



 **SGEA 2016**
REBOOTING MEDICAL EDUCATION
SHARING CURRICULAR & INSTRUCTIONAL INNOVATIONS
APRIL 13-16 ★ AUSTIN, TEXAS

HOSTED BY: 
MEDICINE
TEXAS A&M HEALTH SCIENCE CENTER
transformingHEALTH™

2016 SGEA Conference
Rebooting Medical Education

Table of Contents

Welcome Letter

About the SGEA 2016 Conference

Contributors

SGEA 2016 Planning Committee

SGEA Steering Committee

Texas A&M HSC College of Medicine

Texas A&M HSC Deans

SGEA Moderators and Volunteers

Exhibitors

Medical Education Scholarship, Research and Evaluation (MESRE)

 SGEA MESRE Grants

SGEA Special Interest Group (SIG)

AAMC Team members

SGEA Leadership Education and Development LEAD Certificate Program

 Graduates 2014-2016 Class

 LEAD Faculty for 2014-2016 Class

 LEAD Fellows 2016-2017

 LEAD Faculty 2016

Conference Program

Invited Speakers

Abstracts/Descriptions:

 Oral Presentations

 Demonstrations

 Small Group Discussions

 Workshops

 Posters

 Other Sessions



Dear SGEA 2016 Conference Attendee,

Welcome to Austin, Texas for the SGEA 2016 meeting hosted by the Texas A&M Health Science Center, College of Medicine. We are excited about the meeting and thank you for participating. While the focus of presentations, workshops, discussions, and demonstrations is “Rebooting Medical Education: Sharing Curricular and Instructional Innovations,” we have also incorporated additional opportunities for you to collaborate and network. Please look for these throughout the conference.

Meeting Location

All conference sessions will take place at the Sheraton Austin at the Capitol.

Registration

Opens at 2:00 pm on Wednesday, April 13, 2016, in the Ballroom Foyer on the Lobby Level. At registration, you will receive instructions to download the conference app, your name badge, and a name badge for each pre-registered guest. Remember that a name badge is required for entrance to any and all conference events. Programming begins at 11:30 am on Thursday, April 14, 2016 with the welcome address and lunch in Capitol D & E on the Lobby Level.

Conference App & Website

Navigate your way through the conference with the official SGEA 2016 app. Install the app to have full access to the agenda, floorplan, networking features, Austin area information, and other conference details. The app is available for download on iOS and Android devices by searching “SGEA 2016.” You may also visit our website, <http://www.sgea2016.tamhsc.edu>, for more information on the conference.

Internet

AAMC has negotiated for complimentary wireless internet access in guest sleeping rooms for guests that booked their hotel rooms in the AAMC/SGEA block. You will receive your internet access code at check-in. The hotel provides complimentary wireless internet access for attendees in the meeting space, which can be accessed by connecting to the “SCI” network.

Poster Session Reception

Attend the Poster Session Reception at 5:45 pm on Thursday, April 14, 2016 in Capitol View Terrace North and South on the Lobby Level. You will have two complimentary drink tickets in your badge holder for your use at the poster reception.

Special Event

Join us at the legendary Stubb’s for Texas BBQ and live music Friday, April 15 at 6:30 pm! The venue is located at 801 Red River Street, Austin, TX 78701, which is within walking distance of the Sheraton. The available space for the special event is currently full. If you are on the waitlist, we will notify you through the conference app if space becomes available. If you registered for the event and are no longer able to attend, please stop by the registration table or send us a message through the app to let us know.

SGEA Synergy and SIG Saturday

Effective collaboration is essential to accomplishing the mission of the SGEA. Saturday at SGEA 2016 will be focused on enhancing the synergy of SGEA members as well as drawing attention to the opportunities available through participation in Special Interest Groups (SIGs). Please note that SIG related sessions are also denoted on the conference program and on the app. Don't miss the chance to attend presentations on various topics, develop collaborative relationships, and learn more about the SGEA. Make sure to join us for SGEA Synergy and SIG Saturday.

Questions

If you have any questions you may submit them to Stacey Keller through the conference app or email sgea2016@tamhsc.edu.

We look forward to spending time with you and hope you enjoy your stay in Austin!

Sincerely,

Courtney West, PhD
2016 SGEA Conference Planning Committee Chair
Assistant Dean, Office of Medical Education
Assistant Professor, Department of Internal Medicine
College of Medicine, Texas A&M Health Science Center

Stacey Keller, MBA
2016 SGEA Conference Coordinator
Sr. Administrative Coordinator, Office of Medical Education &
Office of Faculty Development
College of Medicine, Texas A&M Health Science Center

2016 SGEA Conference
Rebooting Medical Education

About the SGEA 2016 Conference

The Southern Group on Educational Affairs (SGEA) is a part of the Association of American Medical Colleges (AAMC) with membership from Texas, Oklahoma, Arkansas, Louisiana, Tennessee, Mississippi, Alabama, Florida, Georgia, North Carolina, South Carolina, Kentucky, Virginia, West Virginia and Puerto Rico. The SGEA promotes excellence along the continuum of medical education by providing a forum for discussing the concerns of the medical education profession. With increasing calls for change and progress in medical education, our membership is eager to share, learn, and develop new ways to frame their educational approaches. Throughout the meeting, participants will have opportunities to collaborate and network with colleagues across the southern region.

The 2016 SGEA Conference theme is ***“Rebooting Medical Education: Sharing Curricular and Instructional Innovations.”***

Conference Objectives

Upon completion of this educational activity, participants will be able to:

- Identify evidence-based practices in medical education and develop strategies to implement those curricular and instructional innovations at their respective institutions.
- Develop approaches for effectively educating healthcare professionals in alignment with standards and desired outcomes.
- Describe current research tools and assessment methods designed to advance the medical education profession.
- Build a network of colleagues who participate in sustained discussions about educational challenges and create additional collaborative opportunities.

Continuing Medical Education (CME) Information

ACCME Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Texas A&M Health Science Center College of Medicine and Southern Group on Educational Affairs. The Texas A&M Health Science Center College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement

The Texas A&M Health Science Center College of Medicine designates this live activity for a maximum of 17 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2016 SGEA Conference
Rebooting Medical Education

Disclaimer

The information presented at the CME activity represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by the Texas A&M Health Science Center College of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgement when considering further application of this information.

Disclosure

The purpose of the SGEA Annual meeting is to improve medical education as a discipline, and it is not intended to provide clinical education, nor information related to products and services of a commercial interest as defined by the ACCME. The ACCME defines a commercial interest as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

Policies and standards of the Texas A&M Health Science Center, the Accreditation Council for Continuing Medical Education, and the American Medical Association require that speakers and planners for continuing medical education activities disclose any relevant financial relationships that they may with commercial entities whose products, devices or services may be discussed in the content of the CME activity. Prior to the meeting speakers and session planners were asked to disclose whether any presentations would include content related to commercial products as defined by ACCME.

The following speakers disclosed relevant financial relationships:

Edward Burger, PhD Author/Speaker

Nathan Moore The Healthcare Handbook, Author/Speaker

Members of the planning committee do not have a financial interest or affiliation with the manufacturer of any products, devices, or services to be discussed in the content of this activity.

During the on-site conference presentations, session moderators will be monitoring all speakers to verify that there is no content related to commercial products as defined by ACCME. If you perceive commercial interest content in any speaker's presentation, please make note on their evaluation.

Participants seeking CME credit will need to sign in at the CME table each day and complete an evaluation form for each session they attend. The preferred method would be that you use your smart device to access the on-line version. At the conclusion of your participation in the conference, please complete the overall conference evaluation form (either electronically at the link on the conference website or by completing and turning in a hard copy page). If applicable, also complete the CME Reporting Form and turn it in to the CME desk.

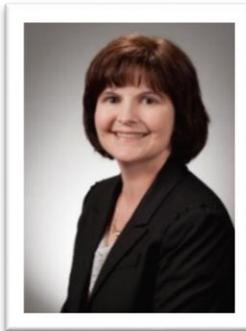
**THANK YOU
to the 2016 Conference
CONTRIBUTORS:**



Imagine better health.SM

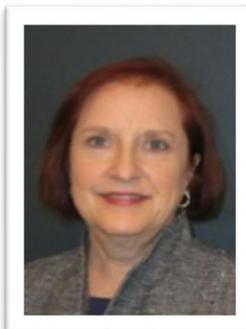


2016 SGEA PLANNING COMMITTEE



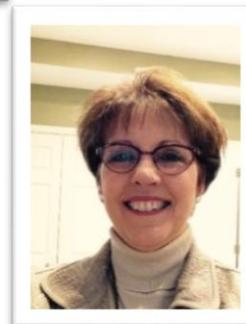
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2016 SGEA Conference Chair
Assistant Dean, Office of Medical Education
Assistant Professor, Internal Medicine

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2016 SGEA Conference Coordinator
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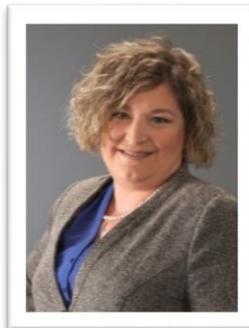
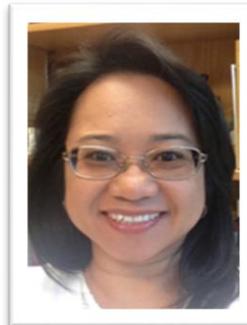


Ruth L. Bush, M.D., J.D., M.P.H.
Vice Dean for Academic Affairs
Vice Dean for Bryan College Station Campus
Professor of Surgery
Texas A&M Health Science Center, College of
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2016 SGEA PLANNING COMMITTEE

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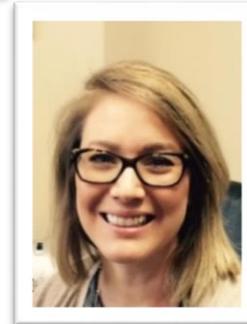
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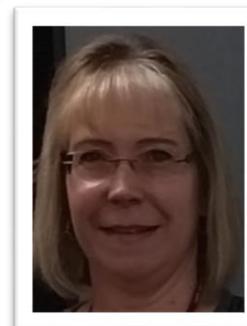
Katie Hancock, M.A.
Communications Director



Paul B. Hicks, M.D., Ph.D.

Vice Dean, Temple Campus
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Kathleen A. Jones, M.D.
Clinical Associate Professor of Pathology, Academic Affairs



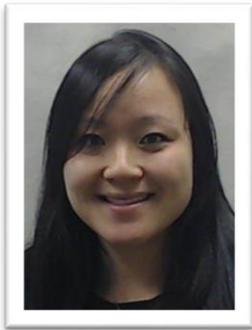
2016 SGEA PLANNING COMMITTEE



Terri Kurz, Ph.D.

Director, Office of Faculty Development
Clinical Assistant Professor, Internal Medicine

Loria D. Lynce
Assistant Director, Office of Business Affairs



Sherry Smith, Ph.D.

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Instructional Assistant Professor, Clinical and
Transitional Medicine

Stephanie A. Staggs, M.H.A., CHCP
Program Coordinator
Graduate & Continuing Medical Education



Cayla R. Teal, Ph.D.

Assistant Dean for Academic Affairs,
Round Rock Campus
Research Associate Professor, Department of
Translational Clinical Medicine

2016 SGEA PLANNING COMMITTEE

Robin Thurmond, B.S.
Administrative Assistant,
Office of Medical Education



A special thanks to everyone on the SGEA Planning Committee. Ensuring the conference's success was certainly a team effort. Your time and commitment is greatly appreciated.



SGEA STEERING COMMITTEE 2015-2016

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SGEA STEERING COMMITTEE 2015-2016

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Nicole Borges, MESRE Regional Chair
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SGEA STEERING COMMITTEE 2015-2016

Janet F. Piskurich, SIG Coordinator

Paul L. Foster School of Medicine TTUHSC – El Paso

janet.piskurich@ttuhsc.edu





REFLECTING A HISTORY OF SERVICE

1981 marked the year the first 32 Aggie physicians received their medical degrees, and since then more than 2,258 physicians have graduated from Texas A&M. Since the college's inception more than three decades ago, a great deal has changed, but one thing has remained the same: the Texas A&M Health Science Center College of Medicine is **Transforming Health** across the state and beyond through a dedication to service.

ATTAINING OUR VISION

Our vision is to develop the innovators and leaders in medicine and biomedical research who will transform American medicine in the 21st century.

FULFILLING OUR MISSION

Our mission is to improve the health and well-being of the people of Texas through excellence in education, research and health care delivery.

ADVANCING RESEARCH INNOVATION WITH REAL RESULTS

The Texas A&M College of Medicine is shaping the future of health care delivery through translational research advances with direct implications for patients. Current research strengths continue to expand in the areas of neuroscience, cell biology, cardiovascular and integrative biology, cancer and infectious disease.

- New test created to dramatically improve the speed and accuracy of diagnosis for tuberculosis, one of the world's deadliest diseases.
- Treating autoimmune diseases with personalized cellular immunotherapy
- First-ever human Brucella vaccine
- Discovery of gender-based differences in neurological diseases, and improved treatments for women.

\$36M
RESEARCH

Netted \$36.03 million in research expenditures, in 2014.

ABOUT COLLEGE OF MEDICINE

FOUNDED
1977

LEADERSHIP
Paul Ogden, M.D.
Interim Dean

FACULTY
150—Full-time
2,500—Clinical

ENROLLMENT
800+ M.D.
70+ M.S./Ph.D.

CAMPUSES
Bryan-College Station
Dallas
Houston
Round Rock
Temple

DEGREES
Doctor of Medicine (M.D.)
Graduate Program in Medical Science (Ph.D.)
M.D./Ph.D.
M.D. Plus Masters of Business Administration (M.B.A.)
M.D. Plus Master of Public Health (M.P.H.)
M.D. Plus Master of Science (M.S.)
Master of Science in Education for Healthcare Professionals (M.S.)

COLLEGE OF MEDICINE

64%
STAY IN
TEXAS

64% of graduates choose careers in Texas (50% enter primary care), addressing the shortage of physicians the state faces now and in the coming years.

TRANSFORMING HEALTH CARE IN TEXAS AND BEYOND

The United States is facing a shortage of physicians, especially in primary care. This shortage will significantly impact Texas as the state currently falls below the national average with just 165 physicians for every 100,000 individuals. Physician graduates of the Texas A&M College of Medicine tend to stay in Texas for residency programs and later as practicing doctors, helping to address the physician shortage both now and in the coming years. The college is dedicated to transforming health care delivery and population health.

CREATING A CUSTOMIZED LEARNING EXPERIENCE

The changing health care landscape is asking more of physicians than ever before. The physicians of tomorrow must be more than excellent clinicians; they must be savvy business leaders, researchers, scientists, teachers and academics, who are fully equipped to respond to the changing health care environment. Students of the Texas A&M College of Medicine have a unique opportunity to choose their own customized path.

- Vast range of educational options and certificate programs within TAMU
- Flexible curriculum
- Medical mission trips

97%
PASS RATE

Exceeds the national average with a 97% pass rate on the national licensing exam.

SERVING A NETWORK OF COMMUNITIES

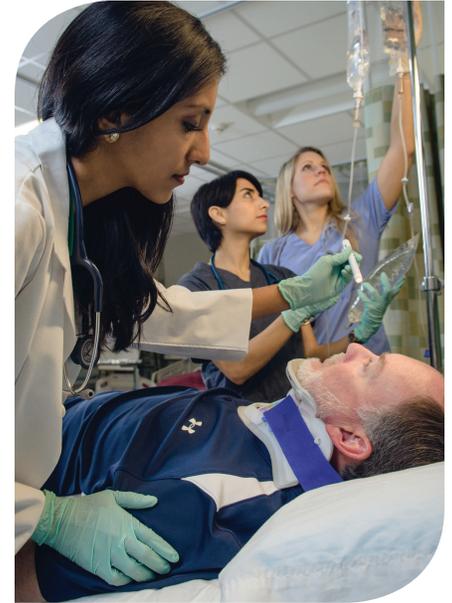
Texas A&M College of Medicine students receive a one-of-a-kind experience in their clinical training thanks to the multi-campus, distributed model of the college. Students will spend their first year of medical school in Bryan-College Station focusing on classroom fundamentals, after which they will move on to one of four clinical campuses in Temple, Round Rock, Dallas and Houston to complete their remaining years of medical school education through intensive, real-world experience and hands-on training. The distributed model allows communities across the state to benefit from the work of Texas A&M College of Medicine students and faculty as they provide much-needed medical and behavioral health services, all while gaining valuable experience that will allow graduates to succeed in the health care system of tomorrow.

GENERATING ECONOMIC IMPACT THROUGH AFFORDABILITY

Texas A&M College of Medicine students graduate with an average of 25 percent less debt than the national average for public medical schools, and 46 percent less debt than the national average for private medical schools. This enables graduates to begin giving back to their communities and driving economic productivity more quickly.

