

## **2023 COMSEP Annual Meeting Workshop List**

**Sunday, April 2**

### **Preconference Workshop Sessions**

#### **Preconference Workshop #1 | 9:00 am – 5:00 pm**

##### **1: THE ABC OF MEDICAL STUDENT EDUCATION; FUNDAMENTALS FOR NEW PEDIATRIC EDUCATORS**

*Atlantic I&II*

*Amalia Guardiola, MD; Veronica Gonzalez, MD; Kristine Gibson, MD; Megan Rashid, MD, MPH; Aleisha Nabower, MD, MHPTT; Shakun Gupta, MD; Nathan Gollehon, MD, MHPTT; Craig DeWolfe, MD, MEd*

###### **Overview:**

Excellent clinical teachers, as well as newer faculty members, are often identified as candidates to assume the roles of clerkship, site, and sub-I directors. These ever-expanding roles require the educational leader to be knowledgeable about not only the clinical practice of pediatrics, but also the topics of curriculum development and delivery, program evaluation, accreditation, resource management, scholarship, and the support of struggling learners.

This workshop has been developed to prepare newer and emerging leaders to return home and meaningfully engage in all facets of educational leadership. Current members looking to reinvigorate their programs and advance their scholarship will also find content of interest. If you have questions about getting started, want to infuse new elements into a clerkship, need to revise and implement a curriculum, or ponder advising millennial students or your own career development, then **this workshop is for you!**

###### **Objectives:**

At the end of the workshop, participants should be better able to:

- Design and evaluate curriculum within their clinical educational program including a DEI lens
- Describe strategies to incorporate innovative instructional methodology and approaches into their educational environment
- Discuss how to best manage their institution's educational enterprise and meet accreditation guidelines
- Develop a plan for their own professional growth and scholarship
- Promote a positive and inclusive learning environment within their educational program

###### **Methods:**

Facilitators will engage participants in an exploration of curriculum development using the Kern Model as scaffolding for our discussions. Each step in curriculum development will be introduced using innovative pedagogy with a variety of interactive techniques while simultaneously sharing best practices in teaching and assessment of learners, meeting accreditation standards and institutional requirements.

We will discuss strategies on how to address challenges that arise during the administration of pediatric curricula, including breakout sessions addressing participants identified topics. Past topics have included: working with learners in difficulty, advising intergenerational learners, and recognizing unconscious bias. The workshop will also discuss professional development of educators, weaving in aspects of faculty/student wellness, to facilitate the cultivation of educational leaders who can be change agents within their institutions and beyond. The overall structure of the workshop has been developed to introduce participants to key foundational concepts through the use of interactive teaching strategies during the morning session. The afternoon session will offer opportunities for facilitated discussions based on critical issues in clerkship and participants' needs and interests as determined through a pre-workshop needs assessment.

#### **Preconference Workshop #2 & #3 | 1:00 – 5:00 pm**

##### **2: MEDICAL EDUCATION AND CLERKSHIP ADMINISTRATOR CERTIFICATION WORKSHOP**

*Pacific I*

*Donnita Pelser, BS; Cathy Chavez*

###### **Overview:**

Clerkship Administrators and Coordinators are often referred to as "secretarial staff" and, as such, their leadership is often times not recognized by their institution's leadership, the medical education team or even themselves. This workshop will guide participants through the varying levels of leadership/followership to enable participants to see the importance of their individual role in medical student education. As part of leadership, we explore their qualities, traits and preferences to expand their leadership opportunities. Participants will discover essential skills that will enable them to be an even stronger asset to their medical education team. One of those skills is research. Participants will learn the steps on how to complete a successful research/quality improvement project.

###### **Objectives:**

- Understand the importance of enhancing one's career
- Discover key leadership concepts
- Explore the role of the CC as a leader in medical education
- Identify core values and career objectives
- Explore qualities, traits, skills and preferences to empower the CC to expand their individual growth potential.

- Discuss the significance of communication within a team and with the medical students
- Explore what research and quality improvement (QI) projects are. Identify both opportunities and barriers when working on a research or QI project.

#### **Methods:**

The workshop is in three segments.

Segment 1: "Embracing Your Leadership Potential". This segment will include small group conversations of which participants will discuss the definition of leadership, hierarchy of leadership and the roles that fall within that hierarchy. In large group a discussion about the make up of teams (leaders/followers) and how these are sometimes interchangeable. Next a discussion of core values and then developing personal mission statements.

Segment 2: Exploring Individual Growth Potential and Communication Skills." The workshop continues by building upon leadership potential by identifying participants preferences with small group exercises. Participants will understand the different preference types by completing a survey. In small discussion groups, participants will talk through example scenarios where communication was difficult. Using their learned preferences and improved communication skills, participants alter the tone of the scenario to improve the difficult conversation.

Segment 3: Provide handouts for participants to learn the process of research and QI projects. They will work through an example project together to gain a better understanding of the criteria that is required for abstract submission. Smaller groups will be formed to possibly collaborate on project ideas for possible workshop or poster for the next COMSEP meeting or other peer reviewed event.

### **3: USING ALLYSHIP AS A CATALYST FOR CHANGE TO BUILD STRONGER COMMUNITIES IN PEDIATRIC MEDICAL EDUCATION.**

#### *Gallerie I*

*Nicole Johnson, MD; Kristine Gibson, MD; Amalia Guardiola, MD; Shakun Gupta, MD; Pavan Bang, MD; Corrine Lehmann, MD; Bruce Morgenstern, MD; Vydia Permashwar, MD; Deborah T. Rana, MD, MS; Megan Rashid, MD, MPH; Marc Zucker, MD*

#### **Overview:**

Allyship is the "actions, behaviors, and practices that leaders take to support, amplify, and advocate with others, especially with individuals who don't belong to the same social identity groups as themselves." <sup>1</sup>. Pediatricians have a privileged position to build communities within their various environments and can act against inequities and racism<sup>2,3</sup>. Pediatric educators should leverage their strength and privilege through allyship to move towards health equity and justice. We interact with individuals who may need uplifting and amplification to reach their full potential, such as a patient from an equity-deserving population, a student from an under-represented-group-in-medicine or a colleague from a community that is often facing discrimination or oppression. Promoting "community, connectedness and meaning"<sup>4</sup> in are effective in preventing physician burnout. Forming communities and finding meaning at work can be done by utilizing allyship skills to help individuals, while contributing to social justice.

This workshop will define allyship in its many forms (e.g. ally to co-conspirator)<sup>5</sup>. Armed with this knowledge and an exploration of own's power, privilege and positionality, participants will be empowered to explore their potential as effective allies in medical education. Through scenarios, participants will practice allyship. To conclude, participants will plan strategies for implementing allyship in their own educational environment.

#### **Objectives:**

- Define and identify allyship in its various forms in pediatric medical education
- Reflect on one's power, privilege, positionality and allyship capacity
- Practice effective allyship scenarios and distinguish ineffective allyship
- Share and discuss real stories of allyship in pediatrics
- Formulate action plans towards effective allyship at your own institution

#### **Methods:**

The workshop begins with introductions and an establishment of psychological safety, respectful and productive conversations around power and discrimination. An icebreaker small-group activity will explore privilege and positionality. Participants return together to report their reactions to the positionality exercise. A brief didactic session follows on allyship and its power in healthcare and medical education.

Participants will share their own experiences of being an ally or receiving support. Multimodality media will be used to share stories of allyship in pediatrics. Scenarios in small groups will provide practice for allyship strategies. Participants return to the large group to share thoughts and ideas generated from the scenarios. There will be a demonstration on what to do when allyship goes wrong. Facilitators will encourage participants to commit to change and formulate plans towards allyship actions in the future. Participants will be provided with resources for ongoing learning. Finally, participants will evaluate the workshop.

**Monday, April 3**  
**Workshop Session #1 | 10:00 – 12:00 pm**

**4: JUST DO IT!: OPTIMIZING THE DIRECT OBSERVATION (DO) EXPERIENCE IN THE PEDIATRIC CLERKSHIP**

*Pacific I*

*Nicola Orlov, MD, MPH; Capri Alex, Medical Student; Shaughn Nunez, MD; Molly Rideout, MD; Maya Neeley, MD; Sarah Gustafson, MD; H.Barrett Fromme, MD, MHPE*

**Overview:**

With a focus on competency-based outcomes in medical education, assessment has evolved to rely heavily on the ability to observe clinical skills. Direct observation (DO) is an essential formative method to determine whether learners achieve required competencies during their training and education. The LCME requires medical students to obtain at least one DO while on each clerkship; however, little is understood about how effectively this is done and the subsequent quality of feedback after the DO for students rotating on Pediatrics. With insight provided from a COMSEP-funded, multi-institutional study of third year medical students, a framework was developed to optimize the DO experience for the giver and the receiver. This workshop will help attendees take actionable steps while conducting DOs on the wards so that the observation and subsequent feedback experience is both valuable and seamless for all parties involved.

