implementing a clinical reasoning curriculum. **Objectives:** 1. Identify core concepts in clinical reasoning 2. Demonstrate strategies for teaching clinical reasoning in the class room and in clinical practice 3. Analyze students' clinical reasoning skills in oral and written presentations. **Methods and Content:** We will begin by sparking discussion with a demonstration of a missed opportunity for teaching and learning clinical reasoning at the bedside. Next, a brief didactic presentation will describe theoretical models for clinical reasoning drawn from cognitive psychology. Participants will then rotate through interactive stations where strategies for teaching and assessing clinical reasoning will be demonstrated and applied. We will focus on oral presentations in the ambulatory setting (the SNAPPS model) and inpatient setting, and in the EMR (Chart Stimulated Recall). We will also demonstrate a Group OSCE which integrates a PBL-style clinical reasoning session with communication skills training. Finally, we will end with small group work on an action plan for integration of these teaching strategies into the clerkship curriculum or a faculty development program.

C8

COORDINATING WITH CLIPP: MEETING THE NEEDS OF THE CLERKSHIP

Donnita K. Pelser, KU School of Medicine-Wichita, Wichita, KS; Rosalinda Barrie, The Institute for Innovative Technology in Medical Education, Lebanon, NH; Audra Bucklin, The Institute for Innovative Technology in Medical Education, Lebanon, NH

The number of pediatrics clerkships using Computer-assisted Learning in Pediatrics Program (CLIPP) has increased dramatically within the past few years. Reliance by clerkship directors on the resources offered by CLIPP require coordinators to fulfill the administrative tasks associated with this service. By providing a training opportunity which introduces the multiple facets of CLIPP, this workshop will help coordinators maximize the benefits and efficiency of using CLIPP in the clerkship.

The objectives of this workshop are to introduce clerkship coordinators to CLIPP including:

- Logistics (website location and navigation; case structure and navigation; student registration; Instructors area access including extraction and analysis of student case use log data; administration needs of the final exam and question bank; and reaching technical support).
- Exploring utilization strategies for the clerkship coordinator to meet the needs of the clerkship more effectively and efficiently.
- To ensure clerkship coordinators understand the functionality of the CLIPP system, focusing on areas needed for student evaluation, e.g., student case use log data.

The workshop presenters will introduce CLIPP demonstrating the core features of the MedU Web site including: the case simulations, the student registration process, the Instructors Area and access to Case Use Log Data, and explanation of the administration of the CLIPP exam. Throughout the workshop participants who already use CLIPP will be invited to share various personal experiences and asked to describe the needs met by CLIPP for their clerkship. The workshop will conclude offering the coordinators who do not have experience with CLIPP the opportunity to ask specific questions related how they might use CLIPP.

Council on Medical Student Education in Pediatrics (COMSEP)

2010 Annual Meeting Registration Form

Albuquerque, New Mexico - March 25-27, 2010

Registrant Information:

Name: _____ Highest Degree: _____

Name to appear on your name badge (i. e. nickname, first name): _____

Representing (Institution): _____

Mailing Address: _____

Telephone: _____ Email: _____

Specialty/Profession: _____

Please Check One: ☐ Delegate ☐ Alternate Delegate ☐ Associate Member

☐ Other (please specify): _____

Registration and Meeting Details (Please read and provide all information requested):

Registration Fees: COMSEP Member: \$450.00 prior to March 1st; \$475.00 after March 1st
Non-COMSEP Member: \$500.00 prior to March 1st; \$525.00 after March 1st

Register early and save! Registration fee covers costs for the registrant only. A group dinner, poster reception, two lunches, two continental breakfasts, and other costs associated with the meeting are included with your registration fee. You may purchase additional meal tickets for the group dinner.

Pre-Conference Workshops:

I would like to attend one of the pre-conference workshops on Thursday, March 25th from 8 a.m. to 12 p.m. (PC4 is 8:00 a.m. to 1 p.m.) See workshop descriptions for more information. **This requires an additional fee of \$60.00.**

☐ PC1

☐ PC2

☐ PC3

☐ PC4 (Clerkship Coordinators Certification)

Workshops:

Please denote your top **three** workshops for each session. Remember, this is on a first come, first served basis. Final assignments will be in your check-in package. If you will not be attending the workshop block, please choose N/A.

Friday, March 26th (Please select top three using 1, 2, and 3. See workshop descriptions for details.):

10:15-11:45 a.m.

___A1 ___A2 ___A3 ___A4 ___A5 ___A6 ___A7 ___A8 ___N/A

Friday, March 26th (Please select top three using 1, 2, 3. See workshop descriptions for details.):

1:30 – 3:00 p.m.