**RANKED
IN THE
TOP10**

Most Affordable
Medical Schools
by U.S. News & World Report



“

“Texas A&M not only showed me the importance of my role as a physician to treat patients, but also to catalyze change by educating my peers and patients, and by being responsible for making changes in health care that will impact my practice—and the lives of people across the globe whom I may never have the opportunity to treat first-hand.”

**CECILIA BENZ, M.D.
CLASS OF 2015**

Texas A&M Health Science Center College of Medicine

Paul Ogden, M.D., F.A.C.P.

Interim Senior Vice-President & COO and
Interim Dean of Medicine, Office of the Dean

Lee Ann Kilcoyne, Ed.D.

Chief of Staff, Office of the Senior Vice President
Associate Dean for External Affairs, Office of the Dean

Ruth L. Bush, M.D., J.D., M.P.H.

Vice Dean for Academic Affairs
Vice Dean, Bryan College Station Campus
Professor of Surgery

Timothy Boone, M.D., Ph.D.

Vice Dean, Houston Campus

Cristie Columbus, M.D.

Vice Dean, Dallas Campus

Lawrence J. Donovan, M.D.

Vice Dean, Round Rock Campus

Paul B. Hicks, M.D., Ph.D.

Vice Dean, Temple Campus

Thank you for your time and support for SGEA 2016!



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SGEA MODERATORS & VOLUNTEERS

SGEA Moderators

Stacey Arnold, Ph.D.
Regina Bentley, Ed.D. R.N., C.N.E.
Ruth L. Bush, M.D., J.D., M.P.H.
Diane Chico, Ph.D.
Danielle Dickey, M.A.
Lori Graham, Ph.D.
Angie Hairrell, Ph.D.
Benny Holland, R.N., M.P.H.
Kathleen Jones, M.D.
Terri Kurz, Ph.D.
Jerry Livingston, Ph.D.
Laura Livingston, M.A.
Lori Morgan, M.Ed.
Johna Pettit-Wright, M.A.
Sherry Smith, Ph.D.
Cayla Teal, Ph.D.
Bree Watzak, Pharm.D.
Courtney West, Ph.D.
Yuanyuan Zhou, Ph.D.

SGEA Volunteers

Debbie Boyd
Tina Karkoska
Stacey Keller, M.B.A.
Loria D. Lynce
Thea Mallini
Crystal G. Perkkio
Stephanie Staggs, M.H.A., C.H.C.P.
Robin Thurmond, B.S.
Michele Vallecillo, B.S.
Demetria Yanez, B.S.



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PLEASE VISIT THE SGEA 2016 EXHIBITORS:

ACDET

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TAMHSC Department of Humanities in Medicine

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TAMHSC Interprofessional Education Committee

Regina Bentley
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Email: bentley@tamhsc.edu

Medical Education Scholarship, Research and Evaluation (MESRE) Section

MESRE is a section of the AAMC Group on Educational Affairs (GEA) that serves to enhance the quality of research in medical education and to promote its application to educational practice.

The goal of the MESRE section is to continuously improve the conduct of medical education research by:

- Supporting scholarship and application of new knowledge
 - ✓ MESRE manages national and regional medical education research grant programs
 - ✓ Conversation Starters, a new publication series in Teaching and Learning in Medicine
- Providing training in medical education research and fostering the continued development of researchers
 - ✓ MESRE provides information resources such as the “Annotated Bibliography of Journals for Educational Scholarship”
 - ✓ MESRE supports the Medical Education Research Certificate (MERC) program
 - ✓ MESRE sponsors workshops and consultations at regional and national meetings
 - ✓ MESRE provides webinars to train abstract reviewers
- Facilitating collaboration among individuals representing a broad range of disciplines who contribute to scholarship in medical education
- Disseminating the results of state-of-the-art research, and encouraging their application to educational practice
 - ✓ MESRE also sponsors the dissemination of scholarship at the regional GEA spring meetings

Medical Education Scholarship, Research and Evaluation (MESRE) Section

Become involved in MESRE by:

- Subscribing to the GEA listserv so you can join the conversation
 - Contact Keith Krosinsky at kkrosinsky@aamc.org
 - Use the hashtag #GEA_MESRE when you tweet about scholarship, research and evaluation in medical education
- Visiting the MESRE webpage to get the latest information on grants and outreach
 - www.aamc.org/members/gea/gea_sections/mesre
- Attending MESRE events at the regional and national GEA meetings
 - MESRE business meetings
 - MESRE or RIME oral presentations and posters
 - MESRE workshops
- Participating in MESRE activities
 - Session moderator, evaluator, or formative assessor
 - Abstract reviewer
 - Medical Education Scholarship Award (MESA) reviewer
 - MERC facilitator
 - RIME Program Planner
 - Member of MESRE committees and working group
- Contacting your regional MESRE representative if you have other questions about scholarship, research, and evaluation in medical education
 - WGEA – Christy Boscardin, Christy.Boscardin@ucsf.edu
 - CGEA – Anna Cianciolo, acianciolo@siu.edu
 - SGEA – Nicole Borges, nborges@umc.edu
 - NEGEA – Steven Rougas, steven_rougas@brown.edu

SGEA MESRE GRANTS

SGEA announces the call for the 2016 SGEA MESRE grant.

The deadline for submission is September 30, 2016.

If interested in submitting a proposal, consider attending the grant writing workshop

“Educational Grant Writing Workshop:

Creating Grant Proposals That Reflect Best Practices”

At the Spring SGEA meeting in Austin scheduled for April 15 from 4:00-5:30pm.

SGEA MESRE Grants 2016 Call for Proposals

PURPOSE

The Southern Group on Educational Affairs (SGEA) supports and encourages scholarship in medical education. To help its members participate in opportunities that provide educational scholarship, the SGEA provides funding to initiate new Medical Education Scholarship, Research and Evaluation (MESRE) proposals. The SGEA will provide up to **two research grants for two years**. The grant award may total up to \$5000 for submissions involving one institution and \$7500 for submissions involving the collaboration of 2 or more institutions. The SGEA also seeks to promote collaborative projects across institutions, and sections (UGME, GME, CME, and MESRE), and seeks to stimulate the development of a community of educational scholars. Project proposals must be consistent with previously published criteria for scholarship and provide additional opportunities for others to build upon this work.

For the September 2016 Grant Cycle, we are encouraging projects aimed at addressing professional identity formation, inter-professional education (IPE), or competency-based assessment.

ELIGIBILITY

Medical educators from all SGEA member institutions (**see below**) are eligible to submit a proposal. Applicants **may submit only one proposal per cycle** and may not be an author on any other proposal currently receiving SGEA funding.

APPLICATION AND SUBMISSION PROCESS

- 1) Applications must be submitted to the current SGEA MESRE chair, Nicole Borges (nborges@umc.edu) in an electronic format.

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2) **Cover page** must include:

- a) Name of applicant(s) and affiliated SGEA medical school(s) and Section(s) project focuses on (undergraduate (UME), graduate (GME), and/or continuing (CME) medical education)
- b) Project title
- c) Contact information for project leader (mailing address, telephone, fax, email)
- d) Institutional grant/development officer to whom payment will be made (name, title, address, phone, fax and e-mail).

3) Proposals must be typed with 12 point font, 1 inch margins. Proposals **should not exceed 5 single spaced typed pages** including all tables, figures, appendices and must include:

- a) Statement of the Problem [Evaluated for clarity and potential impact on medical education]
 - b) Hypothesis
 - c) Review of Pertinent Literature
 - d) Methodology [Evaluated for clarity, appropriateness, including design and sample size]
 - e) Description of data collection and management (address IRB approval)
 - f) Anticipated Outcomes (e.g., impact on medical education)
 - g) Plan for Dissemination of Project Outcomes regionally and nationally. This should include a statement of your intent to present your work at the annual SGEA regional meeting within 3 years of the award start date.
 - h) Project Timeline (not to exceed 24 months). [Evaluated for feasibility and probability of success]
 - i) Budget, including itemized costs and justification. [Must be realistic]
 - j) Biographical sketches of PI and Co-PIs (no more than 2 pages/individual) Please include relevant skills and lists of durable educational materials/publications that demonstrate knowledge/skill in the area being proposed for study
- *References and Biographical sketches are **excluded** from the 5-page limit.

4) Letters of support are required from any key participants or institutional support personnel, stating their commitment to the project. (Letters are **not included** in the 5-page proposal limit).

- a) Letters of support must be sent in electronic format.
- b) If this is a research project involving human subjects, a letter of approval from the host Institutional Review Board stating that the project is approved or that approval was not necessary will be required prior to funding of an approved proposal.

ANNUAL SUBMISSION DEADLINE (September 30) AND REVIEW PROCESS

Proposals must be received by **September 30, 2016** to be considered for funding.

Each year the *Review Panel* will be appointed by the Past-Chair of the SGEA and will include the MESRE section chair, 2-3 current Steering Committee Members, and may include, as needed, 1-2 external reviewers. Reviewers may not be authors of proposals under consideration during the review cycle. If a potential reviewer has any real or apparent conflict of interest with a specific proposal, then the reviewer should not be involved in the entire review of proposals. If such a person is involved in the

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Rebooting Medical Education

review process, then they **MUST** exclude themselves from the review of the proposal with which they have a conflict of interest. Examples of real conflict of interest are being an employee at the same institution, having an active collaboration with the PI or any Co-PI, as well as formally or currently mentoring or advising the PI or any co-PI.

Funding decisions will be announced around mid-December 2016.

Number of proposals funded per year will depend upon the SGEA Budget and proposal quality, with a typical range of 1-2.

Upon completion of the project the project team leader or member(s) *must submit a proposal* to present the project results at the annual SGEA meeting. Funding to cover travel to the SGEA meeting to present project results is not to be included in the project budget; it is the responsibility of the individuals and/or their institution to support travel to disseminate project results.

Review CRITERIA

Each proposal will be judged on the following criteria:

- 1) Degree of collaboration across the SGEA Section(s) and institutions.
- 2) Clarity of goals, relevance to the literature, appropriateness of methodology, and plan for dissemination.
- 3) Potential to impact medical education and serve as a model for other initiatives.
- 4) Sustainability post-funding.

FUNDING PROVIDED FOR:

Administrative/technical support to carry out project (e.g., clerical, computer). Supplies/expenses (e.g., duplication, mailings) and

Communication(s) between participants (e.g., web/phone conference)

There is a maximum award of \$5000 for submissions involving one institution and \$7500 for submissions involving the collaboration of 2 or more institutions with unexpended funds returned to SGEA within 60 days of award end date.

Indirect costs and salaries will NOT be covered. These small grants were designed to promote medical education research. The monies are not intended to go for facilities costs, but rather materials needed to conduct the studies (including survey instruments, statistical support, etc.)

PROGRESS AND FINAL REPORTS + PROJECT DISSEMINATION

Project director will be required to submit 2 progress reports. In the first year of the award an interim report is due no later than 1 month prior to the fall AAMC meeting. In the second year of the award a progress report is due no later than one month prior to the Spring SGEA Annual Meeting.

Progress reports must include progress to date, obstacles and solutions, dissemination activities and budget report.

Projects whose directors are no longer members in the SGEA must submit a request for approval of a new project director with continued funding contingent on approval of the SGEA Past Chair.

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Rebooting Medical Education

A final report must be submitted within 60 days of project completion date to the SGEA MESRE Chair and include copies of materials developed, dissemination activity, and sustainability (e.g., sources and amount of continued funding).

Dissemination:

- a. All publications, presentations and/or products resulting from this project must acknowledge the SGEA as sponsors of the work.
- b. As noted above, the project team leader or member(s) *must submit a proposal* to present the project results at the annual SGEA Regional Meeting in the year following the end of the grant.

QUESTIONS?

All inquiries and communications should be addressed to the SGEA MESRE Section Chair, Nicole Borges (nborges@umc.edu).

SGEA Special Interest Group (SIGs)

An SGEA Special Interest Group (SGEA-SIG) is a community with an interest in advancing a specific area within the SGEA where members communicate, collaborate and meet to promote research, and effect or produce solutions within their particular area. SGEA-SIGs are self-perpetuating groups in which the membership is responsible for ensuring the ongoing activities of the group. Any SGEA member can join an SGEA-SIG and can be a member of more than one SIG.

Student Academic Enhancement (SAE)

The mission of the SAE-SIG is to establish a community for the administrators, researchers and educators of academic support centers or those who are interested in collaborating and supporting the work of academic support centers on their own campuses. This community will address the unique academic challenges across medical education and support the implementation of best practices and research in educational support centers within the AAMC.

For more information about the SAE-SIG, please contact:

Tammy Salazar (tammy.salazar@ttuhsc.edu) or Angie Hairrell (hairrell@medicine.tamhsc.edu)

Science Education in Integrated Curricula (SEIC)

Many medical curricula are undergoing revision in an effort to integrate basic science knowledge with clinical decision-making skills. The mission of the SEIC-SIG is to establish a forum of communication in which basic science faculty and others can share ideas about how to best accomplish this common goal. Proposed activities include organizing a dedicated oral presentation session and workshop at the annual SGEA meeting that will allow faculty to share experiences with alternative teaching pedagogies, as well as ideas on how to organize, prioritize, and integrate the learning of science knowledge in an integrated curriculum.

For more information about the SEIC-SIG, please contact:

Thom Gaddy (vgaddy@uga.edu) or Amy Medlock (medlock@uga.edu)

Program Evaluation (PE)

The mission of the Program Evaluation SIG (PE-SIG) is to establish a community for administrators, researchers and educators whose professional focus is curriculum and program evaluation within medical schools and academic medical centers. This community will address the challenges and opportunities facing program evaluators across the spectrum of medical education, and support the implementation of best practices in program evaluation within the SGEA and the AAMC.

For more information about the PE-SIG, please contact:

Naomi Lacy (naomi.lacy@ttuhsc.edu) or Loretta Jackson-Williams (ljackson@umc.edu)

SGEA Special Interest Group (SIGs)

Evidence-Based Teaching (EBT)

The mission of the Evidence-Based Teaching SIG (EBT-SIG) is to help establish medical educator and medical librarian partnerships for teaching and learning. This community will strive to identify and share effective models of collaboration between health science librarians and medical educators to support evidence-based teaching and learning in medical curricula. It will facilitate ongoing communication among librarians and medical educators from medical and health sciences schools in Southern Region.

For more information about the EBT-SIG, please contact:

Kathleen Kreutzer (kkreutze@vcu.edu)

Faculty Development in Medical Education (FDME)

The mission of the FDME-SIG is to establish a learning and collaborative community of those engaged in the development of faculty to best serve in their teaching, research and leadership roles. This community will address the unique challenges across the continuum of medical education and support the implementation of best practices and research in faculty development.

For more information about the FD-SIG, please contact:

Andrea Berry (Andrea.Berry@ucf.edu) or Constance Tucker (constance.tucker@vcuhealth.org)

Coordinators & Administrators In Medical Education (CAIME)

The CAIME-SIG will work to implement new and innovative ideas that enhance the effectiveness of medical education. Its mission is to unite all administrators and coordinators in undergraduate medical education and graduate medical education across disciplines and universities across the southern region to collaborate on research, create alliances, implement new and innovative ideas that enhance our roles as administrators and coordinators, and develop educational programs that promote opportunities for professional development and leadership.

For more information about the CAIME-SIG, please contact:

Ginger Wilson (ginger-wilson@ouhsc.edu) or Martha Chandler (mschandler@sw.org)

Portfolio, Research, Implementation and Evaluation (PRIME)

The mission of the PRIME-SIG is to establish a community of practice for the administrators, researchers and educators of academic centers or those who are interested in collaborative research, developing best practice guidelines and in scholarly work related to Portfolios. This community will address unique academic challenges related to portfolios and support the implementation of best practices and research within the AAMC.

For more information about the PRIME-SIG, please contact:

E. Shen (eshen@wakehealth.edu) or Ashleigh Wright (Ashleigh.Wright@medicine.ufl.edu)

SGEA Special Interest Group (SIGs)

Interprofessional Education (IPE)

Interprofessional Education (IPE) is a topic that is receiving a great deal of attention due to the importance of team based collaborative care and the implementation of accreditation standards across disciplines. The mission of the IPE-SIG is to create a community of scholars who specialize or have an interest in interprofessional education, share best practices, and facilitate the successful implementation of team based collaborative care in a variety of settings.

For more information about the IPE-SIG, please contact:

Regina Bentley (bentley@medicine.tamhsc.edu) or Vicki Pilsner (pilsner@medicine.tamhsc.edu)

Innovation and Leadership in Medical Education (ILME)

The mission of the ILME-SIG is to establish a community for the administrators, researchers and educators involved in or those who are interested in collaborating and supporting the work of leadership and innovative programs on their campuses. This community will address unique academic challenges across medical education and support the implementation of best practices and research within the AAMC. Its vision is the development of fully integrated, longitudinal opportunities for both students and faculty in leadership development at medical school and medical academic centers.