**Objectives:**

- Identify strengths and opportunities for improvement in the current process of conducting direct observations for students in the pediatric clerkship
- Implement solutions to optimize direct observation for clerkship students
- Construct a structured approach to improving the direct observation experience supported by an evidence-based model.

**Methods:**

The workshop will start with introductions which will be followed by use of an audience response software to gauge the roles of attendees, their experience and satisfaction with direct observations (DO) at their home institutions. Participants use a worksheet to brainstorm strengths and challenges they experience giving DOs to learners. Participants will then work on small groups to engage in a sharing of the ideas gathered in brainstorming. Small groups will be created based on their roles in the clerkship and the clinical arena in which they practice (upon entry to the workshop, tables will be labeled and attendees will be asked to sit at a table that reflects their work environment). Small groups will work to overcome identified barriers. Large group report-out will facilitate sharing of ideas. Workshop leaders will then share the results of the COMSEP Grants Program-funded national study of direct observations in the pediatric clerkship. Small groups will reconverge to design a direct observation process or program for their clinical arena. Final proposals will be shared through a gallery walk. Finally, workshop leaders will share a student-informed model that was developed based on the data collected in the study.

**5: GETTING STARTED IN QUALITATIVE RESEARCH**

*Gallerie III*

*Samrat Das, MD; Christy Peterson, MD; Caroline Paul, MD; Helen Wang, MD; Jean Petershach, MD*

**Overview:**

Qualitative research addresses the “how” and “why” and enables deeper understanding of experiences, phenomena and context. It is especially well suited for medical educators as it helps to answer questions about how learners and teachers make sense of the educational events in which they participate. Qualitative research can help us understand complex learning environments and subtle learning relationships; learning outcomes that are best described rather than counted or measured. In this workshop, we walk with participants through the essentials of qualitative research and will be especially suitable to educators who are new to this research paradigm. We will discuss when to use qualitative methods, explore theoretical frameworks, and help attendees to develop qualitative research questions. Together we will examine examples of qualitative research projects. We will consider the research questions, research theory used, and methods for data collection. And finally, through a series of activities, the authors demonstrate how rigor is ensured in conducting qualitative research.

**Objectives:**

- Describe qualitative methodology and some of the nomenclature used
- Identify research questions that are best suited for qualitative methodology.
- Recognize common theoretical frameworks used in qualitative methodology.
- Begin to develop a qualitative research question.

**Methods:**

A variety of instructional methods will be used. Initially we will ask for prior knowledge on the topic in a large group discussion. A short didactic presentation will provide a foundation for the next set of activities. The next two activities will ask for participants in small groups to 1<sup>st</sup> label a provided study example as qualitative or quantitative and then 2<sup>nd</sup> to identify the theoretical framework used in the studies identified as qualitative studies. Then we will challenge participants to describe a new or old educational phenomenon at their institution and to generate

research questions around this phenomenon and determine which if any of the generated questions would best fit qualitative methods. Flipboards or word cloud will be used to facilitate interactive discussions. Facilitators would also help attendees develop a qualitative question. To conclude the workshop, we will return to a large group setting where groups will share their ideas and leaders will provide advice and handouts.

## **6: AMBULATORY CLINICAL TEACHING: HOW TO TRAIN YOUR COMMUNITY PRECEPTORS TO DO IT WELL IN THEIR 15-MINUTE VISITS**

*Mediterranean I&II*

*Helen Wang, MD; Lawrence Ma, MD; Chris Peltier, MD; Chad Vercio, MD; Caroline Paul, MD*

### **Overview:**

Outpatient clinical care is essential for a well-functioning health care system and makes up the bulk of where care is provided. However, outpatient preceptors are hard to recruit and retain. Preceptors most commonly cite “time to teach” as a barrier which is even more notable in pediatrics where the visits are much shorter in duration. Existing workshops focus primarily on teaching effective precepting models such as the One-Minute preceptor. Less emphasis has been placed on strategies such as orienting the learner or creative scheduling practices. Understanding how to incorporate time management, orientation, effective shadowing, role modeling with preexisting preceptor models for teaching, feedback, and evaluation can help elevate preceptors’ abilities. This practical train the trainer workshop will provide participants with a toolkit to recruit and train preceptors at their own institutions.

### **Objectives:**

- Examine advantages and barriers to teaching medical students in the office
- Implement techniques for scheduling, orienting the learner on the first day, effective use of shadowing, role modeling, and teaching at the point of care
- Evaluate models for giving feedback and evaluation

### **Methods:**

Participants will engage in a large group discussion about outpatient preceptor benefits, motivations, and barriers with teaching. They will list various time management skills they have utilized or heard about. Next, facilitators will discuss the time management techniques that can be used, including orientation. In interactive small groups, participants will use a sample clinic schedule to create a plan for how they would run their teaching clinic. They will also discuss challenges they anticipate arising and propose possible solutions. In a large group discussion, leaders will discuss the larger structural/institutional barriers to implementing participants’ proposed time management strategies. The discussion will then transition to discuss point of care teaching models such as the One Minute preceptor and effective use of shadowing and role modeling. Participants will refer back to a modified clinic schedule and are tasked with delineating how they would incorporate the various teaching models. Participants will then be given a clinical scenario and in pairs will practice the One Minute Preceptor Model with each other. Lastly, leaders will discuss models for giving feedback and evaluation. Participants will then undergo role playing to practice the various models using different scenarios. At the end of the workshop, participants will receive a toolkit with a summary of the variety of time management, orienting, and precepting techniques.

## **7: LESSONS FROM THE HOGWARTS SCHOOL OF FACULTY DEVELOPMENT; WHAT ARE OUR NATURAL TEACHING STYLES, AND WHAT CAN WE LEARN FROM OTHER TEACHING STYLES?**

*International II*

*Adin Nelson, MD, MHPE, FAAP; Suzanne Friedman, MD; Thanakorn Jirasevijinda, MD; Margie Rodgers, MS; Helen Wang, MD; Adam Weinstein, MD*

### **Overview:**

Education at Hogwarts runs the gamut from the ghost Professor Binns droning on to somnolent students to the imposter Professor Moody using illegal curses on them. Education in the pediatrics clerkship spans a similar range: from coordinators orienting students to the schedule to interns coaching them on pre-rounding and faculty explaining newborn physiology. Both at Hogwarts and in our clerkships though, many people teaching students have little to no formal training in education; they simply teach however comes naturally. In this workshop, we will explore the evidence-based framework of teaching styles outlined by Grasha and Riechman with the goal of understanding and improving our own teaching. We will use video clips of characters from the movies Harry Potter to explore our natural teaching styles and practice other teaching styles that do not come as naturally to us. We will explore the strict and textbook-driven teaching of Professor Snape, the active experiential learning of Professor Lupin, and even the reflective self-directed learning favored by Professor Dumbledore. We will use examples from the Harry Potter movies, but no prior knowledge is required; we welcome Harry Potter novices and experts alike!

### **Objectives:**

By the end of this workshop, participants will be able to:

- Identify their natural teaching style based on Grasha and Riechman’s framework
- Compare and contrast the 5 teaching styles described by Grasha and Riechman

- Incorporate elements from each of the 5 teaching styles to meet particular learner needs or situations

#### **Methods:**

We will use video clips from the Harry Potter movies to illustrate the five teaching styles described by Grasha and Riechman and discuss the strengths and weaknesses of each style. Participants will then divide into groups based on which Hogwarts professor's teaching style they identify with, and each group will discuss how they would apply their natural teaching style to different scenarios. The groups will share their approaches so that all participants will understand how each of the teaching styles can be applied in various situations. In the second part of the workshop, participants will form mixed groups with representation from all five teaching styles and consider a new set of teaching scenarios, and the groups will discuss the optimal teaching style(s) for each case. We will conclude by discussing how we plan to apply elements of other teaching styles to our own future teaching, and participants will leave with a collection of resources on teaching styles.