___B1 ___B2 ___B3 ___B4 ___B5 ___B6 ___B7 ___B8 ___N/A

Saturday, March 27th (Please select top three using 1, 2, 3. See workshop descriptions for details.):

9:00 – 11:00 a.m.

___C1 ___C2 ___C3 ___C4 ___C5 ___C6 ___C7 ___C8 ___N/A

Canadian Members:

Will you be attending the PUPDOCC meeting on Thursday, March 25th from 3:45 – 5:45 p.m.?

☐ Yes ☐ No

(Additional fee of \$25.00)

Continuing Medical Education Credits:

Please indicate if you wish to obtain CME credit for this meeting:

☐ Yes ☐ No

(Additional fee of \$25.00)

COMSEP Dinner at the Albuquerque Balloon Museum

Transportation will be provided

Please indicate if you plan to attend the COMSEP dinner on Saturday, March 27th from 6:00 – 9:00 p.m.: ☐ Yes ☐ No

Will you be bringing an extra guest? **(Additional fee of \$75.00 for a guest):**

☐ Yes ☐ No

Name: _____

In order to accommodate dietary restrictions, we must know them in advance. Please indicate any restrictions/allergies you and/or your guest may have: _____

If you and/or your guest are a vegetarian, do you eat fish?

☐ Yes ☐ No

Richard Sarkin Fun Walk

Please indicate if you are planning to participate in the Fun Walk on Friday, March 26th from 3:30 – 5:00 p.m.:

T-shirts will be available to purchase.

☐ Yes ☐ No

Fees:

Member: \$450.00 prior to 3/1/10; \$475.00 after 3/1/10
Non-Member: \$500.00 prior to 3/1/10; \$525.00 after 3/1/10
Pre-Conference Workshop: \$60.00
PUPDOCC: \$25.00
CME Fee: \$25.00
Guest Meal (Saturday Night): \$75.00

Reminder:

Group rate is \$165.00 per night, plus taxes. Make your reservation by calling 505-843-6300 or toll free at 800-237-2133.
Group name: COMSEP 2010 Annual Conference

Reservations must be made by March 1, 2010!
This form does not register you for a hotel room.

Please return this registration form and fees (payable to COMSEP by check only) by March 1, 2010 to the address below.

You may also register online at www.comsep.org

COMSEP

6728 Old McLean Village Drive

McLean, VA 22101

Tax ID# 16-6098016

COMSEP is managed by Degnon Associates, Inc.

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • www.degnon.org

Council on Medical Student Education in Pediatrics (COMSEP)

Annual Meeting 2010 Hotel and Airport Information

Albuquerque, NM – March 25 - 27

Hotel Albuquerque at Old Town

800 Rio Grande Boulevard NW

Albuquerque, New Mexico 87104

fax (505) 842-8426

<http://www.hhandr.com/albuquerque.php>

Please make reservations by calling:

505-843-6300 or toll free at 800-237-2133

Use Group Name:

COMSEP 2010 Annual Conference

Meeting Attendee Room Rate:

\$165.00 plus tax *per night*

Check-in/Check-out Time:

Check-In: 3:00 p.m.

Check-Out: 12 noon

Reservations must be made by March 1, 2010!

HOTEL OVERVIEW

Landmark hotel nestled in the heart of the historic Old Town Plaza

Luxurious outdoor pool and Jacuzzi spa

Fitness center

Complimentary Hi-Speed WIFI in guest rooms

AIRPORT INFORMATION

The airport is located about 15 minutes from the Hotel Albuquerque.

TRANSPORTATION TO AND FROM AIRPORT

Taxicabs are available 24 hours, and local shuttle services are also available to and from the airport (hours of operation and fees vary). Albuquerque City Busses also run all over town and to the airport during the day for a nominal fee.

Albuquerque, New Mexico Parks, Attractions, & Museums

Because of the unique draw of Albuquerque as a destination, this city has a history of bringing record numbers in conference registrations. Albuquerque is a wonderful place for family vacations, or just for some extra time to soak in Southwestern culture. The attractions all are in picturesque settings and many would appeal to your group. Here are some highlights:

Parks and Attractions:

- Albuquerque Biological Park – <http://www.cabq.gov/biopark/> (including Albuquerque Aquarium, Rio Grande Zoo, Rio Grande Botanic Garden, and Tingley Beach), all located along Central Avenue west of Downtown; \$7 per adult for Zoo, Garden, or Aquarium, or \$12 for combination; no admission for Tingley.
- Rio Grande Nature Center (<http://www.cabq.gov/aes/s1rgnc.html>), located 4.3 miles from the Convention Center, a protected riparian habitat; no admission fee; \$3 parking.
- Open Space parks (<http://www.cabq.gov/openspace/>), established by the City of Albuquerque in cooperation with conservancy organizations, are established in key spots throughout the city. These parks are prime study spots for Southwestern, high altitude, river, and desert plant life. The Visitor Center, located about a 15-minute drive west of Downtown, features artifacts, art exhibits, gardens, wildlife observation, and an unexcavated Indian village (<http://www.cabq.gov/openspace/visitorcenter.html>). It is used to educate about the culture, wildlife, and archeology of Albuquerque, with an emphasis on conservation. There is no admission fee. One of most scenic parks in the system is the Elena Gallegos Picnic Area (<http://www.cabq.gov/openspace/elenagallegos.html>), located about a 20-minute drive northeast of Downtown in the foothills of the Sandia Mountains. It features picnic areas, an amphitheater, and trails. Parking is \$1 per car on weekdays, \$2 on weekends.
- Old Town Albuquerque – <http://www.oldtownalbuquerque.com/>; the original, 300 year-old center of town; located 2 miles west of Downtown.
- Sandia Peak and Tramway – <http://www.sandiapeak.com/>; the world's longest tram at 2.7 miles long; located about 20 minutes from Downtown in the Sandia Mountains; \$17.50 per adult roundtrip; \$1 parking
- Petroglyph National Monument – <http://www.nps.gov/petr/index.htm>; with 3 locations on the West Side of Albuquerque, plus the Visitors Center; no admission; \$2 parking fee at Boca Negra Canyon.
- Coronado State Monument – <http://www.nmstatemonuments.org/about.php?instid=CORO>; 20-minutes north of Downtown; \$3 admission.

Museums:

- New Mexico Museum of Natural History and Science – <http://www.nmnaturalhistory.org/>
 - Including “START-UP: Albuquerque and the Personal Computer Revolution” (<http://www.startupgallery.org/>). This exhibit was conceived and largely funded by Paul Allen, as well as supported by Bill Gates. (Of course, Albuquerque is where they started Microsoft.)
 - Located on Museum Row on Mountain Road in Old Town.
 - Admission – \$7 per adult; parking – free.
- Albuquerque Museum of Art and History – <http://www.cabq.gov/museum/>; located on Museum Row on Mountain Road in Old Town; admission – \$4 per adult; parking – free.
- Explora Children's Museum – <http://www.explora.us/ExploraPHP/english/index.php>; located on Museum Row on Mountain Road in Old Town; admission – \$7 per adult; parking – free.

- National Atomic Museum – <http://www.atomicmuseum.com/> ; admission – \$6 per adult; parking – free; currently located on Museum Row, however it soon will be relocating to a larger facility near Kirtland Air Force Base.
- National Hispanic Cultural Center – <http://www.nhccnm.org/> ; located south of Downtown; admission – \$3 per adult; parking – free.
- Indian Pueblo Cultural Center – <http://www.indianpueblo.org/> ; located between Downtown and Old Town; admission – \$6 per adult; parking – free.
- New Mexico Holocaust and Intolerance Museum – <http://www.nmholocaustmuseum.org/> ; located Downtown; free admission; parking available Downtown.
- Anderson-Abruzzo Albuquerque International Balloon Museum – <http://www.cabq.gov/balloon/> ; located in north Albuquerque; admission – \$4 per adult; parking – free.
- Unser Racing Museum – <http://www.unserracingmuseum.com/> ; located in the North Valley of Albuquerque; admission – \$7 per adult; parking – free.
- American International Rattlesnake Museum – <http://www.rattlesnakes.com/> ; located in Old Town; admission – \$3.50 per adult; parking – available in Old Town.
- Turquoise Museum – <http://www.frommers.com/destinations/albuquerque/A33667.html> ; located in Old Town; admission – \$4 per adult ; parking – free.
- Maxwell Museum of Anthropology – <http://www.unm.edu/~maxwell/> ; located on the University of New Mexico campus; admission – free; parking – available on campus.
- Museum of Archaeology and Biblical History – <http://www.mabh.org/> ; affiliated with Trinity Southwest University.
- UNM Geology Museum – <http://epswww.unm.edu/museum.htm> ; located on the University of New Mexico campus; admission – free; parking – available on campus.
- Museum of Southwestern Biology – <http://www.msb.unm.edu/> ; collections of vertebrates, arthropods, plants and genomic materials from the American Southwest, Central and South America, and from throughout the world; located on the University of New Mexico campus; admission – free; parking – available on campus.
- Tinkertown Museum – <http://www.tinkertown.com/> ; located in the East Mountains; admission - \$3 per adult; parking – free.

Additional information and resources may be found at:

<http://www.itsatrip.org/activities/default.aspx> .