For more information about the ILME-SIG, please contact:

Joann Farrell Quinn (joannq@health.usf.edu) or Dionne Ferguson (dfergus1@health.usf.edu)

Arts and Humanities Healthcare Education (AHHE)

The humanities disciplines of literature, history, philosophy, religion, art, law, among others, are inextricably linked to the everyday practice of medicine. The study of humanities can provide opportunities for students to enhance their patient-centered skills, such as empathy and observation, and become well-rounded physicians and healthcare providers. The mission of the AHHE-SIG is to establish a community for administrators, researchers, educators, and patient care providers interested in collaborating and supporting work related to the arts and humanities programs on their campuses.

For more information about the AHHE-SIG, please contact:

Sheila Crow (sheila-crow@ouhsc.edu) or Sonia Crandall (crandall@wakehealth.edu)

Continuous Quality Improvement in Medical Education (CQI)

The goal of the CQI SIG is to employ and expand the collective wisdom of SGEA members in regard to using CQI for educational improvement. Members of the SIG will share experiences, including utilizing CQI to improve medical education programs and examining best practices for meeting LCME Element 1.1.

For more information about the CQI-SIG, please contact:

Hugh Stoddard (hugh.stoddard@emory.edu) or **Erica Brownfield** (ebrownf@emory.edu)



We would like to acknowledge the following team members at the Association of American Medical Colleges (AAMC) for everything they have done to make SGEA 2016 possible.

Stephen McKenzie

Director, Educational Affairs

Melanie Fronhofer, CMP

Meeting Planner

Torya McGee

Meeting Registrar

Nesha Brown

Senior Program Specialist, Educational Affairs

Sarah Brown

Program Specialist, Educational Affairs



AAMC LEADERSHIP EDUCATION AND DEVELOPMENT (LEAD) CERTIFICATE PROGRAM GRADUATES

2014-2016 CLASS

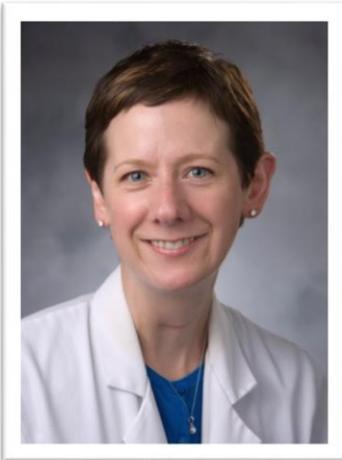
SGEA REGIONAL DIRECTOR: RUTH LEVINE
DEVELOPERS AND NATIONAL CO-DIRECTORS:
SHEILA CHAUVIN AND BRITTA THOMPSON

LEAD GRADUATES 2014-2016 CLASS



WELCOME BACK, KOTTER: CHANGE MANAGEMENT IN A CHANGE-RESISTANT ENVIRONMENT

Murtuza J. (Zee) Ali, MD
Associate Professor of Clinical Medicine
LSU School of Medicine, New Orleans



PUBLISH OR PERISH: ON LEADING CHANGE TO PROMOTE FACULTY SCHOLARSHIP

Sarah M. Bean, MD
Associate Professor of Pathology
Duke University



MEDICAL SCHOOL CURRICULUM REDESIGN – FOUNDATION PHASE IMPLEMENTATION

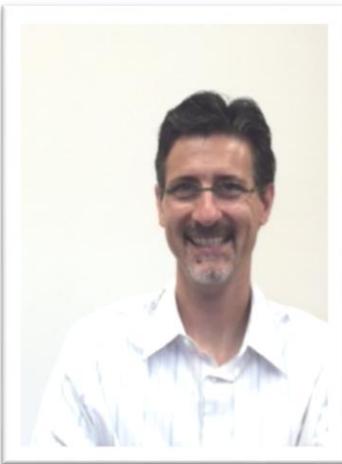
Julie Story Byerley, MD, MPH
Vice Dean for Education
Vice Chair, Pediatrics
Professor of Pediatrics
University of North Carolina at Chapel Hill School of Medicine

LEAD GRADUATES 2014-2016 CLASS



EXPLORING THE APPLICATIONS OF SITUATIONAL LEADERSHIP DURING A CURRICULUM REVISION PROCESS

William (Bill) Cutrer, MD, MEd
Assistant Professor of Pediatrics, Critical Care Medicine
College Mentor and Director of Learning Communities
Curriculum 2.0 Immersion Phase (3rd and 4th year of Medical School) Co-Director
Vanderbilt University School of Medicine



LEADING THE BIOCHEMISTRY THREAD THROUGH ORGANIZATIONAL DEVELOPMENT AND MANAGING OTHERS

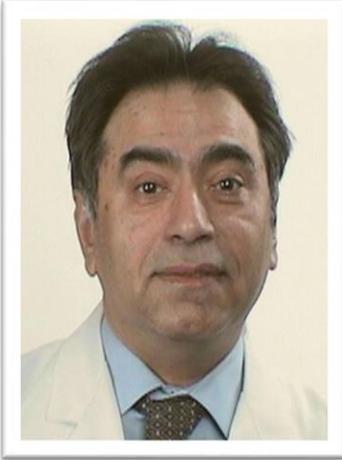
Esteban C. Dell'Angelica, PhD
Professor, Department of Human Genetics
Chair, Biochemistry Thread
David Geffen School of Medicine



LEAD IN ACTION

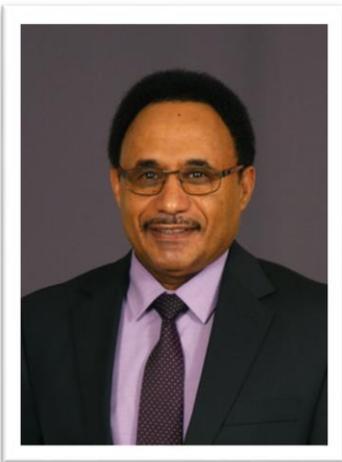
Nadia Ismail, MD, MPH, MEd
Assistant Professor of Medicine
Baylor College of Medicine

LEAD GRADUATES 2014-2016 CLASS



IMPLEMENTATION OF QI/ PS CURRICULUM (IHI MODULES) IN ALL RESIDENCY AND FELLOWSHIP PROGRAMS AT UAMS FOR ACADEMIC YEAR 2015

Muhammad Jaffar, MD, FCCM
Professor of Anesthesiology and Critical care
Associate Chief Medical Quality Officer
Medical Director: Surgical ICU, Central Arkansas Veterans Healthcare System (CAVHS)
University of Arkansas for Medical Sciences (UAMS)



IDENTIFICATION OF ESSENTIAL LEADERSHIP PRACTICES IN DEVELOPING AN ACADEMIC SUCCESS PROGRAM IN A NEW MEDICAL SCHOOL

Mohammed K. Khalil, DVM, MEd, PhD
Clinical Associate Professor
University of South Carolina, School of Medicine Greenville



INTERPROFESSIONAL GRANT SUBMISSION - STUDENT SIMULATION TRAINING FOR THE ENHANCEMENT OF PATIENT SAFETY (SSTEPS)

Carol Motycka, PharmD, BCACP
Assistant Dean and Campus Director
Associate Professor
University of Florida

LEAD GRADUATES 2014-2016 CLASS



*GUIDING OTHERS TO DEVELOP MY LEADERSHIP SKILLS.
LEADING A PILOT PROJECT IN WHICH THE FACULTY
AGREED TO BUILD A NEW CURRICULAR APPROACH*

Alvaro Perez, MD, MS
Director of Student Assessment and Curriculum Evaluation
San Juan Bautista School of Medicine



*DEVELOPING AN HSC LEVEL ACADEMIC SUPPORT
PROGRAM*

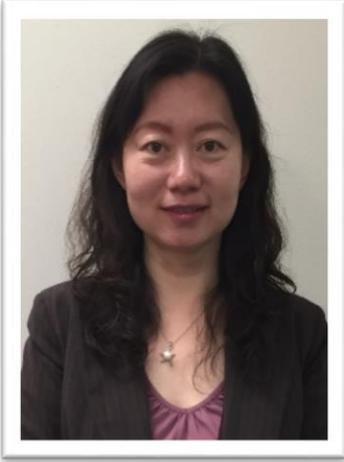
Tammy T. Salazar, PhD
Director of Academic and Disability Support Services
Assistant Professor of Medical Education
Texas Tech University Health Sciences Center –
El Paso, Paul L. Foster School of Medicine



DEVELOPING THE PSYCHIATRY CLERKSHIP COORDINATOR

Dawnelle Schatte, MD
Associate Professor of Psychiatry
Director of Undergraduate Education
Department of Psychiatry and Behavioral Sciences
The University of Texas Medical Branch – Galveston

LEAD GRADUATES 2014-2016 CLASS



*“TECHNOLOGY SPOTLIGHT”
WORKSHOP SERIES FOR MEDICAL SCHOOL FACULTY*

Litao Wang, MEd
Director of Educational Technology
McGovern Medical School at the University of Texas Health
Science Center at Houston (UTHealth)

LEAD Faculty for 2014-2016 Class

Sonia J. Crandall, PhD, MS
Professor, Dept. of Physician Assistant Studies
Director, Research and Scholarship, Department of Physician Assistant Studies
Director, Leadership and Mentoring, Office of Women in Medicine and Science
Wake Forest School of Medicine

Walker Grady Carter III, MD
Community Associate Professor of Psychiatry and Behavioral Science
Mercer University School of Medicine

Alex Darden, PhD
Research Professor, Director of Faculty Development Pediatrics Department
University of Oklahoma Health Sciences Center

Karen Hughes Miller, PhD, MEd
Associate Professor of Graduate Medical Education, Director for GME Research and Non-Clinical Curriculum
University of Louisville School of Medicine

Kathy O'Kane Kreutzer, MEd
Part time/Retired Faculty, Office of Faculty Affairs and VCU Health System Continuing Medical Education
Virginia Commonwealth University School of Medicine

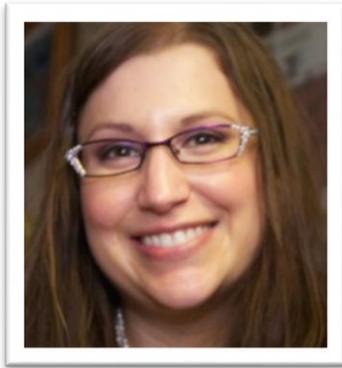
Gerald E Crites, MD, MEd
Professor of Medicine
GRU/UGA Director of Program Evaluation and Educational Research
GRU/UGA Medical Partnership

Robert Casanova, MD
Assistant Dean of Clinical Sciences Curriculum
Associate Professor Obstetrics and Gynecology
Program Director Obstetrics and Gynecology
Texas Tech University Health Sciences Center –Lubbock

John Luk, MD
Assistant Professor of Pediatrics
Dell Medical School

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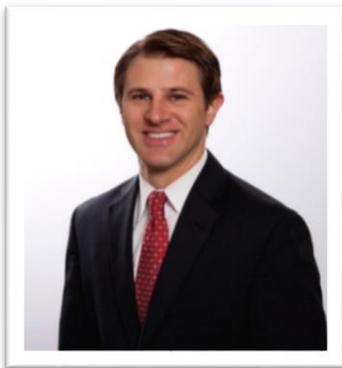
LEAD Fellows 2016-2017



Tanna Boyer, DO, MS
Assistant Professor
Medical College of Georgia



Kendall M. Campbell, MD, FAFAP
Co-Director, Center for Underrepresented
Minorities in Academic Medicine
Associate Professor, Family Medicine and Rural
Health
Florida State University College of Medicine



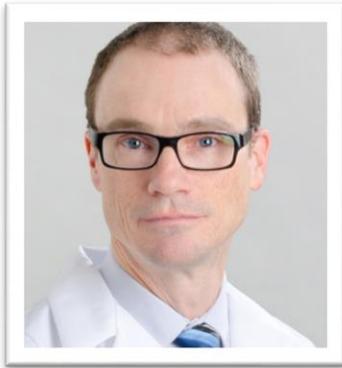
Trevor M. Burt, EdD, MS
Vice President, Education Administration
Houston Methodist Hospital



Radhika Gogoi, MD, PhD
Associate Women's Health
Geisinger Medical Center

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LEAD Fellows 2016-2017



Gregory S. Cherr, MD, FACS
Associate Professor of Surgery
Assistant Dean for Graduate Medical Education
University at Buffalo



Hassan M. Harirah, MD, FRCSC, FACOG
Professor of Ob/Gyn
University of Texas Medical Branch-Galveston
(UTMB)



Jennifer Hughes, MD, FAAP
Assistant Dean for Regional Medical Education
at UTMB School of Medicine
Assistant Professor of Pediatrics at UT Austin
Dell Medical School



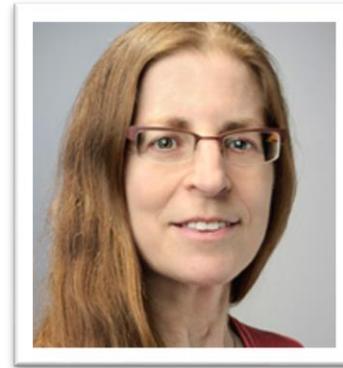
Ricardo Salazar, MD
Associate Professor of Psychiatry
Texas Tech University Health
Sciences Center
Paul L Foster School of Medicine

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LEAD Fellows 2016-2017



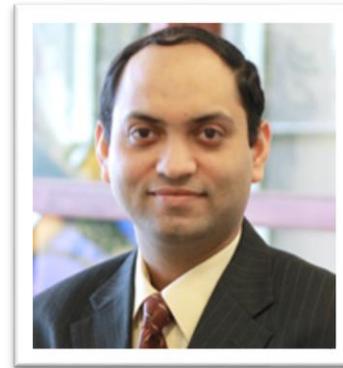
Peggy Hsieh, PhD
Director of Educational Development
UT Health McGovern Medical School



Amy B. Smith, PhD
Education Consultant/Associate Professor
Lehigh Valley Health Network
University of South Florida Morsani College of
Medicine



Gwyn Richardson, JD, MD
Assistant Professor
Co-Director of Ob/Gyn Clerkship
University of Texas Medical Branch, Galveston



Misra Subhasis, MD, MS, FACCWS, FAC
Associate Professor in the Division of Surgical
Oncology
Chief of GI & Hepato-Pancreato-Biliary Surgery
Texas Tech University Health Science Center,
Amarillo

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LEAD Fellows 2016-2017



Kristjan L. Thompson, PhD, BS
Assistant Professor
Biomedical Sciences/Gross Anatomy
Mercer University School of Medicine



Silvina B. Tonarelli de Maud, MD
Assistant Professor
Department of Psychiatry
Texas Tech University Health Sciences Center –
El Paso

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2016 LEAD FACULTY:

Sarah Bean, MD
Duke University Health System

Andrea Berry, MPA
University of Central Florida College of Medicine

Sonia Crandall, PhD, MS
Wake Forest School of Medicine

Bill Cutrer, MD, Med
Vanderbilt School of Medicine

John Luk, MD
University of Texas Dell Medical School

SGEA Regional Director:
Ruth E. Levine, MD, University of Texas Medical Branch – Galveston

LEAD Developers and National Co-Directors:
Britta Thompson, PhD, Penn State Hershey College of Medicine
Sheila Chauvin, PhD, Louisiana State University Health Science Center

2016 SGEA Conference
Rebooting Medical Education

Conference Program

Pre-Conference

Time	Wednesday, April 13th	Abstract #	Room
9:00 am - 12:00 pm	MERC: Formulating Research Questions & Designing Studies		Capitol F, G & H
1:00 pm - 4:00 pm	MERC: Measuring Educational Outcomes with Reliability & Validity		Capitol F, G & H
12:00 pm - 6:00 pm	LEAD		William Barton
9:00 am - 10:15 am	Exploring New Horizons		Bickler
10:30 am - 12:00 pm	New Kid on the Well Established Block: Integration of a New Director		Bickler
Time	Thursday, April 14th	Abstract #	Room
7:30 am - 11:30 am	LEAD		William Barton

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
 Demonstrations	 Poster Sessions	 Workshops
 Oral Presentations	 SIG	 Other

Conference

Time	Wednesday, April 13th	Abstract #	Room
2:00 pm - 5:00 pm	Registration		Ballroom Foyer
Day 1			
Time	Thursday, April 14th	Abstract #	Room
8:00 am - 5:30 pm	Registration		Ballroom Foyer
8:00 am - 10:00 am	Exhibitor Set Up		
8:00 am - 12:00 pm	Poster Session Set Up		
11:30 pm - 1:00 pm	Lunch (begins at 11:30) Welcome (begins at 12:00)		Capitol D & E
1:00 pm - 2:00 pm	Opening Plenary Session "Change Management & Motivation in Curricular Innovation"		Capitol D & E
2:00 pm - 2:15 pm	Break/Visit Exhibitors		Ballroom Foyer
2:15 pm - 3:45 pm	Does Medical Training Promote or Deter Self-Directed Learning? A Comparison of Two Curricular Approaches.	OP1	Capitol H
	Speededness Effects May Be Evident in High-Stakes Medical School Tests	OP2	
	Risk Factors That Predict Failure on the United States Medical Licensing Exams	OP3	
	Impact of Pre-Matriculation Instruction on Academic Performance in Core First-Year Basic Science Disciplines	OP4	
	Understanding Individual Differences and Error Reporting Attitudes and Behavioral Intentions	OP5	
2:15 pm - 3:45 pm	Radical Perspectives in Curriculum Development: Using Role Immersion to Imagine the Curriculum of the Future	SG1	Capitol A
2:15 pm - 3:45 pm	Curriculum Mapping: Insights from Two Institutions	SG2	Capitol B
2:15 pm - 3:45 pm	Aligning Incentives: An Appraisal of Resources Required for Preservation and Innovation of the Education Mission	WS1	Capitol C
2:15 pm - 3:45 pm	Use of an Innovative Movie Mini-Series to Train Interprofessional Preceptors	WS2	Jacob Bickler