### **8: CREATING OR OPTIMIZING A VISITING ELECTIVE AT YOUR INSTITUTION FOR URIM STUDENTS: BEST PRACTICES AND PITFALLS.**

*Catalina*

*Adil Solaiman, MD; Lori Singleton, MD; Abena Knight, MD; Lindsay Koressel, MD, MEd; Molly Rideout, MD; Gabrina Dixon, MD, MEd; Jake Deines, MD*

#### **Overview:**

There are 212 categorical pediatric residency programs in the US (4). COMSEP and APPD have collaborated to promote visiting electives for URiM medical students interested in pediatrics. However, they only exist at 1/3 of all pediatric residency programs. (5). Our workshop has two main goals. First, we will review existing URiM pediatric electives and share best practices with participants to strengthen the URiM visiting elective experience. Secondly, through interactive small group discussions and collaboration among participants, we will identify tools and best practices for the creation of these electives for those planning to start them. While we acknowledge that work remains to be done at the collegiate and high school level to expand the enrollment of URiM medical students, the URiM elective represents a powerful opportunity for residency programs to highlight the DEI efforts within their institutions directly to prospective trainees. Through this workshop, our group aspires to lead efforts to have such an elective available at every pediatric residency program in the country.

#### **Objectives:**

- Describe the current available rotations, stated goals, structure, and supplemental features of current visiting URiM electives
- Discuss benefits and challenges related to URiM visiting rotations
- Identify best practices/features of URiM electives that contribute to robust educational and noneducational experiences for visiting students

#### **Methods:**

Do you have a URiM elective but want to make it even better? Are you interested in creating one but do not know where to start? This interactive and engaging workshop will help! By working in small groups and then sharing with everyone, our participants will learn from each other. As facilitators, we are excited to share our own experiences with URiM electives at our home institutions, as well as our research into the electives that currently exist nationwide.

The workshop will begin with word-cloud generating prompts surrounding best practices of URiM visiting rotations. We will then divide participants into small groups to discuss different scenarios one may encounter in their journey towards having a successful URiM rotation. We will have each group report back one scenario to the large group so every group has a chance to present. As we discuss, workshop facilitators will use our knowledge to provide further suggestions and ideas to the participants. We hope this workshop will have participants feeling energized and empowered to create a new and successful URiM rotation at their sites, or strengthen a rotation that already exists.

### **9: CHOREOGRAPHING YOUR DANCE AS A LEADER IN TIMES OF CHANGE: BUILDING COMMUNITY INTO YOUR TEAM**

*Atlantic I&II*

*Deborah Rana, MD; Wilhelmina Bradford, BS*

#### **Overview:**

Teams are common in the field of medicine, including educational learning environments and team members can feel disengagement when the team does not promote individual contributions or seek their professional development as team members as a shared goal.

This workshop will address this gap through examining ways to enhance community building, facilitate open and honest communication through group consultation and develop a culture that promotes self-expression, shared joy and enhanced individual initiative.

During times of change, getting the job done may be at the expense of the wellness of team members. This workshop will examine the habits, qualities and attitudes leaders can practice and promote that help facilitate growth through change.

Building capacity as a Cooperative Leader through skills of enhancing group function in times of change can facilitate leadership development in all team members and build resiliency into the team.

#### **Objectives:**

- Define community within medical student education
- Understand ways to enhance group function to result in community building within your team

- Analyze how change has impacted the functioning of your educational team
- Practice leadership skills in facilitating healing and renewal in times of change
- Develop a principle-based vision statement for the future of your team

#### **Methods:**

In this train-the-trainer workshop, facilitators will open with ice breakers to build a shared vision of community, followed by reflection on personal strengths exercise.

Key aspects to optimize individual and collective group function to promote and sustain a higher level of functioning are shared.

(Communication, equality, safety, fueling creativity and developing relationships.)

Next, group reflection on teams participants currently lead or participate in to analyze how they can contribute to enhancing their function using a prepared analysis sheet.

Next exercise is a group share on change and its impact on team function. Participants will reflect by table on the current functioning of their educational team in light of change.

Principles to optimize effective problem-solving as a team by employing group consultation handout. Vignettes will be practiced to apply group consultation skills.

Applying the model of 21 Irrefutable Laws of Leadership, participants will select foundational habits to incorporate into their leadership style to build resilience in themselves and their educational community.

Groups of 3-4 will build a principle-based vision statement for building strength as a community into their team using trigger questions.

Participants will conclude the workshop by setting 1-2 goals to bring to their teams at their home institution.

### **10: NO SIZE FITS ALL: INDIVIDUALIZED PROFESSIONALISM REMEDIATION FOR DIVERSE LEARNERS**

*Pacific II*

*Amal Khidir, MBBS; Fatimah Isa, PhD; Moune Jabre, MD; Mange Manyama, MD, PhD*

#### **Overview:**

Professionalism influences healthcare professionals at different levels and in multiple ways. Evidence from the literature, however, shows differences in the understanding of professionalism among medical students and physicians from different backgrounds. For example, a study by Abdulrahman et al. (2017) compared national and international medical students in the United Arab Emirates and found that differences in the medical students' upbringing influence their perceptions of 'lack of punctuality/missing lectures.' This finding is also in line with the Theory of Planned Behavior (Ajzen, 1991), in which several factors such as individuals' attitudes toward a behavior (e.g., values/experience) and subjective norms are described as a predictor of intention to perform a behavior. Globalization of medical care and medical tourism present challenges to learners, healthcare providers, and educators (Stevens, 2012). This exposure mandates open-mindedness and emotional intelligence to understand the different cultures and support learners who may demonstrate professionalism lapses that need to be assessed and remediated (Medisaukaite, 2021). Consequently, educators need to have adequate skills to develop and implement an individualized remediation plan.

#### **Objectives:**

- Discuss challenges faced in fostering professionalism in diverse learning environments.
- Reflect on how the perception of professionalism can vary among individuals and impact the definition of professionalism lapses.
- Develop and implement an individualized remediation plan in collaboration with the learner using coaching and reflection skills.

#### **Methods:**

This hands-on interactive workshop will challenge the participants with scenarios of medical students from diverse cultural backgrounds. These scenarios are commonly encountered, some of which are retrieved from published cases (Worthington, 2012). The goal is to recognize, investigate, and support the learner to remediate professionalism lapse (s). The remediation plan will be customized to suit the medical student or learner. The participants will learn how to support and empower the learners to design their remediation plan using some coaching skills, thereby increasing the learner's buy-in and commitment to implement the plan. Feedback and coaching skills will be shared in brief didactics, followed by short practice and role-play exercises to apply skills discussed in the didactics. Activities are: 1) Brief didactics of five-minute bursts; 2) Three exercises where participants will: (a) discuss scenarios (written/videos) to identify the relevant issues, (b) give feedback to the learner, (c) role-play how to coach the learner to collaboratively design a remediation plan.

### **11: BEYOND FEEDBACK: LEVERAGING COACHING SKILLS TO ACHIEVE LEARNER PEAK PERFORMANCE**

*International I*

*Uma Phatak, MD; Daniel Richards, MD; Amy Fleming, MD; Susan Bannister, MD; Sandra Sanguino, MD, MPH; Jennifer Christner, MD; Kari Simonsen, MD; Sherilyn Smith, MD*

#### **Overview:**

Medical educators often use advising, mentoring, and sponsoring skills when working with trainees and faculty. In contrast, educators may not often use coaching in their professional roles.<sup>1</sup> Coaching has broad applicability and is focused on asking questions that encourage exploration and curiosity in the coachee. Coaching strategies also can be applied to feedback to achieve peak performance, by facilitating realistic goal and

action development and fostering reflection on action.<sup>2</sup> We anticipate that the skills learned in this workshop will enable the participants to coach students, residents, faculty and other professionals

**Objectives:**

- Describe the value of incorporating coaching techniques in feedback conversations
- Learn and practice coaching skills by utilizing an interactive model of feedback
- Incorporate strengths-based coaching techniques in feedback conversations

**Methods:**

Workshop facilitators will use two large group didactic sessions to 1a) define and discuss useful feedback 1b) introduce and demonstrate how to use coaching skills while providing feedback using the ADAPT (Ask, Discuss, Ask, Plan Together) model and, 2) introduce and demonstrate how to incorporate strength based coaching techniques when giving feedback. Two facilitated small group table activities (in triads) will be used to allow learners to practice using the ADAPT model of feedback and, to practice strength-based coaching when having a feedback dialogue. Learners will return to the large group didactic session to debrief.

## **12: “ART IS THE LIE THAT ENABLES US TO REALIZE THE TRUTH”- PICASSO: INCORPORATING THE ARTS AND HUMANITIES IN MEDICAL EDUCATION**

*Gallerie II*

*Lavjay Butani, MD; Michael Barone, MD, MPH; Anna Suessman, MD, MEd; Jennifer Plant, MD, MEd*

**Overview:**

“The mind loves the unknown. It loves images whose meaning is unknown, since the meaning of the mind itself is unknown.” ~ René Magritte  
The arts (the products and processes of making new objects and performances) and humanities (reflection on the techniques and the effects of art making; explorations of possible meanings and inferences) can be used in powerful ways to teach and promote important competencies in medical education. The arts force us to look at what we have become too familiar with (‘habituation’), using a new lens, facilitating a deliberate and goal-oriented reflection to clarify complex emotions that often occur in the chaotic health care environment. The arts can be used to promote reflective practice pertaining to attitudes and behaviors, as well as to teach various skills such as clinical reasoning. By encouraging close reading/viewing of works of art to hone observation skills, teachers and learners can engage in balancing deductive and intuitive processing, metacognition, mitigating biases and embracing ambiguity (Magritte’s “unknown”) by considering alternative interpretations. Such practices are inherent to both art and medicine. The use of art remains an underappreciated instructional strategy in education, due to a lack of familiarity among educators with the humanities. Our workshop is intended for educators with no background in the arts and will demystify the process of incorporating the arts into teaching, using a goal-oriented approach. Participants will leave, having built a community of practice with shared goals; tangible take-home products will include a toolbox (resources, examples of activities/creative works and a worksheet) to help them innovate their teaching and think about incorporating the arts into education and to ‘train the trainers’.

**Objectives:**

- Discuss why and how the arts and humanities can be a powerful educational strategy in medicine, and
- Create a systematic implementation plan to incorporate the arts and humanities into their teaching and faculty development to promote trainee skills, attitudes, and behaviors

## **13: DO WE KNOW IT WHEN WE SEE IT? USING A NOVEL FRAMEWORK TO GUIDE FEEDBACK AND ASSESSMENT OF STUDENT PROFESSIONALISM BEHAVIORS**

*Gallerie I*

*Stacey Rose, MD, MEd; Jennifer Thompson, MD; Lauren Cochran, MD, MPH; Antoinette Spoto-Cannons, MD; Veronica Gonzalez, MD; Craig DeWolfe, MD, MEd; Charles Hannum, MD; Janet Schairer, MD; Chrisia Noulas, MD*

**Overview:**

During the clerkship years we have the unique opportunity to teach and assess professionalism in clinical contexts, but assessing professionalism is often more challenging than assessing other competencies. Likert scale-based rubrics are commonly used but have limited utility and some conceptions of professionalism may not be inclusive of students from diverse backgrounds. Our workshop will present a framework for writing detailed, behaviorally-based narrative comments regarding professionalism, describing not only lapses but also positive behaviors that we want to actively encourage and reinforce among our clerkship students as they develop into full members of our medical community. Since professionalism concerns may be difficult to remediate, participants will develop strategies for providing feedback to improve students’ professional behaviors. This workshop will also promote techniques to mitigate our own biases and understand how they impact our assessment of professionalism.

**Objectives:**

- Interpret the current literature regarding professionalism assessment tools and the importance of early identification and remediation of professionalism lapses

- Utilize a novel framework to create rich narrative comments based on observable behaviors to describe professionalism among clerkship students
- Employ strategies to improve feedback provided to clerkship students regarding professionalism behaviors

#### **Methods:**

Though there will be some didactic content, the bulk of the session will involve active participation in various small-group or pair exercises. Following an introduction and review of the literature regarding professionalism, there will be three primary activities. The first will center on exploring a novel framework for describing professionalism using the “PROFESSIONAL” mnemonic. Participants will work together in small groups to reflect upon and share their own experiences with professionalism on the clerkship. This exercise will create a foundation for subsequent activities and will also begin to foster communities of practice and teamwork among participants. In the second activity, the group will analyze a video depicting a team on rounds exhibiting various positive and concerning professionalism behaviors. Working in the same small groups, participants will collaborate to create narrative comments about these behaviors using strategies that mitigate potential biases. Finally, participants will work in pairs to role-play ways to effectively deliver feedback on challenging professionalism scenarios.

**Tuesday, April 4**

**Workshop Session #2 | 2:00 – 4:00 pm**

### **14: Patients First! Creating a Psychologically Safe Clinical Learning Environment to Build a Stronger Care Team**

*Gallerie II*

*Erin Pete Devon, MD; Stacey Rose, MD, MEd; Amanda Van Pelt, MD; Ilona Duffy, MD; Jessica James, MD; Adil Solaiman, MD*

#### **Overview:**

The clinical learning environment (CLE) serves as the primary site of education for medical students, residents, and fellows.<sup>1</sup> An effective and supportive CLE is important to the quality and safety of patient care, to the health and well-being of the medical workforce, and to trainee learning and socialization into the profession.<sup>2</sup> As clinical supervisors we are responsible for promoting a psychologically safe environment. This workshop aims to identify strategies to promote psychological safety, address barriers to creating an ideal CLE, and provide tools to lead an effective team.

#### **Objectives:**

- Define the CLE and psychological safety
- Identify barriers to implementing psychological safety on a team
- Develop strategies to promote a psychologically safe CLE

#### **Methods:**

The workshop will start with a game to build rapport between session leaders and participants. Working in small groups with large group report outs, participants will identify qualities of an optimal learning environment, discuss strategies to create a psychologically safe CLE, and develop solutions to common challenges that may hinder an optimal learning space. Participants will work in groups at a topic-designated table to further develop a specific strategy that promotes psychological safety. The goal is to create a working document that will be compiled and shared with session participants. Session leaders will use multi-media methods to engage the audience and encourage participation.

### **15: NAVIGATING PROFESSIONAL IDENTITY DEVELOPMENT IN OUR LEARNERS**

*Pacific II*

*Maya Neeley, MD; Megan Rashid, MD, MPH; Colleen Wallace, MD; Amy Fleming, MD; Melissa Smith-Phillips, MD, PhD; Heather Burrows, MD, PhD; Gayani Silva, MD; Latasha Bagues, MD*

#### **Overview:**

The landscape of medicine is a duality; while many things are constant, many things are constantly changing, especially as the world around us evolves. Within this environment, students are tasked with developing a professional identity. Cruess et al defines professional identity as : “A representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician.”<sup>1</sup> Holden et al describe it as “a transformative journey that involves ongoing integration of the profession’s knowledge, skills, values, and behaviors into one’s own individual identity.”<sup>2</sup> The goal of our conference is to provide a meaningful background on this important topic and its relationship to work-life integration, and engage participants in thoughtful consideration of potential interventions during various stages of learning that might aid our students in the development of their unique professional identities.

#### **Objectives:**

- Define professional identity development.
- Review stages of professional development through medical school.



- Consider interventions at each stage that may inform students' growing identities.

#### **Methods:**

Our workshop will begin with small groups formulating their own definition of professional identity formation. After reviewing existing definitions within the medical literature, as a group we will consider what else needs to be included in our own collective definition, which will be utilized throughout the session. We will move to a didactic portion, centered on professional development through medical school which will be adapted from the AAMCs CIM development outline. We will highlight topics such as generational differences, the impact of the pandemic/isolation on identity formation, transitions in both life and work, goal defining, and achieving integration. Within small groups, participants will discuss meaningful experiences that led them in their own professional identities and utilizing a provided framework, brainstorm methods/interventions to help learners do the same given a case scenario. Our workshop will have minimal didactic time; we hope to engage participants in team learning using small and large group interactive work, and focused think-pair share time to reflect upon personal experiences.