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
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Day 1			
Time	Thursday, April 14th	Abstract #	Room
2:15 pm - 3:45 pm	Continuous Quality Improvement (CQI) in Education: A Smorgasbord of Perspectives on Preparing for LCME Element 1.1	WS3	William Barton
2:15 pm - 3:45 pm	Navigating Your Academic Career Path: "Look Before You Lead!"	WS4	Capitol F
2:15 pm - 3:45 pm	Expanding Assessment of Competencies in USMLE		Capitol G
3:45 pm - 4:00 pm	Break/Visit Exhibitors		Ballroom Foyer
4:00 pm - 5:30 pm	Engaging Residents in Quality Improvement: Results From the First Year	OP6	Capitol H
	Effect of Medication Reconciliation Student Curriculum on Skill Acquisition & Patient Care	OP7	
	Use of Presentation-focused and Task-Specific Course Evaluations to drive Continuous Qualitative Improvements in Pre-Clinical Training Initiatives	OP8	
	Examining the Effectiveness of Implicit Bias Training in Medical School	OP9	
	Recognizing the Role of Nurses in the Education of Medical Students and Residents	OP10	
	Vanderbilt Interprofessional Collaborative Experience (VICE): An Interprofessional Standardized Patient Encounter	OP11	
4:00 pm - 5:30 pm	'Healerism': Rebooting the Heart of Medicine	SG3	Capitol A
4:00 pm - 5:30 pm	When is a Disability, a Disability? Assessing and Determining Leave of Absences	SG4	Capitol B
4:00 pm - 5:30 pm	Spotlight on Best Practices to Prepare Preclerkship Medical Students for Clerkship Success	WS5	Capitol C
4:00 pm - 5:30 pm	Incorporating Nutrition in the Medical School Curriculum	WS6	Jacob Bickler
4:00 pm - 5:30 pm	Don't Judge a Book by Its Cover: Engaging the Quiet Learner	WS7	William Barton
4:00 pm - 5:30 pm	Rebooting Medical School Genetics Education: Interactive Learning Strategies for the Internal Medicine Clerkship	D1	Capitol F

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
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 Oral Presentations	 SIG	 Other

Day 1			
Time	Thursday, April 14th	Abstract #	Room
4:00 pm - 5:00 pm	Global Health Learning Opportunities (GHLO) Update		Capitol D & E
4:00 pm - 5:00 pm	Speed Networking		Capitol G
5:00 pm - 6:00 pm	SGEA Invited Session - SGEA Steering Committee Meeting		Capitol G
5:30 pm - 5:45 pm	Break/Visit Exhibitors		Ballroom Foyer
5:45 pm - 7:45 pm	Poster Session & Reception		Capitol View Terrace North & South
	Dinner on your own		
Day 2			
Time	Friday, April 15th	Abstract #	Room
7:30 am - 5:30 pm	Registration		Ballroom Foyer
7:30 am - 8:30 am	Plated Breakfast/Plenary Session "Medutechnication: Integrating Technology into Bedside Teaching"		Capitol D & E
8:45 am - 10:15 am	Think, Act, Feel: Catalysts for Medical Student Identity Development	OP12	Capitol H
	Engaging the Transgender Community to Inform Curriculum, Improve Knowledge, and Prioritize Initiatives: eQuality Community Forum and Survey on Transgender Health Care	OP13	
	Evaluating the Impact of an LGBT Health Awareness Week on Aspects of Cultural Competency	OP14	
	Between a Rock and a Hard Place: Medical Student Perspectives on Professionalism Reporting	OP15	
	Improving Patient-Provider Communication: Training in the Use of Professional Interpretation Services.	OP16	
8:45 am - 10:15 am	What are Core EPAs for Medical Educators	SG5	Capitol A
8:45 am - 10:15 am	Crossing the Long Bridge: Exploring Interprofessional Education Opportunities for Medical Students and Community Health Workers	SG6	Capitol B

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
 Demonstrations	 Poster Sessions	 Workshops
 Oral Presentations	 SIG	 Other

Day 2			
Time	Friday, April 15th	Abstract #	Room
8:45 am - 10:15 am	Reflective Practice in Leadership Development	WS8	Capitol C
8:45 am - 10:15 am	Aligning Standards in the UME and GME Learning Environments: Innovations in Sharing the Sandbox	WS9	Jacob Bickler
8:45 am - 10:15 am	Using Concept Maps to Teach Clinical Reasoning Skills: A Flipped Workshop	WS10	William Barton
8:45 am - 10:15 am	MyLEAPS: A Web-Based Portfolio Capturing the Learning Experiences and Personal Service Activities of Medical Students.	D2*	Capitol F
8:45 am - 10:15 am	LEAD Round Table Discussion		Capitol View Terrace South
8:45 am - 10:15 am	AAMC Medical Education Update		Capital G
10:15 am - 10:30 am	Break/Visit Exhibitors		Ballroom Foyer
10:30 am -12:00 pm	Development, Implementation, and Assessment of a Focused Intervention for Critical Analytical Thinking (FICAT) Workshop for First- and Second-year Medical Students	OP17	Capitol H
	The Physician Healer Track, Update on a Growing Medical Education Initiative	OP18	
	The Our Design: Curriculum Builder, a Performance Support System Helping Educators Create Objectives and Curriculum Alignment.	OP19	
	New Orientation Curriculum with Simulation and Contest Improves Background Knowledge and Clinical Training Experience	OP20	
	The Medical Practice Reasoning Assessment: A New Assessment Protocol for a New Curriculum—In Progress	OP21	
10:30 am -12:00 pm	Exploring Interprofessional Education Practices Across Multiple Institutions	SG7	Capitol A
10:30 am -12:00 pm	A Student-Centered Framework for Academic Support	SG8	Capitol B
10:30 am -12:00 pm	Creating a Community of Practice of educators with a scholarly approach	SG9	Capitol C

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
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 Oral Presentations	 SIG	 Other

Day 2			
Time	Friday, April 15th	Abstract #	Room
10:30 am -12:00 pm	A Workshop on Using Automated Essay Scoring (AES) System to Grade Clinical Performance Exams (CPX)	WS11	Jacob Bickler
10:30 am -12:00 pm	Effective Teaching Results in Effective Learning: Using Teaching Strategies to Improve Learning	WS12	William Barton
10:30 am -12:00 pm	IPE in the Clinic Setting: Optimizing Your Clinic and Teaching When You Have Multiple Health Professions Trainees on Your Team	WS13	Capitol F
10:30 am -12:00 pm	Perspectives on Curriculum Mapping – Local and National Impacts and Outcomes	WS14	Capitol View Terrace South
10:30 am -12:00 pm	Converting Your Teaching and Assessment Materials into Educational Scholarship through MedEdPORTAL		Capitol G
12:00 pm - 1:00 pm	Lunch/LEAD Graduation		Capitol D & E
12:00 pm - 1:00 pm	AAMC Invited Session - ACGME Focus Group		Capitol A
1:00 pm - 2:00 pm	Plenary Session "The 5 Elements of Effective Thinking"		Capitol D & E
2:00 pm - 2:15 pm	Book Signing/Visit Exhibitors		Ballroom Foyer
2:15 pm - 3:45 pm	Use of Clinical Evaluation Cards During Two Fourth Year Medical Student Rotations	OP22	Capitol H
	Evaluation of Voice Feedback Function in a Mobile Application to Provide Realtime 360 Degree Formative Feedback	OP23	
	Measuring Attainment of Curricular Competencies and Other Pedagogical Parameters Using Item Categorization Examination Software	OP24	
	Peer Evaluation Systematic Review: Beyond Student Evaluations	OP25	
	Component and Program Review in the Modern Medical School: Program Evaluation of the MD Program	OP26	
2:15 pm - 3:45 pm	Sex and Gender: Everything You Always Wanted to Know and Shouldn't Be Afraid to Ask	SG10	Capitol A
2:15 pm - 3:45 pm	Developing Ideas for Teaching High Value Cost Conscious Care on Teaching Service	SG11	Capitol B

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
 Demonstrations	 Poster Sessions	 Workshops
 Oral Presentations	 SIG	 Other

Day 2			
Time	Friday, April 15th	Abstract #	Room
2:15 pm - 3:45 pm	The Preventive Medicine Clinic: A Novel Approach to Medical Education and Health Promotion in Texas' Rio Grande Valley	SG12	Capitol C
2:15 pm - 3:45 pm	Bringing Your PBL to Life: How to Move Text-Based Problem-Based Learning (PBL) Cases to Video	WS15	Jacob Bickler
2:15 pm - 3:45 pm	Concept Mapping to Engage Students in IPE: A Practical Tool for any Budget	WS16	William Barton
3:45 pm - 4:00 pm	Break/Visit Exhibitors		Ballroom Foyer
4:00 pm - 5:30 pm	Taking Ownership in the 3rd Year of Medical School: A Pilot Study	OP27	Capitol H
	A Preliminary Assessment of Empathy in First Year Medical Students	OP28	
	Medical Student to Resident in 3 years: Experiences with an Emerging Solution and Disruptive Innovation	OP29	
	Maintaining Scholarly Rigor in the Fourth Year of US Medical School	OP30	
	First and Foremost a Leader—How to Encourage a Leadership Identity for Physicians	OP31	
4:00 pm - 5:30 pm	Not all those who Wander are Lost: Postbaccalaureate Pathways for Success	SG13	Capitol B
4:00 pm - 5:30 pm	The Complete Recipe for the Annual Institutional Review – Essentials and Enhancements	SG14	Capitol C
4:00 pm - 5:30 pm	Optimize e-Learning through the Systematic Design of Instruction	WS17	Jacob Bickler
4:00 pm - 5:30 pm	Teaching Clinical Skills with Near Peer Preceptors in the Simulated Clinical Environment	WS18	William Barton
4:00 pm - 5:30 pm	Professional Identity Formation: From Pedagogy to Practice	WS19	Capitol G
4:00 pm - 5:30 pm	SGEA Invited Session Educational Grant Writing Workshop: Creating Grant Proposals That Reflect Best Practices		Capitol View Terrace South
6:30 pm - 9:30 pm	Special Event		Stubb's

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
 Demonstrations	 Poster Sessions	 Workshops
 Oral Presentations	 SIG	 Other

Day 3			
Time	Saturday, April 16th	Abstract #	Room
7:00 am - 8:00 am	SGEA Invited Session - SGEA Business Meeting		Capitol D & E
7:30 am - 8:30 am	Breakfast Buffet		Capitol D & E
7:30 am - 8:30 am	AAMC Invited Session - ACGME Milestones Focus Group		Capital A
8:45 am - 10:15 am	Gender Disparities in Medical Student Self-Assessment, Faculty Evaluation, and NMBE Score in Surgical Clerkship	OP32	Capitol H
	Do Faculty and Residents Agree on Surgical Training Needs?	OP33	
	Use of a Standardized Exercise to Assess Medical Student Ability to Ask and Answer Clinical Questions in a Post-Clerkship Clinical Experience	OP34	
8:45 am - 10:15 am	SGEA Special Interest Groups (SIGs): Collaborations Beyond Conferences & Student Group		Capitol D & E
8:45 am - 10:15 am	Using Data for Planning and Improving: The AAMC Student Surveys		Jacob Bickler
8:45 am - 10:15 am	The Health Care Handbook: A Clear and Concise Guide to the United States Health Care System	D3	Capitol F
10:15 am - 10:30 am	Break/Visit Exhibitors		Ballroom Foyer
10:30 am - 12:00 pm	Use of a Validated Assessment Tool of Critical Analytical Thinking Ability to Foster Academic Success in First- and Second-Year Medical Students	OP35	Capitol H
	Impact of Study Strategies on Academic Performance: A Primary Study and Retrospective Investigation	OP36	
	The Characteristics of an Effective Problem-based Learning Tutor: A Review of the Literature	OP37	
	Examining Medical Students' Knowledge Justification Strategies in the Development of Evidence-based Decision Making Skills	OP38	
	The Impact of Ultrasound Education and Training on Student Confidence in Performing Diaphragmatic Excursion	OP39	

2016 SGEA Conference
Rebooting Medical Education

Conference Program

 AAMC-SGEA Sessions	 Plenary Sessions	 Small Group Discussions
 Demonstrations	 Poster Sessions	 Workshops
 Oral Presentations	 SIG	 Other

10:30 am - 12:00 pm	Using Emotional Intelligence to Develop Entrustable Professional Activities within the Professionalism Curriculum	SG15	Capitol A
Day 3			
Time	Saturday, April 16th	Abstract #	Room
10:30 am - 12:00 pm	The Core EPAs in Action: Lessons from the Pilot Schools	WS20	Jacob Bickler
10:30 am - 12:00 pm	Multidisciplinary and Interactive Problem Solving Through Cross-Professional Programs: The Aggies Invent Program	D4	Capitol F
12:00 PM	Conference Ends		
12:00 pm - 1:00 pm	Exhibitor Teardown		
12:15 pm - 1:15 pm	Post Conference Planning Session (Planning Committee Only)		

2016 SGEA Conference
Rebooting Medical Education



***Change Management and Motivation
In Curriculum Innovations***

Thursday, April 14, 2016 1:00 - 2:00 pm | Capitol D & E

Kimberley D. Lomis, M.D.

Dr. Kimberley Lomis is Associate Dean for Undergraduate Medical Education, Associate Professor of Surgery, and Associate Professor of Medical Education and Administration at Vanderbilt University School of Medicine. She was charged with the implementation of a major revision of the medical school curriculum, "Curriculum 2.0." In that capacity, Dr. Lomis guided the efforts of over one hundred faculty members, residents and students across thirty teams to create a dynamic system of learning that is responsive to the needs of individual learners.

Dr. Lomis received her B.S. from the University of Texas at Austin in 1988 and her M.D. from the University Texas Southwestern Medical School in 1992. She trained in general surgery at Vanderbilt University Medical Center from 1992-1997 and practiced until 2012. She holds a graduate certificate in the Business of Medicine from Johns Hopkins, and is a Harvard Macy Institute Scholar.

Dr. Lomis' academic interests include complex systems, change management and competency-based medical education. She guided the Vanderbilt faculty in the development and implementation of competency milestones for UME. In the AMA Accelerating Change consortium, she serves as co-director of the competency-based assessment group, as well as PI for Vanderbilt's grant.

2016 SGEA Conference
Rebooting Medical Education



***Change Management and Motivation
In Curriculum Innovations***

Thursday, April 14, 2016 1:00 - 2:00 pm | Capitol D & E

Luan Lawson, M.D., MAEd

Luan E. Lawson, MD, MAEd, serves as an Assistant Professor of Emergency Medicine and the Assistant Dean of Curriculum, Assessment, and Clinical Academic Affairs at East Carolina University's Brody School of Medicine. Her academic interests have focused on undergraduate medical education, which prompted her to obtain a MAEd in Adult Education from East Carolina University and a Graduate Certificate in Patient Safety, Error Science, and Full Disclosure from the University of Illinois at Chicago. Dr. Lawson serves as the Co-PI of ECU's Redesigning Education and Accelerating Change in Healthcare (REACH) grant, one of the 11 grants awarded by the American Medical Association's Accelerating Change in Medical Education program. The REACH grant has resulted in the implementation of the Teachers of Quality Academy, a medical student distinction track in Healthcare Transformation and Leadership, and a longitudinal curriculum in healthcare delivery science.

During Dr. Lawson's tenure as Director of Undergraduate Medical Education in Emergency Medicine, she developed and implemented a required Emergency Medicine clerkship with a simulation-based curriculum for fourth-year medical students. She also developed PIRATE MD, a novel, longitudinal course formulated to promote the academic, personal, and professional success of all medical students. Dr. Lawson serves as Treasurer of the Clerkship Directors of Emergency Medicine and on the NBME Emergency Medicine Advanced Clinical Exam Task Force. She serves as the medical director of the Office of Clinical Skills Assessment and Education and coordinates a Transition to Practice teamwork simulation and TeamSTEPPS training for senior medical and nursing students.

2016 SGEA Conference
Rebooting Medical Education



Medutechnication: Integrating Technology into Bedside Teaching

Friday, April 15, 2016 7:30 - 8:30 am | Capitol D & E

Scott Wieters, M.D.