### **16: ADAPTING FEEDBACK: CREATING EDUCATIONAL ALLIANCES AND FOSTERING GROWTH MINDSETS**

*Mediterranean I&II*

*Jocelyn Schiller, MD; Heather Burrows, MD, PhD; Jessica Fealy, MD; Sharon Kileny, MD; Amy Fleming, MD, MSHPE*

#### **Overview:**

Meaningful feedback is essential for positive growth of trainees, yet the feedback process has been consistently problematic for both learners and faculty. Historically, feedback has been framed in the medical education literature as a unidirectional content-delivery process with a focus on ensuring the learner's acceptance of the content. The learners are often passive participants in these dialogues. Emerging research on feedback highlights the importance of the learning environment between the trainee and supervisor and the mindset of the learner for feedback to improve performance.

#### **Objectives:**

Upon completion, the participant will be able to:

- Distinguish between fixed and growth mindsets in our medical trainees
- Apply an educational alliance framework toward building relationships with trainees for effective feedback
- Use the "Prepare for ADAPT" feedback framework to decrease anxiety surrounding feedback and increase efficiency of feedback

#### **Methods:**

In this workshop, we will first explore barriers trainees face that impact their ability to accept feedback through the context of fixed versus growth mindsets. To better understand learner mindsets, participants will explore their own mindsets and the impact it may have on their delivery of feedback. Next, the theory of an "educational alliance," mirroring the therapeutic alliance providers build with patients, will be discussed as a means of negotiating the educational relationship. Shifting to a learner-centered model of feedback aligned with principles of adult learning, we will discuss the use of the "Prepare to ADAPT" feedback framework. This framework is structured to encourage the development of a growth mindset and positive educational alliance by encouraging learners to identify learning goals, structuring feedback around directly observed behaviors, and collaboratively developing an action plan for improvement. In this model, learners play an active role in their feedback. This framework has been shown to reduce anxiety related to the feedback process and improve efficiency, frequency, and usefulness of feedback. Participants will explore ways to apply the framework in their educational contexts and will be encouraged to develop action plans for optimizing their educational alliance with learners in the context of feedback.

### **17: ENGAGING LGBTQ TOPICS IN THE CORE PEDIATRICS CLERKSHIP: IDENTIFYING AVENUES FOR INCORPORATING LGBTQ HEALTH IN THE CORE PEDIATRIC CLERKSHIP**

*Gallerie III*

*Xian Mao, BS; Priya Singh, MS4; Amit Pahwa, MD, SFHM; Erin Gutowski, DO, MPH, FAAP; Lori Weber, MD; Christopher Golden, MD; Renata Arrington Sanders, MD, MPH, ScM; Errol L. Fields, MD, PhD, MPH*

#### **Overview:**

LGBTQ Health is an area of increased research and interest for medical health. A 2020 survey of American youth estimate about 9.5% of them to identify as LGBTQ (1); as a population, sexual and gender minority youth (SGMY) have increased rates of depression, anxiety, and suicide attempts (2). Given the growing population of LGBTQ youth, and their unique health challenges, all pediatricians should feel confident in addressing subjects of identity, sexual safety, and minority stress with their LGBTQ patients.

#### **Objectives:**

By the end of this workshop, participants should be able to:

- Describe the current gaps in and need for curricula focused on LGBTQ health in medical education
- Showcase different models of engaging with LGBTQ health education from two distinct institutions
- Implement case-based interactive scenarios for teaching medical students (or residents) how to engage with LGBTQ health
- Identify potential collaborators to improve the LGBTQ curriculum.

**Methods:**

The core pediatric clerkship is an effective place to develop competency in this area. Recent surveys find that medical students have high comfort with LGBTQ topics but low confidence in their skills and efficacy (3). Given the significant health disparities LGBTQ individuals face, nurturing awareness during this core clerkship will benefit all medical students regardless of whether they choose to pursue pediatrics in the future. Skills such as empathetic listening and cultural humility are transferable skills regardless of specialty.

There are many ways of incorporating LGBTQ health into the core pediatric clerkship: didactic sessions, workshops, standardized patients, and clinical sites. This workshop will guide the audience in brainstorming of ways to incorporate LGBTQ health in the core pediatric curriculum, with insights from two different institutions with different models of LGBTQ health education.

As a resource-focused workshop, attendees will be encouraged to provide their own examples and use this workshop to identify ways of improving how LGBTQ health is taught within the curriculum. A portion of the workshop will be given to developing a case-based learning session on an LGBTQ health topic in order to help program directors identify potential resources and sites of collaboration. Medical student involvement in this workshop will help give perspective and critiques for the proposed curricula, both from a learner perspective and as members of the LGBTQ community.

After the initial presentations, the workshop aims to have participants work in small groups to both develop curriculum and also learn about different approaches to teaching LGBTQ health, encouraging inter-institutional collaboration and peer to peer learning.

**18: LIGHTS, CAMERA, ACTION! HOW TO MAKE EDUCATIONAL VIDEOS TO ENHANCE YOUR TEACHING**

*Gallerie I*

*Gordon Tan, MD; Meghan Treitz, MD; William Mills, MD, MPH; Adil Solaiman, MD; Oloruntosin Adeyanju, MD; Aleisha Nabower, MD; Kirstin Nackers, MD*

**Overview:**

The COVID pandemic has pushed educators to explore other teaching modalities in addition to the traditional classroom/lecture style teaching. Using asynchronous videos across the medical school curriculum has the benefit of delivering educational materials that accommodate different learning styles, allow students to learn at their own pace, and address issues with learner capacity. This workshop will discuss best practices in making videos and how to implement them into a curriculum.

**Objectives:**

- Review best practices for making videos, such as lighting, content, and length of time.
- Ensure alignment between your topic/learning objectives and the video format.
- Create a storyboard for your lesson plan.
- Describe a variety of applications for creating videos

**Methods:**

This workshop aims to introduce skills and strategies on how to create effective videos for teaching to create a more active learning environment in both in-person and virtual settings. We will give attendees the opportunity to critique example teaching videos and discuss in groups what made the videos an engaging teaching tool and what improvements can be made. Workshop leaders will review best practices on making a video to attendees utilizing the multimedia learning theory. Attendees will be divided into small groups to work on a storyboard to help develop their own videos. Leaders will help facilitate in choosing appropriate topics and storyboard content. For a final activity, attendees will be shown different apps and resources in videography and video editing. At the workshop's conclusion, facilitators will share a list of videography and editing resources. With this list and the created storyboard, attendees will have a toolkit needed start creating videos in their own institution's curriculum.

**19: DOES THIS HAT STILL FIT? (RE)-EXAMINING THE ALIGNMENT BETWEEN PROFESSIONAL ROLES, PASSIONS, AND GOALS**

*International I*

*Elizabeth Stuart, MD, MSED; Michael Barone, MD, MPH; Bannister Susan, MD; Dell Michael, MD; Smith Sherilyn, MD; Konopasek Lyuba, MD; Koestler Jennifer, MD; Rebecca Tenney-Soeiro, MD; William Raszka, MD; Sandra Sanguino, MD; Melissa Held, MD; Anton Alerte, MD*

**Overview:**

Career paths in academic medicine typically feature gradual advancement into positions of increasing scope and responsibility. Committee members become chairs, assistant clerkship directors become directors, directors become vice chairs or deans... Effectiveness in a given position is often rewarded with new and bigger "hats" to wear. Over time, faculty may find themselves spread thin, wearing too many hats, in roles that no longer align with passions, values, or goals. Given the cultural drive toward moving "up" in academic medicine, and the high value placed on persistence, faculty may find it difficult to imagine stepping down from once-desirable positions. The goal of this workshop is to empower participants to make deliberate decisions about letting go of roles that no longer bring meaning and joy. While the focus will be on taking off existing hats, the approaches and tools presented also apply to decisions about putting on new ones.

**Objectives:**

By the end of the workshop, participants will be able to:

- Think critically about current roles and how they align with values, passions, goals.
- Identify practical, political, and emotional benefits and obstacles to stepping away.
- Envision action steps for letting go of "hats" that no longer fit.

**Methods:**

The workshop will focus on active engagement with exercises and tools for self-assessment, exploration, and planning. We will use videos and other resources from leadership and life design experts as prompts for reflection and discussion. Participants will spend the bulk of their time working individually and in facilitated small groups. Small group work will be punctuated by large group debriefing and brief didactics to introduce principles and tools. We will have a large team of senior faculty facilitators, offering a unique opportunity for personalized coaching. Participants will leave the workshop with resources, insight, and inspiration to move forward with visions and plans for change.

**20: GOING BEYOND "PERFORMED AS EXPECTED": HOW TO GIVE EFFECTIVE, EFFICIENT AND UNBIASED COMPETENCY-BASED FEEDBACK TO LEARNERS**

*Catalina*

*Chris Peltier, MD; Joseph Gigante, MD; Margarita Corredor, MD*

**Overview:**

The ability to deliver effective feedback is a defining skill and attribute of successful and masterful clinician educators. Without feedback, clinical learners are left to self assessment to understand what they are doing well and what they need to improve upon. When feedback is not delivered consistently, clinical skills cannot improve and medical students may be unable to progress to the next level of training. Trainees often decry the lack of feedback, or feedback that they found useful. While a physician may be a master clinician, many clinicians given a role in educating students may not have the knowledge or skills to provide effective feedback. Even seasoned clinical educators who are adept at providing feedback, may unknowingly allow implicit biases to result in feedback that is prejudiced towards female learners or learners of a different race or culture. This workshop will focus on both developing feedback skills on an individual level as well as how to train your faculty to give effective feedback, and how to incorporate diversity, equity and inclusion into feedback delivery.

**Objectives:**

- Evaluate characteristics of effective feedback
- Explore how implicit bias can affect the feedback message
- Explore strategies to minimize implicit bias when providing feedback.
- Practice delivering competency-based feedback using the Ask-Discuss-Ask-Plan Together (ADAPT) model

**Methods:**

This highly interactive, Train the Trainer workshop, led by experienced outpatient and inpatient clinical educators, will begin with a think-pair-share exercise to reflect upon giving feedback. A short didactic session will review the characteristics of good feedback and why giving feedback regularly is crucial. Barriers to giving feedback will be identified and solutions to overcome these barriers will be examined via large group discussion. After a presentation on implicit bias, attendees will discuss in small groups how implicit bias can affect the feedback message, as well as who we choose to give feedback to. Strategies to minimize implicit bias while providing feedback will be explored. Different models of providing feedback will then be presented, including the Feedback Sandwich and the Ask-Tell-Discuss-Plan Together (ADAPT). Facilitators will then compare and contrast these two models. The ADAPT Model will be used to illustrate how to give feedback related to ACGME Competencies to learners. Using video vignettes, attendees will practice delivering feedback to each other. Finally, attendees will commit to a change in practice related to giving feedback.

**21: FAILURE TO LAUNCH: AVOIDING COMMON ROADBLOCKS IN YOUR PROCESS IMPROVEMENT PROJECT**

*International II*

*Karen Webster; Regina Macatangay, MD; Peter Gaskin, MBBS, DCH, FAAP, FACC*

**Overview:**

Process Improvement projects are an important part of any organization's internal review process. Taking a hard, honest look at how we are working and identifying areas for improvement is the first step in any process improvement project, followed by creating new processes and implementing them to test for improvement. But while organizations may start out with the best of intentions, up to 70% of Process Improvement projects ultimately fail. Many times, projects tend to start out strong, with some measurable success early on, but then fizzle out as time goes by. The issue then becomes not what can we do to make a change, but ultimately how do we make changes that will have a lasting impact on our jobs.

**Objectives:**

By the end of this workshop participants will be able to identify the top five reasons that Process Improvement projects fail, review past projects and identify factors that led to unsatisfactory outcomes, create a Project Charter and develop a plan to execute future successful projects.

**Methods:**

Using examples from a recently completed QI project, participants will spend time exploring the various reasons behind projects failures, learn strategies to ensure a successful project, spend time in group discussions and will complete hands on activities that reinforce these concepts.

## **22: EFFECTIVE TIME MANAGEMENT FOR LEADERS AND ADMINISTRATORS**

*Pacific I*

*Preetha Krishnamoorthy, MD, FRCPC; Hosanna Au, MD, FRCPC; Hema Gangam, MD; Joanna Holland, MD; John Martin, MD; Sarah McKnight, MD; Julian Midgley, MD; Tara Mullowney, MD; Louise Murray, MD; Marc Zucker, MD, FRCPC*

### **Overview:**

Clerkship leaders and administrators are constantly struggling with managing their time and energy effectively (1). Finding ways to more effectively manage our time is a core professional sustainability skill and positively contributes to our sense of work-life balance and job satisfaction (1, 2). We will encourage participants to explore their core values and ensure alignment between these values and their day-to-day tasks.

There are many time wasters including email, interruptions, procrastination, and meetings (3). This session will provide participants with the opportunity to recognize how they are using their own time (effectively or not!) and address their time-wasting activities and behaviours. This interactive workshop will provide participants with strategies on how to chair, facilitate and participate in meetings wisely and more effectively.

### **Objectives:**

By the end of the workshop, participants will be able to:

- Connect time management to personal values and goals
- Recognize and minimize personal time-wasters
- Apply effective time management approaches to one's context
- Apply principles of effective meeting strategies

### **Methods:**

The workshop will begin with a self-reflective exercise whereby participants will complete a grading of their time management strategies. This exercise will allow participants to self-identify their personal strengths and weaknesses with time management. A didactic session linked with a large group discussion will follow introducing concepts around effective time management and how personal values influence the effective use of time. The workshop will have participants use the Time Management Matrix tool through a think-pair-share process to explore how prioritization of tasks can help to effectively and efficiently use one's time while identifying opportunities for enhanced job satisfaction. A subsequent didactic presentation followed by small and large group discussions will help participants to both identify and address time wasting activities and behaviours. The workshop will end with a short didactic and large group discussion around effective ways to both participate in and lead meetings that minimizes inefficiency, enhances productivity and maximizes job satisfaction and personal wellness.

## **23: SEEING SCHOLARSHIP IN 1'S AND 0'S: APPRAISING AND GETTING CREDIT FOR DIGITAL SCHOLARSHIP**

*Atlantic I&II*

*Ian Chua, MD; Gary Beck Dallaghan, PhD; Sherilyn Smith, MD; Amy Creel, MD; Joseph Jackson, MD; Nathan Gollehon, MD, MHPTT, FAAP; Caroline Paul, MD*

### **Overview:**

Academic promotion routinely requires appraisal of individual faculty's scholarly impact. Metrics such as journal impact factor, types of scholarship, and educator portfolios are all used to substantiate an individual's scholarship and academic merit. Schimanski and Alperin talk about how knowledge dissemination methods are evolving in the digital era and how we must adapt traditional promotion and tenure processes to include emerging forms of digital scholarship. Impact and quality of scholarship remain consistent in the appraisal process as Glassick described serving as the continued cornerstone and benchmark for overall review and judgment. Various tools for the objective appraisal of digital scholarship have emerged in the field of emergency of medicine but are still foreign to medical education in pediatrics. This workshop starts involving participants in a review of different types of digital scholarship as described by trends in this growing field. Facilitators will then introduce metrics and tools that exist in current literature to appraise various digital works prior to usage and application during the workshop.

### **Objectives:**

- Describe various works that could be considered "digital scholarship"
- Compare and contrast potential frameworks for evaluating digital scholarship
- Enhance description and documentation of digital scholarship in one's academic portfolio

### **Methods:**

Participants will work in groups to use various digital scholarship appraisal tools on a mock academic portfolio and compare the qualities and outcomes of their use. Using appreciative inquiry and peer feedback, attendees will leave with a plan to better package their curriculum vitae and academic portfolios to align with promotion and tenure committee requirements helping to advocate for the increased consideration of digital works into overall scholarly work and impact at their institutions.

## Wednesday, April 5

### Workshop Session #3 | 9:45 – 11:45 am

#### 24: MAKING YOUR ANTI-RACISM WORK SCHOLARLY

*Gallerie II*

*Nikita Nagpal, MD MS; Chanda Bradshaw, MD; Joseph Jackson, MD; Caroline Paul, MD; Deborah Rana, MD; Rebecca Tenney-Soeiro, MD; Cynthia Osman, MD*

##### Overview:

There has been a recent explosion of resources and activities to identify and address personal and structural racism and their effects of physical and mental health. Thankfully, much of this work is occurring in the medical education realm, including in Pediatrics. However, there is less scholarly work related to these efforts, as well as less awareness of the studies that already exist in the literature.

This workshop aims to:

Cultivate participants' awareness and knowledge of scholarly work related to Anti-Racism efforts and

Provide participants a collaborative opportunity to work across institutions to plan future studies in this important area.