J. Scott Wieters, MD is an Emergency Medicine physician at Baylor Scott & White Hospital in Temple, Texas and an assistant professor at the Texas A&M Health Science Center College of Medicine. He also serves as Director of Undergraduate Medical Education and Faculty Development for The Texas A&M Health Science Center College of Medicine Emergency Medicine Residency Program. He was awarded the 2015 Distinguished Teaching Award for Clinical Education by the Texas A&M Health Science Center College of Medicine and the 2015 Teaching Award from the Baylor Scott & White Texas A&M Emergency Medicine residency program.

His clinical focus is in cardiology emergencies. Concentration in medical education in presentation design, mentoring and bedside teaching are passions. He has published, presented and spoken on these topics internationally. He is an active contributor to Free Open Access Medical Education (FOAMed) on multiple blogs and at the twitter handle @EMedCoach.

2016 SGEA Conference
Rebooting Medical Education



Five Elements of Effective Thinking

Friday, April 15, 2016 1:00 – 2:00 pm | Capitol D & E

Edward Burger, Ph.D.

Dr. Edward Burger is President of Southwestern University as well as an educational and business consultant on thinking, innovation, and creativity. He has delivered over 700 addresses worldwide at venues including The Smithsonian Institution, Microsoft Corporation, The World Bank, The International Monetary Fund, the U.S. Department of the Interior, The New York Public Library, and the National Academy of Sciences. He was the Francis Christopher Oakley Third Century Professor of Mathematics at Williams College, and served as Vice Provost for Strategic Educational Initiatives at Baylor University. He is the author of over 70 research articles, books, and video series (starring in over 4,000 on-line videos). Burger was awarded the 2001 Mathematical Association of America (MAA) Deborah and Franklin Tepper Haimo National Award for Distinguished Teaching of Mathematics. The MAA also named him their 2001-2003 Polya Lecturer. In 2004 he was awarded the MAA Chauvenet Prize—the most prestigious writing prize given by the MAA—and in 2006 he was a recipient of the MAA Lester R. Ford Prize. In 2007, 2008, and 2011 he received awards for his video work. He received awards on his scholarship and teaching from the University of Colorado at Boulder and Williams College. In 2006, Reader’s Digest listed Burger in their annual “100 Best of America” as America’s Best Math Teacher. In 2010 he was named the winner of the Robert Foster Cherry Award for Great Teaching—the largest and most prestigious prize in higher education teaching across all disciplines in the English speaking world. Also in 2010, he starred in a mathematics segment for NBC-TV on the Today Show and throughout the 2010 Winter Olympic coverage. That television appearance won him a 2010 Telly Award. The Huffington Post named him one of their 2010 Game Changers: “HuffPost’s Game Changers salutes 100 innovators, visionaries, mavericks, and leaders who are reshaping their fields and changing the world.” In 2012, Microsoft Worldwide Education selected him as one of their “Global Heroes in Education.” In 2013, he won a second Telly Award for his appearance on NBC-TV describing the mathematics of the NHL. Also in 2013, Burger was inducted as an inaugural Fellow of the American Mathematical Society. In 2014, Burger was elected to The Philosophical Society of Texas. Today he has a weekly lively program on higher education and thinking produced by NPR's Austin affiliate KUT. The series is aptly called Higher ED, and the episodes are available at kut.org/topic/higher-ed/ or on iTunes.

PLENARY SESSIONS – Objectives

Thursday, April 14, 2016 1:00 pm - 2:00 pm

Change Management and Motivation in Curriculum Innovations

Luan Lawson, MD, MAEd

Kimberley D. Lomis, MD

After this presentation participants will be able to:

- State major drivers of change in medical education
- Outline a model to change (Kotter) and illustrate component of that model with case examples from two institutions
- Anticipate challenges associated with a major change initiative
- Identify institutional advantages of participating in a change process.

Friday, April 15, 2016 7:30 - 8:30 am

Medutechnication: Integrating technology into bedside teaching

Scott Wieters, M.D.

After this presentation participants will be able to:

- Develop efficient methods of information curation
- Use technology to translate information to learners in winsome manner
- Incorporate Free Open Access Medical Education into your teaching
- Utilize technology to provide a broader audience access to your educational work

Friday, April 15, 2016 1:00 – 2:00 pm

Five Elements of Effective Thinking

Edward Burger, Ph.D.

After this presentation participants will be able to:

- Define the 5 elements of effective thinking
- Describe the benefit of making mistakes
- Discuss why it is important to ask questions

Abstracts

ORAL PRESENTATIONS

OP1 - Does Medical Training Promote or Deter Self-directed Learning? A Comparison of Two Curricular Approaches.

J. Piskurich, T.T. Salazar, Medical Education, Texas Tech Health Sciences Center Paul L Foster SOM

Abstract: The field of medicine requires life-long learning skills. Decreases in self-directed learning (SDL) readiness were reported for students in a curriculum designed to support SDL. To determine if this effect was curriculum dependent, we examined changes in SDL and study skills, like self-regulation, in a clinical presentation-based medical school curriculum.

After this presentation participants will be able to:

- Define and describe the role of self-directed learning in medical education
- Describe the two instruments (SDLRS and LASSI) used in this study
- Compare changes related to self-directed learning readiness that occur during the first year of medical school for two different curriculum models

OP2 - Speededness Effects May Be Evident in High-Stakes Medical School Tests

G.E. Crites, L.B. Murrow, and J.K. Gaines, GRU/UGA Medical Partnership

Abstract: Test speededness effects occur when varying test times impact individual examinee scores. Many medical schools choose to set standard time limits (e.g., 72 seconds per MCQ item) for all high stakes tests without performing their own speededness analyses. We present a study of speededness effects with high-stakes medical school tests, and this analysis demonstrated an improvement in mean examinee scores of 6.2% when test times were increased by 58%.

After this presentation participants will be able to:

- Describe the speededness effects for high-stakes exams in two cohorts of medical students
- Discuss whether the test speededness effects impacted different academic performers unequally across these two cohorts

OP3 - Risk Factors That Predict Failure on the United States Medical Licensing Exams

J. Joyner, C. Violato, Medical Education, Wake Forest University School of Medicine

Abstract: An eight year study of 639 medical students (361 men, 56.5%; 278 women, 43.5%) investigated the predictive validity of pre-admission data for risk of failure on any of the USMLE Step exams. The optimum logistic regression model for failure on any Step exam (Chi square=43.01; p; .000) included MCAT-Physical Sciences, Biological Sciences, and Verbal Sciences. There were no differences between men and women or pre-medical school GPA as risk factors once MCAT scores were in the model, which classified pass/fail at 93.6% accuracy.

After this presentation participants will be able to:

- Define risk factors for potential failure on United States Medical Licensing Exams (USMLE)
- Describe the optimal regression model for failure of any step exam
- Identify students at risk for failure of any step exams because of low MCAT subtest scores

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OP4 - Impact of Pre-Matriculation Instruction on Academic Performance in Core First-Year Basic Science Disciplines

S. Smith, Office of Medical Education, Texas A&M Health Science Center College of Medicine

D.E. Chico, Neuroscience & Experimental Therapeutics, Texas A&M Health Science Center College of Medicine

A. Hairrell, Office of Student Affairs, Texas A&M Health Science Center College of Medicine

Abstract: Several risk factors have been identified in the literature to distinguish students who may have difficulty in medical school. Our 4-week MedCamp pre-matriculation program aims to prepare identified students for the rigor of the medical curriculum and professional expectations. Findings indicated no significant difference in academic performance on their Foundations of Medicine and Gross Anatomy exams. This suggest the MedCamp pre-matriculation program was effective in preparing students.

After this presentation participants will be able to:

- Identify the components of a pre-matriculation program
- Appraise pre-matriculation programs within the individual's medical program

OP5 - Understanding Individual Differences and Error Reporting Attitudes and Behavioral Intentions

Presenter: C. Tucker, Faculty Affairs, Virginia Commonwealth University

Authors: D. DiazGranados, School of Medicine, Virginia Commonwealth University

E. Lazzara, Psychology, Embry-Riddle Aeronautical University

Abstract: Medical errors lead to 98,000 deaths a year (IOM, 1999). In a report by the Inspector General of the Department of Health and Human Services, it was reported that of Medicare patients who die annually, 1.5% experience an error that contributes to their death and 44% of adverse and temporary harm events are preventable (Levinson, 2010). All healthcare practitioners share a common goal to reduce medical risks by identifying and reporting medical errors (Cohen, 2000); however, medical errors are often under-reported. To better understand the factors that influence why and how errors are reported and discussed, we will measure the variation in patient safety attitudes and error reporting behaviors among and between nursing and medical students in four different academic institutions. Understanding the attitudes and behaviors across the medical and nursing professions is critical to improving inter-professional education and health professional identity formation regarding error reporting.

After this presentation participants will be able to:

- Identify predictors of error reporting attitudes and behaviors
- Discuss how to improve curricula, maximize patient safety, and implement protocols

OP6 - Engaging Residents in Quality Improvement: Results from the First Year

S.M. Okoronkwo, J. Phillips, P. Wathen, Internal Medicine, University of Texas Health Science Center at San Antonio

Abstract: As medicine continues to shift toward a collaborative model between patients and physicians, quality improvement (QI) initiatives have become an increasingly important measure of hospital performance. Consequently, education on the implementation of quality improvement has become recognized as a critical part of residency training. In 2014, in an effort to give internal medicine residents the tools necessary to complete a quality improvement project, the residency program

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developed a standardized curriculum focused on QI. Residents divided into cohorts, each of which chose a quality improvement topic to focus on. The purpose of this poster is to highlight the process of implementation of a quality improvement initiative by one of the more successful cohorts. It will reflect steps from identifying a problem, to creating a work flow chart of the current system, gathering data, refining the problem, identifying possible interventions, and finally implementation of interventions. Beyond the implementation of projects that directly affect patient care, the curriculum helped to spark interest in continued quality improvement and for many of the residents helped them hone skills that will be invaluable in their future careers.

After this presentation participants will be able to:

- Discuss the evolution of quality improvement in medical education
- Describe curricular strategy for teaching residents how to implement quality improvement in the hospital
- Assess the effectiveness of quality improvement initiatives in producing measurable changes in patient outcomes
- Evaluate the experience of quality improvement education and implementation from a resident's perspective
- Identify on strengths and weaknesses of the curriculum as well as applicability for other training programs

OP7 - Effect of Medication Reconciliation Student Curriculum on Skill Acquisition & Patient Care

C.N. Theobald, H. Ridinger, Internal Medicine, Vanderbilt University

J.M. Ehrenfeld, Anesthesiology, Vanderbilt University

M. Hutchinson, Office of Undergraduate Medical Education, Vanderbilt University School of Medicine

J.K. Green, Medicine & Pediatrics, Vanderbilt University

Abstract: We describe the impact of an early medical student (i.e. first year) medication reconciliation curriculum on learner skill acquisition and clinical patient care. Frequency of medication discrepancies and errors reported by first-year medical students was extracted from course assignments and summative performance was assessed via an end of year simulated patient exam. Students identified medication discrepancies in 70% of clinic-based encounters, with 30% of discrepancies having the potential for or resulting in actual clinical harm. Six months later, students performed well on directly observed medication reconciliation skill tests (median score 100%) but more variably when generating an accurate medication list (median score 79.5%). Future work will need to assess durability of this important skill set beyond the preclinical year.

After this presentation participants will be able to:

- Describe the potential use of medication reconciliation as experiential learning task for early medical students and estimate the frequency with which students identified medical errors
- Outline components of observed, structured clinical examination (OSCE) approach to evaluating medication reconciliation skills

OP8 - Use of Presentation-Focused and Task-Specific Course Evaluations to Drive Continuous Qualitative Improvements in Pre-Clinical Training Initiatives

F.J. Papa, J. Alexander, Medical Education, University of North Texas Health Science Center

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Rebooting Medical Education

Abstract: Learning Sciences Research suggests that presentation-focused and task-specific instructional activities can lead to the efficient and effective development of competencies. Further, presentation-focused and task-specific performance feedback can expedite the development of competencies. In this presentation we provide evidence that a course evaluation methodology predicated upon student self-assessments expressed in terms of their confidence in diagnosing, treating, managing and explaining clinically relevant phenomena for any given patient presentation (e.g., Acute Chest Pain) provides faculty with metrics sufficient to initiate and maintain continuous qualitative improvements in pre-clinical instructional activities directed at developing clinically relevant competencies.

After this presentation participants will be able to:

- Describe the rationale for using student derived problem and task specific confidence estimates as course evaluation metrics
- Implement continuous curricular improvement procedures involving the use of problem and task specific confidence metrics

OP9 - Examining the Effectiveness of Implicit Bias Training in Medical School

C. West, Y. Zhou, J. Livingston, L. Graham, Texas A&M Health Science Center College of Medicine

K. Landry, Texas A&M HSC College of Nursing

B. Quiram, Texas A&M HSC School of Public Health

Abstract: The purpose of this study was to examine if the Bias Workshop conducted at the Texas A&M Health Science Center College of Medicine, a best practice adopted from Baylor College of Medicine, helped students to increase their awareness of implicit bias and its' possible impact on patient care. We also compared participant groups as the first workshop consisted only of medical students while the second workshop was an interprofessional offering. A total of two hundred and forty-six students participated in the two workshops. Participants completed a questionnaire before and after the workshops. The difference between the pre- and post- questionnaire indicated that the Bias Workshop was effective. While the effect may differ slightly depending on the training program of the participants, the results in the two years were relatively consistent.

After this presentation participants will be able to:

- Describe how self-reflection increases awareness of implicit bias and their effects on patient care
- Determine if implicit bias training focused on examining biases and increasing awareness is feasible at their institutions

OP10 - Recognizing the Role of Nurses in the Education of Medical Students and Residents

R.A. Gillies, Academic Affairs, Georgia Regents University

C. Duffie, T. Wilkins, Family Medicine, Georgia Regents University

N. Andrews, BioBehavioral Nursing, Georgia Regents University

A.S. House, Psychiatry and Health Behavior, Georgia Regents University

Abstract: Nurses working in clinics where medical students and residents are present have numerous opportunities to develop the knowledge, skills, and attitudes of these medical learners. Yet, nurses are not formally prepared for a medical teacher role. To better understand the impact of nurses on medical education, this study examined the clinical activities in which nurses teach learners as well as nurses' preparation and confidence in these teaching roles.

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After this presentation participants will be able to:

- List clinical activities in which nurses commonly teach (i.e., where they provide guidance or feedback) to medical students and residents
- Identify strategies to maximize nurses' impact on medical education

OP11 - Vanderbilt Interprofessional Collaborative Experience (VICE): An Interprofessional Standardized Patient Encounter

H.A. Ridinger, A. Burgner, C.N. Theobald, Internal Medicine, Vanderbilt University Medical Center

A. Richmond, Vanderbilt University School of Nursing

J.K. Green, Internal Medicine and Pediatrics, Vanderbilt University Medical Center

J.T. Gelber, B.M. Miller, Vanderbilt University School of Medicine

J.L. Bills, Vanderbilt Center for Experiential Learning and Assessment, Vanderbilt University School of Medicine

G. Young, Lipscomb University College of Pharmacy

J.M. Ehrenfeld, Surgery and Anesthesia, Vanderbilt University Medical Center

Abstract: The Institute of Medicine has outlined the need for Interprofessional Education (IPE) in health professions education to improve the quality of health care delivery. Incorporation of IPE into curricula remains a challenge due to logistical difficulties and support constraints. VICE is a feasible and easily adaptable opportunity for a variety of health professions students to engage in IPE by creating a collaborative patient care plan. Learning is enhanced by involving multiple professions. We plan to increase participation in the future and will next integrate a written collaborative care plan into the debrief session to improve student assessment.

After this presentation participants will be able to:

- Describe an interprofessional standardized patient didactic designed to promote interprofessional education and collaborative care planning
- Discuss participant survey results and opportunities for improvement
- Discuss feasibility and possible adaptations based on institutional needs and resources

OP12 - Think, Act, Feel: Catalysts for Medical Student Identity Development

D. Kay, A. Berry, Medical Education, University of Central Florida, College of Medicine

N. Coles, Psychology, University of Tennessee

Abstract: The purpose of this project was to identify curricular features in undergraduate medical education that influence students' subjective sense of 'self' as novice physicians. In our qualitative analysis, we discovered that students' descriptions of medical school experiences wherein they 'felt like a doctor' or that influenced their beliefs about the medical profession fit well within a three pronged model of thought, action and affect (Merton, 1957). Authors were able to capture the medical school experiences that most support these processes and subsequently impact students' perceptions of 'self' early in their professional identity development.