##### Objectives:

By the end of the workshop, participants will be able to:

- Describe examples of Anti-Racism studies in the medical education literature
- Summarize common methodologies for scholarly evaluation of Anti-Racism programs.
- Identify opportunities to transform Anti-Racism curricula and other racial injustice work into scholarly activities.
- Explore collaborative opportunities for future scholarly projects related to Anti-Racism efforts occurring or soon to be occurring.

##### Methods:

- For content, see timeline.
- Facilitated Group Discussion
- Participant Polling
- Brief Didactic Discussion
- Reflection in Pairs
- Small Breakout Room Discussion
- Large Group Report-Out of Breakout Room conclusions and plans
- Handouts (worksheet for small groups and annotated bibliography)

#### 25: WHAT'S APP, DOC? ADVISING FOR THE SUPPLEMENTAL ERAS APPLICATION

*Catalina*

*Jill Azok, MD; Jennifer Soep, MD; Elisabeth Conser, MD; Rachel Thompson, MD; Gwen McIntosh, MD, MPH*

##### Overview:

In 2021, the Association of American Medical Colleges (AAMC) launched the Supplemental Electronic Residency Application Service (ERAS) Application as a pilot in three specialties. AAMC provided data from the results of this pilot. This past year, the Supplemental ERAS Application was expanded to 16 specialties, including pediatrics. COMSEP members found themselves launched into the role of career advisor for medical students interested in matching to a pediatric residency with no experience on how to advise students on the Supplemental ERAS Application. This workshop will explore the resources available to advise students on the Supplemental ERAS Application, review key elements highlighted by program directors, and discuss case scenarios to help guide COMSEP members for future advising.

##### Objectives:

- Explore the available data for advising students about the Supplemental ERAS Application.
- Discuss strategies for advising students on their past experiences: meaningful experiences and other impactful experiences.
- Optimize advising for students on how to best utilize signaling and geographic preferences for their individual circumstances.

##### Methods:

The workshop will use a combination of large group discussion sessions, small group pair-share sessions with large group report out, and small group case review and scenario discussions to promote the acquisition of knowledge about the Supplemental ERAS Application and to support the development of skills in advising students about the Supplemental ERAS Application.

#### 26: DESIGNING YOUR CAREER: USING LIFE DESIGN TO CREATE YOUR IDEAL "WORK STATE"

*International I*

*Javier Pineda, MS; Margaret Huntwork, MD; Steven Allen, BA*

##### Overview:

Clerkship administrators are responsible for more than schedule coordination. They do everything from data entry to departmental, faculty, and student liaising. While not much is published on UME coordinators, the research on GME coordinator burnout and job satisfaction indicates many are overwhelmed and consider resigning from their positions. Any coordinator turnover can throw clerkships into chaos. The limits universities place on administrator career growth only exacerbate it. There's a real need to construct well-defined pathways and career growth tools for these professionals. Life design seeks to explore and define a better work experience through networking, idea-sharing, and proper goal-setting. Using life design, participants will learn to be the leaders of change in their careers and strengthen the role of clerkship administrators everywhere.

#### **Objectives:**

By the end of this workshop, participants will be able to:

- Define "work," "life design," and "ideal work state"
- Examine current work experiences to redefine goals and future work aspirations.
- Reframe networking as an idea-sharing tool providing glimpses of different career pathways
- Share, provide, and receive ideas to enhance career plans and create achievable ideal-work-state goals
- Design three iterations of ideal career paths

#### **Methods:**

- To begin, participants will answer "What is work?" on sticky notes, and, establish a common language by collectively defining "work," despite task diversity.
- Using a video, a presentation, and personal anecdotes, this workshop will explain what Life Design is and how participants can utilize it to imagine, design, and create better work experiences.
- Participants will pair up and complete the Employee Experience Canvas worksheet, interview each other about their current work experiences, and identify what could improve them.
- Using a video, participants will reframe networking as "asking for directions" and not as interacting to "get ahead."
- Using the Interest + Offer Mapping activity, participants will identify 3-5 fun things they do in and around work. Sharing these will demonstrate how different work-related experiences can lead to ideal work states.
- After watching a video, participants will receive three copies of the Odyssey Map exercise titled Top-of-Mind Plan, Pivot Sketch, and Constraint-Free Path. Depending on their ideal career paths, participants will be tasked to fill out their "ideal work state" for each worksheet.
- Participants will share in small groups for feedback/resources/ideas/connections
- The workshop will conclude with a large group report out, a summary of the presented content, and a discussion of the next steps.

## **27: "SPRING CLEANING: HOW TO USE THE BRAND NEW COMSEP CURRICULUM MAPPING TOOL TO REFRESH, REINFORCE, OR RENOVATE YOUR CLERKSHIP ELEMENTS!"**

*International II*

*Sebastian Lara, MD, MA; W. Christopher Golden, MD; Ariella Slovin, MD; Erin McMaster, MD; Michelle Noelck, MD; Melissa Held, MD*

#### **Overview:**

The 2019 revision of the COMSEP Core Clerkship Curriculum updated foundational/core and supplemental learning objectives for clerkship directors. The revised curriculum is designed to meet the varied needs of clerkship directors across the country, with the intent to be flexible enough that it can be integrated into clerkships of various durations and clinical settings. One key challenge in implementing these objectives has been the lack of instructional methodologies to accompany the learning objectives. Members of the Core Clerkship Curriculum Collaborative have worked to fill this gap by developing a curated set of educational resources that address each of the curricular objectives, providing a practical tool for educators seeking instructional materials. This workshop will orient the audience to the revised COMSEP Curriculum, illustrate how it may be utilized across varied clerkship durations and settings, and familiarize attendees with the curriculum mapping tool via hands-on, practical activities

#### **Objectives:**

At the end of the workshop, attendees will be able to:

- Explain the application of Kern's curriculum development model in revising the COMSEP Core Clerkship Curriculum
- Identify the features of the Curriculum Mapping Tool
- Generate additional resources to improve the Tool
- Utilize the COMSEP Curriculum Map to fill identified educational gaps or update curricular elements at their home institution.

#### **Methods:**

After a brief introduction to the process of the COMSEP Core Curriculum revision (which employed Kern's curriculum development model), the workshop will engage participants in small group teams to utilize the Curriculum Mapping Tool. Through a set of scenarios, attendees will work together to search and explore the resources available in the Tool (in the style of a scavenger hunt). Groups will use a standard set of questions to evaluate the resources they found in order to help evaluate their utility, and then briefly report their findings to the larger group. Attendees

then will use the Tool to address a true curricular gap/need of their own, which they will be asked to identify before the workshop. By working in pairs and then at tables of 4-6 participants, groups will identify one resource from the Mapping tool that could help bridge that gap and share their finding(s) with the larger group. Finally, attendees will be asked to identify educational resources of their own that may be useful to add to the Tool.

## **28: ASSESSING TRAINEE ABILITY TO PROCESS FEEDBACK**

*Gallerie I*

*Chad Vercio, MD; Elaine Fielder, MD; Janice Tsai, MD; Alexandra Dietrich*

### **Overview:**

We will address some common variables that impact a learner's internalization of feedback, discuss factors that contribute to feedback resistance, and offer a 4-part framework to assess a learner's feedback-readiness for you to tailor your feedback to each situation. The four part framework includes:

- Performance gap-the difference between the trainee's self assessment and the preceptor's assessment of performance
- Reflective capacity-if a trainee has heard the feedback before and had time to process, it is more likely they will be more reflective in the feedback you give them.
- Motivation-if a trainee's underlying motivation does not align with the feedback given then it is much less likely they will respond to the feedback and change behavior.
- Social support/safety-an environment that is safe and supportive will result in learners who are more feedback-receptive. Learners will be less receptive if they lack a social network, feel excluded from conversations and activities, and/or are unsure if the environment is safe for trainees to make mistakes and ask questions.

If a trainee has multiple domains where they at risk it is more likely that they will struggle to hear and then change behaviors in response to the feedback. Assessing and understanding where a learner falls in each of these domains can provide incredible insight and provide a method for educators to individualize their approach to the feedback conversation. We will cover common reasons learners fail to internalize feedback, scripting educators can use to address these barriers and tips to individualize feedback based on the level of readiness. This will ensure faculty have the skills to have a standardized approach towards feedback but are able to individualize it to the learner based on factors that can influence their ability to respond to it.

Participants will leave the workshop with a framework to utilize with the trainees they work with and support their professional identity formation.

### **Objectives:**

- Recognize frameworks that are useful in understanding feedback readiness
- Describe common barriers to internalizing feedback
- Develop a standardized approach to assessing a learner's readiness to incorporate feedback
- Counsel trainees on how to internalize and respond to feedback

### **Methods:**

We will use a combination of active learning, case based small group discussions and large group discussion to review our material. Participants will consider their approach to several different cases and learn from other educators in the process. We will also provide references to support the different dimensions of the framework.

## **29: MAXIMIZE FULFILLMENT AND SUCCESS IN YOUR CAREER - SAYING YES, NO, MAYBE SO**

*Pacific I*

*Helen Wang, MD; Lawrence Ma, MD; Amy Creel, MD; Chad Vercio, MD; Caroline Paul, MD; Gary Beck Dallaghan, PhD; Jean Petershack, MD; Rebecca Tenney-Soeiro, MD, MEd; Chris Peltier, MD*

### **Overview:**

Starting with the ultra-competitive application process to get into medical school there is a constant undertone that opportunities in medicine are limited.<sup>1,2</sup> The limited number of desired residency and fellowship spots reinforce a "scarcity mindset."<sup>1,2</sup> This mindset of "only one pie in life," can result in unrealistic fears that opportunities may never arise again leading to a quick "yes" without further investigation, consideration, or negotiation.<sup>1,2</sup> Excitement, eagerness to please, and the need to prove oneself contribute to overextension and commitment to opportunities without intentional reflection.<sup>3-7</sup> This is detrimental as a lack of focus or intention in academic endeavors detracts from pursuits that actually align with one's overarching career goals.<sup>3-7</sup> This workshop will provide participants with various frameworks to determine which opportunities deserve a yes, no, or maybe, and the skills to negotiate and deliver the "final" answer.

### **Objectives:**

- Analyze frameworks to guide decision making for opportunities, requests, and demands on your time
- Role play strategies for saying "yes" and "no" using frameworks
- Create plans for negotiating around opportunities in research, service, educational, and clinical arenas

### **Methods:**

Participants will first engage in a reflective activity about their immediate, mid-term, and long-term goals. They will then examine a recently considered opportunity and determine whether it aligned with their initial outlined goals. In a think-pair-share activity, they will explore their responses to the “ask,” the reasons behind their responses, and how they approached the request. In this important facilitated activity, they will also consider the impact of their responses to their outlined goals, both intentional and unintentional.

In a large group discussion, we will share the drivers and barriers to saying “yes,” “no,” or “maybe.” We will also address strategies for negotiating in order to be successful with the new opportunities. Facilitators will then discuss developed and recognized frameworks for guiding decision making and negotiation.<sup>3,6-7</sup> Afterwards, participants will return to their think-pair-share groups to evaluate how they can use the framework to guide future decisions. There will then be a small and large group activity that demonstrates ways to say “yes,” “no,” and “I would need this.” This is followed by participants actively engaging in role-play scenarios in their small groups to practice using the frameworks. Participants will then debrief in a large group setting discussing what went well versus what was challenging for them in saying “yes” or “no” or negotiating.

### **30: BUILDING RESILIENCE IN MEDICINE**

*Pacific II*

*Latasha Bogues, MD; Megan Rashid, MD, MPH; Heather Burrows, MD, PhD; Melissa Smith-Phillips, MD, PhD; Colleen Wallace, MD; Maya Neeley, MD*

#### **Overview:**

Medical students have better mental health than their peers when starting medical school but develop higher levels of psychological distress while in medical school.<sup>1</sup> In order to prevent burnout and promote wellness, it is imperative that educators have tools to both model and teach resilience and coping for learners. Implementing these techniques will lead to a healthier workforce of physicians, ultimately resulting in better care for patients.

#### **Objectives:**

- Define the problem of burnout and moral injury
- Examine difficulties that various populations of students encounter during training
- Describe resilience and coping techniques as tools to promote wellness
- Explore potential organizational changes to improve student wellness

#### **Methods:**

Resilience is the ability to “withstand, adapt, recover, rebound, or grow from adversity, stress, or trauma.”<sup>7,8</sup> This workshop will allow pediatric educators to improve their educational skills around modeling resilience and supporting students in developing resilience. We’ll start with an ice breaker encouraging participants to discuss factors that promote and hinder resilience. We’ll discuss the negative wellness effects of burnout and moral injury that can be counteracted by resilience. Special circumstances for student populations that lead to increased needs for resilience will be considered.

Coping strategies and social support are associated with improved mental health resiliency.<sup>1</sup> We’ll present literature about resilience’s association with wellness and resilience-building techniques. Coping strategies manage stress by controlling your thoughts, feelings, and actions associated before, during, and after challenging situations.<sup>3</sup> The Coping Strategy Wheel will be discussed and coping techniques will be demonstrated. Techniques covered will include the ABCDE model, positive thinking, The Resilience Plan (The Four S’s)<sup>2</sup>, and others.

We’ll close by considering organizational changes that promote student wellness. Resilience is a necessary tool to allow students to recover from encountered insults but systemic changes can prevent them. Participants will be encouraged to decide on the next best steps for their institutions.

### **31: SERVICE: STUDENT EVALUATION OF REAL-TIME VIRTUAL IMMERSIVE CLINICAL EXPERIENCE**

*Mediterranean I&II*

*Regina Macatangay, MD; Nicol Tugarinov, BS; Nima Karodeh, BS; Ann Bon, BA*

#### **Overview:**

This workshop addresses the lack of opportunity for pre-health students to participate in shadowing opportunities, the lack of medical student inclusion in current virtual shadowing experiences, the ability of pediatric faculty to implement a virtual shadowing curriculum, and the opportunities to provide mentorship at the pre-health applicant level. We will also address the opportunities for virtual participants to develop mentorship opportunities with pediatric clerkship students, residents, and fellows.

#### **Objectives:**

- Understand the challenges of shadowing in a pandemic
- Understand the value of virtual shadowing
- Use collaborative methods to develop a clinical curriculum
- Evaluate how to use clinical time to create an experience for pre-health students
- Evaluate how to incorporate clerkship students into virtual shadowing opportunities



**Methods:**

Participants will engage in a live and virtual discussion with medical students and pre-health students who co-developed the virtual shadowing curriculum with a pediatric hematologist/oncologist. Review of currently available virtual shadowing opportunities will demonstrate the multiple limitations of these programs and highlight the lack of medical student engagement, as well as the limited real-time patient interaction. We will engage participants in brainstorming ideas for engagement of their clerkship students into a virtual shadowing curriculum and use breakout small groups to promote collaboration.

**32: "IF YOU DESIGN IT WELL, THEY WILL COME!" EXPLORING INNOVATIONS IN POSTER DESIGN**

*Atlantic I&II*

*Joan Connell, MD; Amal Khidir, MBBS; Cynthia Christy, MD; Adin Nelson, MD, MHPE, FAAP; Esther Chung, MD, MPH; Meg Keeley, MD; Alanna Higgins, MD; Jennifer Trainor, MD; Caroline Paul, MD*

**Overview:**

Most medical educators are familiar with the appearance of a traditional academic research poster. However, poster design continues to evolve and expand, employing new technologies and incorporating innovative and creative approaches. As eye-catching as newer designs can be, it is imperative that posters meet certain standards and include essential elements. This workshop will provide participants with a framework to critically assess the fundamental components of a poster, and familiarize themselves with various design styles that grab viewers' attention and/or simplify messaging- maximizing appeal, engagement, and clarity. Workshop attendees will also learn how to incorporate feedback from the poster presentation experience, to move beyond poster presentation to platform presentations and work toward manuscript submission.

**Objectives:**

- Discuss best practices and common pitfalls in poster design.
- Compare and contrast various poster design frameworks, including contemporary design elements and methods to engage your audience.
- Identify the next-steps for further scholarly dissemination following poster presentation.

**Methods:**

The participants in this hands-on interactive workshop will discuss and reflect on poster designs. Brief didactics and demonstration of several poster designs will be followed by several small and large group activities to review and evaluate sample posters using a rubric. This will be followed by a discussion on how to improve the posters. After a didactic video panel discussing recommendations regarding further scholarly dissemination, attendees will participate in a large group discussion to summarize the takeaways of poster design, including core elements, as well as have an opportunity for self-reflection regarding their next steps toward scholarly dissemination of a recent poster.