After this presentation participants will be able to:

- Present construct of professional identity as a subjective sense of self
- Present a 'think,' 'act' and 'feel' model as a potential path for shaping professional identity development in medical schools

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Rebooting Medical Education

- Examine the relationship between a ‘think,’ ‘act’ and ‘feel’ model of professional identity development and Miller’s amended pyramid
- Present experiences in medical school where students reported they were ‘thinking like a doctor’. Present experiences in medical school where students reported they were ‘acting like a doctor’. Present experiences in medical school where students reported they ‘felt’ like a doctor
- Discuss the curricular implications

OP13 – Engaging the Transgender Community to Inform Curriculum, Improve Knowledge, and Prioritize Initiatives: eQuality Community Forum and Survey on Transgender Health Care

E.J. Noonan, S. Sawning, R. Combs, S. Steinbock, A. Holthouser, L.J. Martin, M.A. Shaw, University of Louisville

Abstract: Knowing that transgender people experience disparities in health outcomes and discrimination in seeking care, we sought to better understand the status of health care for transgender people in Louisville, Kentucky by inviting the transgender community to the University of Louisville School of Medicine to dialogue with faculty, staff, and medical students via a Medical Education Grand Rounds and a Community Forum on Transgender Health Care. In this oral presentation, we will explain the process we used to develop and evaluate the Forum, highlight the findings, and set out “next steps” to improving transgender healthcare in Louisville. We will discuss how we will use what we learned to inform curriculum and faculty development, describe the current weaknesses in health care for transgender people, and share the results of a follow-up survey used to prioritize solutions to these deficiencies.

After this presentation participants will be able to:

- Describe the health disparities experienced by transgender individuals
- Describe the status of health care for transgender people in Louisville
- Discuss how we used a community forum and follow up survey to inform our efforts to improve faculty development and the curriculum, and make decisions about how to best use limited resources to improve transgender health care in our community

OP14 – Evaluating the Impact of an LGBT Health Awareness Week on Aspects of Cultural Competency

A.L. Rossi, J. Neisler, T. Toomey, E. Lopez, S. Khazvand, K. Braun, L. Stepleman, Medical College of Georgia

Abstract: The lack of systematic training for health professionals around health issues and disparities within the lesbian, gay, bisexual and transgender (LGBT) communities are well documented. The purpose of this study was to evaluate a one-week LGBT health awareness program designed to facilitate a more inclusive campus and health care environment. The study examined the effectiveness of the Come Out for Health Week (CO4H) program in order to inform future improvements to the program as well as to advance LGBT health education at Augusta University and beyond. Due to gains in knowledge and experience after participation in the CO4H Week events, a stand-alone LGBT health awareness program can supplement other initiatives designed to increase cultural competence in the health professions.

After this presentation participants will be able to:

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2016 SGEA Conference
Rebooting Medical Education

- Describe the history and purpose of Augusta University's annual Come Out for Health: LGBT Health Awareness Week
- Describe the Pre and Post Test Survey Design and Results
- Apply the knowledge gained towards at other institutions

OP15 – Between a Rock and a Hard Place: Medical Student Perspectives on Professionalism Reporting

A.C. Gill, J.M. Armstrong, R.A. Taylor, D.L. Whitney, J.R. Kohn, Baylor College of Medicine, Houston

Abstract: Researchers have shown that students' professional attitudes decline as they advance through training. Obstacles that prevent students from reporting unprofessional behavior exist in the academic environment limiting the professional development of students and adversely impacting the institutional culture. Mitigating the 'hidden curriculum' and genuinely allowing students to report freely without fear of retribution is essential if institutions desire to elevate their culture of professionalism. The present study is the first to appeal to a medical student body to evaluate the likelihood of, barriers to, and proposed strategies for improving medical student reporting of unprofessional behavior.

After this presentation participants will be able to:

- Identify medical students' perceptions of barriers that inhibit reporting unprofessional behavior
- Propose strategies that may increase the likelihood of students reporting of unprofessional behavior

OP16 – Improving Patient-Provider Communication: Training in the Use of Professional Interpretation Services

C. Moreland, T. Agan, D. Ferguson, K. Kosub, School of Medicine, The University of Texas Health Science Center

Abstract: People who are limited English proficient (LEP) or deaf or hard of hearing (DHH) experience health disparities; professional language interpretation can improve their health outcomes, yet little information is available on how best to train students to work with interpreters. After receiving relevant educational content, fourth-year medical students experienced two objectively structured clinical evaluation (OSCE) stations: one with DHH standardized patients (SP) and a sign language interpreter, and another with Spanish-speaking SPs and interpreters. Pre- and post-OSCE testing revealed markedly improved comfort in working with interpreters in both languages. Using sustainable and generalizable resources, our innovation sought to address specific health disparities by training medical students in evidence-based communication with those who speak another language.

After this presentation participants will be able to:

- Identify opportunities for deaf and hard of hearing clinicians, trainees, and students to train effectively for code blue situation based communication
- Describe a simulation based educational intervention

OP17 – Development, Implementation, and Assessment of a Focused Intervention for Critical Analytical Thinking (FICAT) Workshop for First- and Second-Year Medical Students

M.J. Russell, A. Rossi, T. Gaddy, E. Gallman, K. Braun, Medical College of Georgia

* Abstracts and descriptions without objectives do not qualify for CME credit

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A. Medlock, University of Georgia

Abstract: A focused, interactive critical analytical thinking workshop was conceived from a variety of proven strategies and implemented as an optional opportunity for first- and second-year medical students to raise their awareness of traits associated with critical thinking ability in three specific domains and develop their own strategies for fostering critical analytical thinking (CAT) skills early in their medical education. The focused intervention for critical analytical thinking (FICAT) was piloted for first-year (n = 33/40) and second-year (n = 11/40) medical student volunteers during the first week of the fall semester, and evaluated with a validated assessment tool pre- and post-workshop.

After this presentation participants will be able to:

- Distinguish among higher and lower order thinking abilities
- Describe the core principles that define active listening
- Identify the key features of medical education that promote the intuitive side of clinical reasoning

OP18 – The Physician Healer Track, Update on a Growing Medical Education Initiative

T. Billingsley, C. Geary, Pediatrics Division of Neonatology, UTMB

J. McKee, Family Medicine, UTMB

E. Buck, Office of Educational Development, UTMB

L. Grumbles, Internal Medicine-Palliative Care, UTMB

Abstract: The Physician Healer Track (PHT) is a six month commitment that is integrated longitudinally into the four years of medical school. Students complete assignments designed to improve emotional resilience and communication skills to help avoid burn out while in training. The PHT has successfully led to many educational initiatives for faculty development, a student run healer association spanning across multiple disciplines, and a parallel program for students outside the track interested in these topics.

After this presentation participants will be able to:

- Discuss how the PHT develops skills and emotional resilience for “being with suffering”
- Discuss the importance of SP's as teachers in students learning to break bad news

OP19 – The Our Design: Curriculum Builder, a Performance Support System Helping Educators Create Objectives and Curriculum Alignment

J.B. Catalano, D.G. Robison, P. Copley, S.K. Rajasekaran, Medical Education, Eastern Virginia Medical School

Abstract: The problem of aligning objectives to assessments and competencies has been tedious and time consuming. Often, the objectives were gleaned from a variety of sources and contained vague verbs such as understand, no condition and no criterion. The Curriculum Builder is a tool that facilitates the stepwise creation of objectives, while allowing a visual connection to competencies, domains of learning, levels of learning, and types of assessments. Once the objectives are created, aligned with competencies and assessments, the tool provides a spreadsheet that is emailed to the instructional designer and then imported into our curriculum mapper. The curriculum mapper tool exports curriculum information necessary for the AAMC Curriculum Inventory Report (CIR). Results include proper selection of conditions, performance and criteria that align to competencies, threads,

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standardized examinations, and LCME hot topics. 100% of objectives created in the new system had appropriate performance criteria compared to previous versions of course objectives.

After this presentation participants will be able to:

- Identify the condition, behavior and criteria for an objective
- Create objectives with a condition, behavior and criteria for a discipline in medical education

OP20* – New Orientation Curriculum with Simulation and Contest Improves Background Knowledge and Clinical Training Experience

T.J. Boyer, N. Odo, M.J. Arthur, Anesthesiology and Perioperative Medicine, Georgia Regents University

Abstract: The authors present evidence to suggest that curriculum improvement combined with simulations, a contest, and intensive one-on-one training can improve resident performance in background knowledge and clinical experience.

OP21 – The Medical Practice Reasoning Assessment: A New Assessment Protocol for a New Curriculum—In Progress

S.M. Angle, Academic Affairs, Mercer University School of Medicine

D.D. Cline, Division of Basic Medical Sciences, Mercer University School of Medicine

D.B. Propst, Medical Education, Mercer University School of Medicine

D.U. Smith, Division of Community Medicine, Mercer University School of Medicine

D.S. Williams, Academic Affairs, Mercer University

B.C. Long, E.J. Sigman, W.R. Stroud, Third Year Students, Mercer University School of Medicine

D.O. Lopez, Clinical Practice, Mercer University School of Medicine

Abstract: For developmentally appropriate knowledge and skill expected for first- and second-year students, the Medical Practice Reasoning Assessment promotes and assesses students' clinically relevant critical thinking, communication, and professionalism. This presentation reviews the in-progress status of an innovation in teaching and assessment, explores methods for assessing students' clinically relevant critical thinking, and discusses methods for evaluating validity.

After this presentation participants will be able to:

- Review the purposes of the MPRA, including its theoretical foundations as well as the assessment's proposed links to MUSM's competencies
- Review the format of the new assessment, and give an update regarding its development
- Discuss research ideas for ensuring the assessment's reliability and validity

OP22 – Use of Clinical Evaluation Cards during Two Fourth Year Medical Student Rotations

S.F. McLean, N. Lacy, K. Horn, M. Francis, Surgery, Texas Tech University Health Sciences Center at El Paso

Abstract: Obtaining evaluations for formative evaluations can be difficult for fourth year medical student surgical rotations. By nature, the interactions of medical students with faculty, residents and nurse practitioners is variable and occurs in different settings; OR, clinic, ICU and other locations. In addition, the fast paced, episodic nature of Critical Care and surgery precludes lengthy evaluation systems. During 2 MS-IV surgical rotations, Surgical Critical Care and Sub-Internship, students received little written data for mid-clerkship formative evaluations. To solve this problem, a clinical evaluation card (CEC) system was created to assist with formative evaluations.

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After this presentation participants will be able to:

- List two advantages of using clinical evaluation cards during a MS-IV clinical rotation
- List at least one disadvantage of using Clinical Evaluation Cards during a fourth year medical student rotation
- Identify items which are necessary to have on clinical evaluation cards used during an MS-IV medical school clinical rotation

OP23 – Evaluation of Voice Feedback Function in a Mobile Application to Provide Realtime 360 Degree Formative Feedback

E.J. Barone, J. Johnson, S.E. Krentz, T. Ahmed, DBMI- Vanderbilt University, VA -TVHS

A. Fleming, Pediatrics, Vanderbilt University School of Medicine

Abstract: VSTAR Compass is the only mobile application designed to provide immediate 360 degree feedback to medical students and trainees. Previously we described the results of our piloting and deployment of Compass at Vanderbilt University Medical Center. Here we describe the results of preliminary testing of our implementation of a new voice feedback function in VSTARCompass.

After this presentation participants will be able to:

- Summarize a novel method to process student initiated feedback requests in medical education and residency training
- Demonstrate an innovative mobile application for generating just in time feedback requests and responses
- Explain how an innovative and customizable 360 degree/immediate feedback tool provides value in medical education/residency training

OP24 – Measuring Attainment of Curricular Competencies and Other Pedagogical Parameters Using Item Categorization Examination Software

P. Brandt, Neuroscience and Experimental Therapeutics, Texas A&M HSC College of Medicine

K. Jones, Texas A&M HSC College of Medicine

Abstract: Tagging of exam items with unique categories can be used to associate each exam item with a College of Medicine competency-based learning objective (CBLO) that ties to the College's seven core competencies. Evaluation of individual student attainment of the CBLOs and core competency and assessment of institutional outcomes for CBLOs and core competencies was determined using analytic tools in the ExamSoft computer-based examination system. These tools were also used to associate exam items with other markers, such as USMLE Step 1 content, instructor, subject matter, and Bloom's taxonomy. This process has aided students in more precisely identifying areas of personal weakness and administrators of the curriculum in identifying areas of curricular weakness. Categorization will also aid in demonstrating successful attainment of college competencies during accreditation.

After this presentation participants will be able to:

- Describe the use of category assignment to examination items to assess student attainment of College of Medicine competency-linked learning objectives and to assess the overall curricular program
- Describe the use of category assignment to examination items to assess curricular coverage of USMLE Step 1 content, instructor and student strengths and weaknesses, and student learning and integration of content based on Bloom's taxonomy

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OP25 – Peer Evaluation Systematic Review: Beyond Student Evaluations

S. Smith, L. Graham, C. West, Office of Medical Education, Texas A&M Health Science Center College of Medicine

M.J. Foster, Medical Sciences Library, Texas A&M University

Abstract: In medical education, examining ways to improve the teaching and learning process is common. Historically, there is a heavy reliance on student evaluations. This review highlights the existing materials that are available about peer evaluation of teaching and the essential elements for peer evaluation in medical schools. It provides information such as how effective teaching is defined, methodology, challenges, and suggestions for a more comprehensive evaluation process that other institutions may utilize when implementing peer evaluation programs. A peer evaluation program based on the findings of this review will likely provide medical educators with opportunities for growth and may enhance the development of reflective practice. This project may also yield data which expands current faculty evaluation practices.

After this presentation participants will be able to:

- Explain the importance of peer evaluation of faculty teaching
- Compare the different studies available about peer evaluation of faculty teaching
- Analyze the proposed peer evaluation program to determine if it can be implemented in their own institution

OP26 – Component and Program Review in the Modern Medical School: Program Evaluation of the MD Program

C. Violato, H. Gao, K. Askew, T. Peters, M. O'Brien, P. Reynolds, E. Shen, Medical Education, Wake Forest University School of Medicine

Abstract: Our main purpose in the present study was to adopt a comprehensive outcome and process evaluation model including a value-added approach in conducting a program evaluation. Accordingly, we focused on both outcomes (e.g., test performance, clinical competence, student perceptions) and processes (e.g., instructional methods, assessment of knowledge and clinical skills) based on theory of the medical program (curriculum and cognitive integration, value added). The value added analyses provides a good indication of institutions' educational environments (component and program) both in pre-clinical and clinical education.

After this presentation participants will be able to:

- Define a value-added approach in conducting a program evaluation
- Describe the nature of a comprehensive outcome and process evaluation model
- Identify the emergent theory of a medical program for program evaluation

OP27– Taking Ownership in the 3rd Year of Medical School: A Pilot Study

T.R. Wyatt, Educational Innovation Institute, Medical College of Georgia

Abstract: We expect students to take ownership of patients, but do not articulate what this looks like or the process that leads to the development of ownership. This paper reports on a pilot study conducted in an Internal Medicine rotation on 3rd year medical students as they learn to take ownership. The results indicate that there are varying perceptions of what it means to take ownership

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when data is compared between students and the others on the Internal Medicine team. This study suggests that operationalizing what it means to take ownership may be a useful first start in assisting students with a framework for better navigating their own learning and development.

After this presentation participants will be able to:

- Describe the various perceptions of what it means to take ownership across 3rd & 4th year students, residents, and faculty on an Internal Medicine rotation.
- Articulate next steps in this research project for helping students develop a more sophisticated understanding of ownership in the 3rd year.

OP28 – A Preliminary Assessment of Empathy in First Year Medical Students

A.B. Smith, J. Jacoby, M.R. Greenberg, R. Saba, R. Barraco, Lehigh Valley Health Network

J.F. Quinn, D.J. Ferguson, B. Bognar, University of South Florida Morsani College of Medicine

Abstract: The University of South Florida Morsani College of Medicine interview process differs between its two medical school programs. One admission process includes Behavioral-Event Interviews with a focus on leadership and emotional intelligence. The authors compared the empathy scores of incoming first year students enrolled in both programs.

After this presentation participants will be able to:

- Describe preliminary results of an assessment of empathy in first year medical students

OP29 – Medical Student to Resident in 3 years: Experiences with an Emerging Solution and Disruptive Innovation

B.G. Jones, S. Williams, Medical Education & Family Medicine, Texas Tech University Health Sciences Center

R. Cook, K. Peck, Family Medicine, Texas Tech University Health Sciences Center

Abstract: Our institution implemented a 3-year accelerated medical school curriculum in 2011 that culminates in the MD degree and prepares students for a standard 3-year family medicine residency. Three classes of students have now entered residency, three more are currently in training, and a seventh has been partially selected. This program offers a seamless transition between predoctoral and residency training settings and curricula. It modifies and accelerates the standard 4-year predoctoral curriculum through the development of new curricular experiences, with extensive mentoring and evaluation, for completion in three years. This presentation will highlight the program's key characteristics and provide current data on student performance and program outcomes, including efforts to reduce student debt and increase the status of primary care within the medical school. Presenters will include faculty from the Departments of Medical Education and Family Medicine. The presentation will provide student perspectives on such issues as motivations to pursue the 3-year track, goals in pursuing careers in family medicine, satisfaction with clinical training experiences, and readiness for residency. Participants in this session will be able to describe the program's progress to date, hear from FMAT students and residents, evaluate its likely impact, and offer input, advice and collaboration on this and similar innovations.

After this presentation participants will be able to:

- Describe a 3 year accelerated medical school curriculum that culminates in the MD degree and prepares students for a standard 3 year family medicine residency

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- Describe experiences from students who are currently participating in the program or who have entered residency following a 3 year curriculum
- Evaluate the likely impact of a 3 year program and other efforts at redesigning medical education and encouraging family medicine growth

OP30 – Maintaining Scholarly Rigor in the Fourth Year of US Medical School

V.T. Obeso, C. McFarlin, Office of Medical Education, Florida International University HWCOW

Abstract: Our current project addresses the call for reform in the 4th year of medical student training. We aim to make the 4th year more meaningful by providing students with a longitudinal and supportive educational framework that will instill in graduates the lifelong learning habits required throughout professional life while also equipping them with the competencies necessary for success on day one of residency. We are using the fourth year to tackle advanced concepts in medicine through the use of online education for learners who require individualization and logistical flexibility with regards to the time and location of learning.

After this presentation participants will be able to:

- Describe current challenges with the current 4th year of US medical school
- Describe an on-line, innovative, longitudinal 4th year curriculum for advanced concepts in medicine
- Discuss lessons learned after one year of implementation

OP31– First and Foremost a Leader—How to Encourage a Leadership Identity for Physicians

J.F. Quinn, Office of Educational Affairs, USF Health Morsani College of Medicine

Abstract: With an increasing focus on leadership development for physicians, medical schools need to consider best practices for professionalizing medical students, with a focus on leadership development from the beginning of their education. As students train to become tomorrow's physicians, it is essential to cultivate a culture of leadership during undergraduate medical education, setting the stage for all physicians to develop their leadership skills. Individual development, with a focus on emotional intelligence, may provide students with an appropriate base for their future as tomorrow's physician leaders.

After this presentation participants will be able to:

- Review the findings of three successive studies into understanding how physicians come to accept a leadership identity
- Discuss the nature of physician leadership
- Discuss the importance of physicians as leaders
- Explore the options for how healthcare organizations can promote the physician leadership identity construction

OP32 – Gender Disparities in Medical Student Self-Assessment, Faculty Evaluation, and NMBE Score in Surgical Clerkship

B. Lenhan, B. Childers, M. Savu, L. Pounds, M. Davies, P. Nguyen, School of Medicine, University of Texas Health Science Center, San Antonio

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Rebooting Medical Education

Abstract: The purpose of our study was to determine if there were disparities in medical students' self-evaluations according to gender during their surgical clerkship rotations. We then determined if their self-evaluations correlated with that of the faculty evaluations and surgical NBME scores. Our data demonstrate that women significantly evaluate themselves lower than their male counterparts during surgery clerkships ($p < 0.05$). This disparity was not explained by NBME scoring between genders. Furthermore, while women's self-evaluations correlated with faculty scoring, male student self-assessments significantly diverged from faculty evaluations ($p < 0.001$) with the majority over-evaluating their performance.

After this presentation participants will be able to:

- Identify gender disparities in student self assessments during surgical rotations
- Compare student self-assessment, NBME scores and faculty assessment
- Identify patterns of self-perception between male and female medical students

OP33 – Do Faculty and Residents Agree on Surgical Training Needs?

K.M. Braun, Obstetrics and Gynecology, Medical College of Georgia

S. Swift, Obstetrics and Gynecology, Medical University of South Carolina

L. Stepleman, Educational Innovation Institute, Medical College of Georgia

Abstract: The authors present the results of a needs assessment tool, based on resident milestones, which assesses both resident and faculty perceptions of the adequacy of the program's current surgical training. These results can then be used to guide training priorities for the coming year.

After this presentation participants will be able to:

- Assess the perceived surgical training needs of both residents and faculty within our Obstetrics and Gynecology (Ob-Gyn) residency training program
- Prioritize the surgical learning needs for residency training

OP34 – Use of a Standardized Exercise to Assess Medical Student Ability to Ask and Answer Clinical Questions in a Post-Clerkship Clinical Experience

W.B. Cutrer, Pediatrics, Vanderbilt University School of Medicine

L. Estrada, B. Hansen, D. Moore, B. Miller, K. Lomis, Vanderbilt University School of Medicine

P. Walker, R. Walden, Biomedical Library, Vanderbilt University

Abstract: Because the modern healthcare environment is rapidly changing and the knowledge base required to function effectively is expanding substantially, lifelong learning skills are essential to ensure the provision of high quality patient care. To help develop these skills in future physicians, we implemented a standardized practice-based learning exercise during post-clerkship clinical experiences to coach assess medical students in the investigation of a clinical question.

After this presentation participants will be able to:

- Describe the rationale for assessing medical student ability to ask and answer clinical questions in post-clerkship experiences
- Describe how a standardized exercise might effectively assess student ability to ask and answer clinical questions

OP35 – Use of a Validated Assessment Tool of Critical Analytical Thinking Ability to Foster Academic Success in First- and Second-Year Medical Students

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Rebooting Medical Education

M.J. Russell, A. Rossi, T. Gaddy, E. Gallman, K. Braun, Medical College of Georgia
A. Medlock, University of Georgia

Abstract: A validated survey tool was used to assess critical analytical thinking (CAT) ability in first-year (n = 33/40) and second-year (n = 11/40) medical student volunteers during the first week of the fall semester. The goal of this project was to raise awareness of the importance of CAT skills and establish a baseline value immediately prior to an optional critical thinking workshop.

After this presentation participants will be able to:

- Describe the purpose of using a validated survey instrument to poll students
- Distinguish among the three specific cognitive domains outlined
- Identify caveats of acute administration of pre and post workshop surveys

OP36 – Impact of Study Strategies on Academic Performance: A Primary Study and Retrospective Investigation

Y. Zhou, L. Graham, C. West, Texas A&M Health Science Center

Abstract: The purpose of this study is to compare the Learning and Study Strategy Inventory (LASSI) and Self-Directed Learning Readiness Scale (SDLRS) and determine if the two assessments yield academic performance predictors using correlational and regression analyses. One hundred and sixty-eight medical students completed the LASSI and SDLRS before their first and second years of medical school. Though the SDLRS was moderately correlated with all LASSI subscales, the two assessments were not equally predictive. The SDLRS was not predictive of academic performance, indicating that self-directed learning readiness may not be necessary for learning foundational knowledge. However, the LASSI subscales of Time Management and Test-Taking Strategies were consistently good predictors. The predictive value of LASSI was also measured by secondary analyses on five relevant studies and yielded 9.6-45.7% R² effect sizes. The estimation has a wide range due to variation in the different studies. However, the retrospective investigation provided a more comprehensive perspective of the relationship between study strategies and academic performance in medical school.

After this presentation participants will be able to:

- Explain the importance of this study
- Identify how study strategies may be predictors of preclinical academic performance
- Describe how the definition of learning strategies and other factors may impact the relationship between learning strategies and learning outcomes

OP37 – The Characteristics of an Effective Problem-Based Learning Tutor: A Review of the Literature

M.B. Lawson, K. Szauter, University Of Texas Medical Branch

Abstract: This is a literature review describing the characteristics possessed by effective problem-based learning tutors. The findings of this study may provide helpful information for tutor orientation or training to optimize small group learning with PBL.

After this presentation participants will be able to:

- Define the role of a problem based learning (PBL) facilitator
- Identify characteristics associated with an effective PBL facilitator
- Discuss the implication of this information for faculty development

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2016 SGEA Conference
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OP38 – Examining Medical Students’ Knowledge Justification Strategies in the Development of Evidence-based Decision Making Skills

C. Cestone, Office of Educational Affairs, Drexel University College of Medicine, Philadelphia

R. Lewis, C.M. Chao, Dept. of Surgery, The University of Texas Medical Branch

Abstract: We examined differences in the strategies medical students used to evaluate scientific data and justify their treatment decisions when they were confronted with competing scientific data (spin vs. no spin presentation of data). Preliminary analyses indicate that students justified their treatment based on the abstract evidence only (not the entire paper); five (9%) stated needing additional data and/or considered patient preferences. Personal experiences and prior knowledge were not related to the treatment choice and faculty recommendations were preferred over more research evidence.

After this presentation participants will be able to:

- Describe a theoretical framework for epistemic cognition, which focuses on knowledge justification strategies and their relationship to decision making in a simulated clinical scenario
- Evaluate educational evidence on epistemic cognition and its effect on decision making and reasoning processes
- Discuss the results of the study and how medical students approached medical decision-making in this study
- Discuss the implications of the results of the study in the context of the integration of EBM and research methods education in medical curricula

OP39 – The Impact of Ultrasound Education and Training on Student Confidence in Performing Diaphragmatic Excursion

R.J. Etheridge, B.L. Russell, J.L. Waller, S.P. Brown, P.M. Wallach, Academic Affairs, Medical College of GA /GRU

Abstract: The purpose of this study was to determine if student confidence improved in performing the diaphragmatic excursion physical examination technique following the introduction of ultrasound imaging for visualizing the diaphragm. This study shows that using ultrasound as a teaching tool improves student confidence in performing the physical examination for diaphragmatic excursion.

After this presentation participants will be able to:

- Describe how ultrasound can be used as a teaching tool to improve student confidence in performing diaphragmatic excursion
- Discuss how this study showed how confidence was increased with the use of ultrasound
- List other physical diagnosis educational content that could benefit from using ultrasound as teaching tool

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Abstracts

DEMONSTRATIONS

D1 - Rebooting Medical School Genetics Education: Interactive Learning Strategies for the Internal Medicine Clerkship

A.M. Landa-Galindez, M. Cuellar, Internal Medicine,

Florida International University/Herbert Wertheim College of Medicine

T. Weiler, Genetics and Molecular Medicine, Florida International University, Herbert Wertheim College of Medicine

Abstract: While once considered the study of unusual and rare inherited disorders, the study of genetics has been revolutionized and now has fundamental roles in health maintenance and prevention, understanding of disease pathogenesis and treatment modalities. In this era of genomic medicine, understanding genetics principles and practice is becoming much more important for primary care physicians as most clinicians will be involved in the genetics of disease and response to treatment. We developed and implemented an online interactive module during the 3rd year Internal Medicine Clerkship that integrates human genetics in the clinical setting, allowing students to increase their proficiency in the application of genetics to patient care. A multi-part "Genetics in Internal Medicine" module was designed consisting of a Self-Learning Module study guide, helpful references, interactive family history exercises and case scenarios.

After this presentation participants will be able to:

- Present FIU's online self-learning module developed to integrate human genetics in the clinical setting
- Discuss application of module for integration of other basic science modalities within 3rd and 4th year clerkships

D2* - MyLEAPS: A Web-Based Portfolio Capturing the Learning Experiences and Personal Service Activities of Medical Students.

M.S. Keibler, M. Ostapchuk, Medical Student Affairs, University of Louisville

Abstract: A new web-based application program called MyLEAPS (Learning Experiences and Personal Service) was developed at the University of Louisville School of Medicine to satisfy the LCME Element 6:6; produce and examine reports on student service learning participation; house completion of service learning activities, reflection, and feedback. Data is self-reported by medical students and the program is a portfolio web-based application. The program is longitudinal and offers both the institution and medical student a single source for recording all service learning and community services activities.

D3 - The Health Care Handbook: A Clear and Concise Guide to the United States Health Care System

N. Moore, Medicine, Washington University

Abstract: Few medical schools provide effective teaching on the health care system to their students. Recent surveys have shown that 90% of medical students want increased exposure to health systems materials during medical school (Agrawal, et al. "Medical Students' Knowledge of the U.S. Health Care System and Their Preferences for Curricular Change: A National Survey"), and, surprisingly, 60% of

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medical school deans agreed that their schools have “too little health policy education” (Mou, et al. “The State of Health Policy Education in U.S. Medical Schools.”)

After this presentation participants will be able to:

- Discuss the current state of health policy, delivery and economics education in medical school
- Demonstrate a unique resource for teaching about the US health care system
- Review case studies, quizzes and lectures that can aid in teaching health systems

D4 - Multidisciplinary and Interactive Problem Solving Through Cross-Professional Programs: The Aggies Invent Program

B. Walther, Y. Chauhan, R. Bush, M. Sicilio, P. Ogden, College of Medicine, Texas A&M Health Science Center

R. Boehm, Dwight Look College of Engineering, Texas A&M University

J. Mogford, Texas A&M University System

Abstract: Through goal-minded collaboration and innovation, the Aggies Invent program at Texas A&M University models a multi-faceted approach to advancing medical education. By working with students from other disciplines to “put theory into practice” through design, innovation, prototyping, and presentation, medical students have an opportunity to learn valuable teamwork and problem solving skills while in the pursuit of advancing medical care.

After this presentation participants will be able to:

- Describe the growing role of physicians in the development of new medical technology and practices
- Comparing and contrasting inter-professional education amongst healthcare professionals and amongst non-healthcare contributors to medicine
- Describe the Texas A&M Aggies Invent Program in the context of other medical innovation related programs across the country
- Compare and Contrast inter-professional education amongst healthcare professionals and amongst non -healthcare contributors to medicine
- Discuss the processes and collaborative efforts that are required to develop an effective, innovative product under specific constraint
- Demonstrate the various skills, leadership roles and learning experiences that students undergo throughout the iterative design process
- Share experiences from the November 2015 Aggies Invent which centered around the theme “Pediatric Medical Applications”

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• Abstracts

POSTER SESSIONS

PS1 - Speededness Effects in Medical School Tests May Impact Learners Unequally

G.E. Crites, J.K. Gaines, L.B. Murrow, GRU/UGA Medical Partnership, Athens, Georgia

Abstract: Test speededness effects occur when varying test times impact individual examinee scores. In a previous analysis, we demonstrated speededness effects for high-stakes exams in two cohorts of medical students. In a follow-up analysis, we found that students who were in the lower quartiles of academic performance had the largest improvements in mean scores (range 5.7% to 7.5%) when test times were increased by 58% and this effect is not consistently evident for the highest quartile of academic performers.

PS2 - How I Scored a ____: An Analysis of USMLE Step 1 Preparation Method

C. Tucker, Faculty Affairs, Virginia Commonwealth University, Memphis, Tennessee,

K. Gibbs, A. Adcock, University of Tennessee Health Science Center, Memphis, Tennessee,

J. Loomer, Rhodes College, Memphis, Tennessee

Abstract: Step 1 of the United States Medical Licensing Examination (USMLE) is a high-stakes test usually taken by second year medical students, who often use a wide variety of resources to prepare for the exam. This heavy reliance on study tools may be the result of high test-related anxiety as well as a lack of awareness about best practices in standardized examination preparation.

PS3 - Implementation of a Centralized Institutional Peer Tutoring Program in an Academic Health Science Center

N.W. Gaughf, P.S. Foster, Office of the Associate Vice Chancellor for Academic Affairs, University of Mississippi Medical Center, Jackson, Mississippi

Abstract: We developed an institutional student support service available at no cost to students enrolled in an academic health science center in the southeastern United States. It is a centralized peer tutoring system, in which students experiencing difficulty in a particular course were matched with students who had previously successfully completed the course or a similar course. The program was evaluated. Both students and peer tutors reported marked satisfaction.

PS4 - STEP-UP Tasks: An Innovative Tool for Medical Student Learning

L. Elferink, Instruction Management Office, University of Texas Medical Branch, Galveston, Texas,

A. Rudnicki, E. Buck, O. Morey, Office of Educational Development, University of Texas Medical Branch, Galveston, Texas

Abstract: To promote student engagement in Problem Based Learning (PBL), the authors piloted a quality improvement strategy by incorporating United States Medical Licensing Examination STEP 1 board type questions into PBL cases. The goal of the project is to assess the impact of the STEP-1 type questions for promoting student-driven learning and knowledge acquisition.

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PS5 - Predicting USMLE Step 1 Performance by Examining Student Learning Strategies in Medical Education

K.A. Carter, Student Affairs, Paul L. Foster School of Medicine, El Paso, Texas,

J. Piskurich, T.T. Salazar, Medical Education, Texas Tech University HSC El Paso, El Paso, Texas

Abstract: One emerging concept for predicting medical students' academic performance is the role of study skills. Knowing which skills lead to success could provide clues for timely interventions to address specific weaknesses. This report examines the relationship between study skills and academic performance on the USMLE Step 1 exam in an integrated, clinical presentation-based medical school curriculum. Our results should prove valuable in identifying students who are most in need of interventions and the interventions that should be used to support the academic success of students taking Step 1, especially those enrolled in schools with similar curricular models.

PS6 - Near-Peer Shadowing Program: A Peer to Peer Mentorship Program for Preclinical Students Entering their Clinical Years

S.M. Okoronkwo, J. Badawy, F. Ortiz, R. Vasko, K. Kosub, T. Ratcliffe, Internal Medicine, The University of Texas Health Science Center at San Antonio, San Antonio, Texas

Abstract: Mentoring is an important part of career development and can serve as a conduit for both personal growth and professional goal realization. Many medical schools across the country recognize this value and support formal mentorship programs for medical students. Many of these programs involve faculty preceptors as the chosen mentors for medical students. Near-peer mentors are mentors who are at a closer level of training to the mentee. Although numerous studies have evaluated the role of mentoring in medical education, few have examined the role of near-peer mentors on student development in the clinical setting. This is the purpose of this project.

PS7 - Use of Individualized Post-Clerkship Phase Curricula to Foster Medical Student Growth and Development

W.B. Cutrer, Pediatrics, Vanderbilt University School of Medicine, Nashville, Tennessee,

L. Estrada, B. Hansen, B. Miller, K. Lomis, Vanderbilt University School of Medicine, Nashville, Tennessee

Abstract: Curriculum reform at one institution focused significant efforts on improving the rigor and value of post-clerkship experiences while enhancing individualization based upon personal aspirations and competency needs. Curriculum leaders share structure and processes, as well as significant "lessons learned" during the implementation of the new post-clerkship curricula.

PS8 - The Use of "Master Science Teachers" to Help Integrate Foundational Sciences into the Clinical Curriculum

W.B. Cutrer, Pediatrics, Vanderbilt University School of Medicine, Nashville, Tennessee,

C. Pettepher, L. Nanney, J. Atkinson, A. Dalley, L. Van Kaer, J. Blackford, M. Weinger, K. Dahlman, L. Estrada, N. Osheroff, Vanderbilt University School of Medicine, Nashville, Tennessee

Abstract: Physicians need a strong understanding of the biosciences that underlie clinical practice, which has led many medical schools to attempt the re-introduction of foundational sciences during the clinical years. This remains a challenge for many reasons. Effective integration of foundational sciences into the clinical years requires a strong collaboration between scientists and clinicians. We will share successes at Vanderbilt University School of Medicine, highlighting the utilization of basic science

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Rebooting Medical Education

faculty expertise paired with clinician expertise to incorporate foundational sciences during meaningful clinical encounters during the post-clerkship curriculum.

PS9 - Using Admissions Data and NBME Exams to Predict Student Success Following Curriculum Renewal

D. Conway, J. Hanson, F. Eddins-Folensbee, J. Jackson, University of Texas School of Medicine at San Antonio, San Antonio, Texas

Abstract: Curriculum renewal brings the promise of improved teaching and learning, but also the risk of gaps that could jeopardize student success on high-stakes exams like USMLE Step 1. New curricula also introduce new and often unknown needs and challenges in how we support learners. We examined 1) the effectiveness our new curriculum in preparing students for the USMLE Step I exam using individual and class-wide results of the National Board of Medical Examiners' Comprehensive Basic Science Exam, and 2) factors from admissions data that predicted success or struggle in the curriculum and on nationally standardized, high-stakes exams.

PS10 - A Data-Driven Model for Predicting Unimpeded Progress: Practical Application of Statistical Analyses for Medical School Admissions

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R.E. Garner, Biomedical Sciences, Mercer University School of Medicine, Savannah, Georgia,
T.P. Malan, College of Medicine, University of Arizona, Tuscon, Arizona*

Abstract: A critically important function of admissions committees is to select students who are likely to experience unimpeded progress in medical school. Testing academic variables such as MCAT scores and undergraduate grades, the purpose of this study was to determine the best data-driven model for predicting unimpeded progress.

PS11 - Evaluation of Laboratory Professionalism in the Anatomical Sciences

G.C. Allen, D.E. Chico, J.K. Hubbard, W. Chen, Neuroscience & Experimental Therapeutics, Texas A&M Health Science Center, Bryan, Texas

Abstract: Self- and peer-evaluation assessments are continual and important exercises in both medical training and practice. The laboratory-intensive anatomical science disciplines of Gross Anatomy, Histology and Neuroscience provide a rich environment for students to become aware of their professional attitudes and behaviors. Students participate in a three phase professionalism evaluation in which they evaluate themselves and their laboratory partners in terms of professional characteristics, team dynamics, leadership and preparation. These evaluations serve as a constructive and proactive tool for identifying early behaviors that need modification and corrective action prior to clinical rotations.

PS12 - Development of a Milestones Based Needs Assessment Tool to Guide Surgical Training

*K.M. Braun, Obstetrics and Gynecology, Medical College of Georgia, Augusta, Georgia,
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2016 SGEA Conference
Rebooting Medical Education

Abstract: The authors present the development of a novel needs assessment tool, based on current resident milestones, to guide surgical training priorities within an Ob-Gyn training program. This model can be used by other specialties to prioritize resident learning needs based on established milestones.

PS13 - Does Student Performance on Mid-Rotation Examination Predict End of Clerkship NBME Exam Performance?

K.M. Braun, E.Z. Latif, Obstetrics and Gynecology, Medical College of Georgia, Augusta, Georgia

Abstract: Mid-rotation examinations are a common component of medical student clerkships. The authors present an evaluation of the current Obstetrics and Gynecology (Ob-Gyn) mid-rotation examination as a predictor of medical student success on the end of clerkship NBME examination.

PS14 - Development of Statistical Models to Predict Medical Student Performance Early in the Curriculum

M.W. Lee, Medical Education, University of Texas At Austin Dell Medical School, Austin, Texas,

T. Johnson, Office of Assessment and Evaluation, Johns Hopkins School of Medicine, Baltimore, Maryland,

J. Kibble, Medical Education, University of Central Florida College of Medicine, Orlando, Florida

Abstract: This purpose of this study was to develop a regression model using pre- and post-matriculation data to predict student performance early in the curriculum and on the USMLE Step 1. Using this regression model we identified a substantial proportion of students whose USLME Step 1 scores could not be predicted from their prior summative assessment performance. This has highlighted several key areas for future investigation including student motivation, affect, and the factors that help students become "expert learners" (interactions with senior students, identification of test-preparation material, etc.).

PS15 - Expanding Evidence-based Medicine Education into the Internal Medicine Clerkship

M.R. Bubb, R.J. Beyth, Medicine, University of Florida College of Medicine, Gainesville, Florida

Abstract: Currently at the University of Florida first and second medical students have an integrated course in evidenced-based medicine (EBM) that teaches a structured approach to the critical appraisal of published clinical research. Advanced training beyond provision of the basic methodology to the analysis of clinical recommendations may be necessary to achieve a desired level of competency. In the current study, an intervention in the form of additional training in a journal club setting has been incorporated into the third year internal medicine clerkship with a specific focus on reasoning skills. Validated instruments to evaluate the efficacy of training in critical thinking will be employed to achieve a quantitative assessment of the intervention relative to a control group of students. In this poster we describe (1) the curriculum developed to achieve the goals of the study and (2) the outcome measures that will be utilized to assess the efficacy of the intervention.

PS16 - Evaluating Evidence-Based Practice Curriculum: A Guide for Educators in Healthcare Settings

S.C. Mendenhall, T.R. Wyatt, Educational Innovation Institute, Georgia Regents University, Augusta, Georgia

E. Wood, Medical College of Georgia, Augusta, Georgia

Abstract: Evidence-based practice (EBP) incorporates both clinical expertise and evidence from studies using sound methodology to answer clinical questions 1. Training in evidence-based practice has been

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Rebooting Medical Education

implemented in a variety of healthcare settings, including dentistry, pharmacy, nursing, allied health, and medicine. The aim of this research was to create a guideline for educators across these different fields that will help them locate and adapt various instruments for their specific use.

PS17- Evaluating Second Year Medical Students' Utilization of Evidence Based Medicine Literature in the Problem-Based Learning Class (A Pilot Study)

E. Wood, GRU, Augusta, Georgia

Abstract: We are presenting the evaluation of evidence base medicine (EBM) resources utilization by second year medical students in problem-based learning classes. Students' reports were evaluated for number of citations and the type of resource cited; the overall quality of the discussion portion of the note by assessing the quality of the EBM citations, the application of the information from the citations back to the patient case, and an overall ability to demonstrate how the information from EBM citations might influence the patient's clinical care.

PS18 - Developing a 4-Year Research Curriculum to Support the Practice of Evidence-Based Medicine for Undergraduate Medical Students

L. Finck, J.V. Barnett, Office of Medical Student Research, Vanderbilt University School of Medicine, Nashville, Tennessee

Abstract: Despite the success of programs aimed at educating medical students to practice evidence-based medicine, which produces the evidence on which these decisions are made remains to be improved. The Inquiry Program, a longitudinal foundation of Vanderbilt University School of Medicine's Curriculum 2.0 (C2.0), is a research curriculum embedded throughout all four years of undergraduate medical education.

PS19 - Internal Medicine & Pediatrics Residents' Use of Primary Literature

Presenter: K Denby, Vanderbilt University Medical Center, Nashville, Tennessee

Authors: W.M. Sullivan, E. Iglesia, D. Clark, Internal Medicine & Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee,

C. Rosas Salazar, Pediatric Allergy, Immunology & Pulmonary Medicine, Vanderbilt University Medical Center, Nashville, Tennessee

Abstract: The utilization, interpretation, and application of primary literature to daily practice are expected outcomes of graduate medical education. This study sought to understand internal medicine and pediatrics residents' attitudes toward and barriers to the use of primary literature in daily practice. Residents are interested in primary literature and feel it is relevant to their daily decisions. Residents feel that time limitations and inability to identify important articles are the most significant barriers to using primary literature, not the interpretation of study results. Residency programs should find efficient ways of delivering primary literature to residents and trainees. Residents at our institution have undertaken such a project.

PS20 - "Number Needed to Teach": Does the Terminology of Evidence Based Medicine have a Role for Clinical Education?

K. Littlewood, E. Bradley, V. Abatzis, School of Medicine, University of Virginia, Charlottesville, Virginia

Abstract: The current era of healthcare education and training has included an emphasis on competency based education, the application of new technologies, and development of stronger

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2016 SGEA Conference
Rebooting Medical Education

metrics for both participant and program performance. Such developments provide the milieu and data to better practice evidence-based-education (EBE). The purpose of the work presented here is to consider whether the taxonomy and terminology of evidence-based-medicine (EBM) might have apt applications within EBE. Advantages might include terminology already generally familiar to clinicians and with which they already have a high comfort level. One hundred clinical educators in a university department considered the effectiveness of a high-fidelity simulation (SIM) compared to case based discussion (CBD) when presented in different EBM terminologies. When presented with SIM's effectiveness and higher resource expenditures, study participants followed a pattern already demonstrated in EBM that the statistical presentation of effectiveness affects valuation of different methods. Specifically, absolute risk reduction (ARR), relative risk reduction (RRR), and "number needed to teach" (NNT) to avoid a failure were presented separately and resulted in statistically different likelihood of choosing one educational methodology over another. We believe that these results indicate that clinician educators were able to interpret EBE data presented in the format of EBM and demonstrated the same biases regarding the method of presentation that has been described in EBM.

PS21 - Longitudinal Assessment of Medical Students on Topics in Neurology

J. Martindale, M. Worden, Medical Education, University of Virginia School of Medicine, Charlottesville, Virginia,

B. Nathan, G. Solorzano, Neurology, University of Virginia School of Medicine, Charlottesville, Virginia,

D. Chen, Public Health Sciences, University of Virginia School of Medicine, Charlottesville, Virginia

Abstract: To explore how longitudinal assessment might be used as a tool to measure the developmental progress of learners in a UME program we measured the degree to which medical students retained foundational knowledge taught in the pre-clerkship classroom when reassessed more than a year later in the clinical setting. Twelve MCQ questions originally asked on summative exams administered in the Mind Brain and Behavior course in year 1 were asked again of the same students (n=143) during the required Neurology rotation in year 3. Question topics included neuroanatomical structure/function relations and neuropharmacology; the majority (11/12) of the questions were based on clinical vignettes and tested for higher orders of learning (apply and/or evaluate) according to Bloom's taxonomy of learning. Relative to the pre-clerkship, student performance during the Neurology clerkship improved significantly on 4 of the 12 questions, worsened significantly on 3 of the questions, and did not change significantly on the other 5 questions. Analysis of the content of questions on which student performance improved or worsened yielded valuable insight into how the UME curriculum might be improved to optimize the alignment between the clerkship experience and pre-clerkship instruction.

PS22 - Advancing Clinical Educators through the Use of an Online, Coaching-Oriented Program: Validation of Self-Assessment Clinical Teaching Tool

A. Berry, D. Kay, A. Griffin, M. Bailey, Medical Education, University of Central Florida College of Medicine, Orlando, Florida

Abstract: Advancing Clinical Teachers © (ACT) utilizes a coaching model to design and deliver an online faculty development program that matches residents and clinical faculty with training opportunities specifically customized to enhance their teaching skills. The team developing the program is currently validating a self-assessment tool that will pinpoint a clinical educator's strengths and deficiencies in six clinical teaching domains: learning environment, scaffolding experiences, feedback,

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2016 SGEA Conference
Rebooting Medical Education

assessment/evaluation, facilitation, and clinical reasoning. Based on personal responses to the self-assessment items, the clinical educator will be directed to resources and modules aimed at meeting their specific learning needs. The self-assessment survey and portal are designed to encourage distributed learning communities, where educators can develop at their own pace and interact with other educators who are confronting similar issues.

PS23 - Forming a Question Review Committee for Examinations: A Few Steps in the Right Direction

K.A. Jones, Pathology, Texas A&M HSC College of Medicine, Bryan, Texas,

P. Brandt, Pharmacology, Texas A&M HSC College of Medicine, Bryan, Texas

Abstract: With use of a faculty-centric exam construction approach, medical students may see a heterogeneous assessment (item format, style, and language), which can place students at a disadvantage when confronting standardized tests. In an effort to provide uniform and effective examinations, a Question Review Committee (QRC) was formed for major pre-clerkship organ systems assessments. The model, including its membership and process, are described. Data relevant to effectiveness of the committee and stakeholder observations are presented, along with conclusions about the advantages of the approach.

PS24 - Self-testing Improves First-Year Medical Student Performance on Basic Science Examinations

D. Baatar, N.L. Lacy, J.F. Piskurich, Department of Medical Education, Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center, El Paso, Texas

Abstract: Experimental cognitive studies suggest that repeated test taking is a better learning method than repeated studying. Here we show that usage of self-tests (STs) positively correlates with student performance in basic medical science examinations. These results suggest that self-testing is an effective method for learning basic sciences in medical school.

PS25 - Pilot Testing of a Simulation Based Model for Suture Repair of Laparoscopic Bleeding

J.A. McClintic, K. Hancock, K. Brown, Surgery, University of Texas Medical Branch Galveston, Galveston, Texas

Abstract: A laparoscopic bleed in which delicate suturing is required to preserve vessel patency is an uncommon but high-stakes occurrence, making it an ideal task for simulation based training. The current laparoscopic training options do not prepare residents to handle such a situation. Thus we sought to design a model simulating laparoscopic bleeding that was low cost, high fidelity, and allowed for clear performance metrics with immediate feedback.

PS26 - Standardized Patients as Teachers, Improving Emotional Resilience and Connected Communication in Undergraduate Medical Education

T. Billingsley, C. Geary, Pediatrics Division of Neonatology, UTMB, Galveston, Texas,

K. Szauter, E. Buck, Office of Educational Development, UTMB, Galveston, Texas,

L. Grumbles, Internal Medicine-Palliative Care, UTMB, Galveston, Texas

Abstract: The Physician Healer Track (PHT) is a six month voluntary curriculum integrated longitudinally into the four years of medical school. One objective of PHT is to teach skills and emotional resilience for 'being with suffering'. Standardized patients are used to facilitate the teaching of these skills. Students find the encounters exceptionally helpful for their own emotional reactivity, and development of breaking bad news skills. Students appreciate that experiences are formative rather than evaluative.

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2016 SGEA Conference
Rebooting Medical Education

PS27 - Core Measure Implementation through a Multidisciplinary Simulation

B.C. Salgado, G. Nanja, J. Eaton, B. Miller, Internal Medicine, The UT at Austin Dell Medical School, Austin, Texas

Abstract: The novel severe sepsis and septic shock core measures mandated by Centers for Medicare and Medicaid Services (CMS) October 2015 presented unique challenges for healthcare providers given the level of complexity involved. We describe our experience implementing this core measure at a university-affiliated teaching hospital in Austin, Texas.

PS28 - Second Year Medical Student Perceptions and Pharmacology Performance in Respiratory Insufficiency High Fidelity Medical Simulations Using Cued or Non-cued Treatment Selection Approaches

C. Hernandez, A. Castiglioni, Medical Education & Internal Medicine, UCF College of Medicine, Orlando, Florida,

A. Gorman, Medical Education, UCF College of Medicine, Orlando, Florida

Abstract: Evidence suggests that incorporating pharmacology into second year medical student (M2s) high fidelity medical simulations (HFMS) enhances learning, retention, and helps students transfer concepts to clinical therapeutics but limited data exists on how different approaches within the HFMS impact perceptual or performance outcome. The aim of this study was to compare the outcomes of 2 different approaches, cued vs. non-cued student-directed drug selection, during respiratory insufficiency HFMS cases involving an acute asthmatic attack and COPD exacerbated by nosocomial pneumonia.

PS29 - Use of Hybrid Ultrasound Simulator and High-fidelity Patient Simulator Session in the Instruction of Clinical Reasoning

C.A. Bellew, A. Tirado Gonzalez, Medical Education, University of Central Florida College of Medicine, Orlando, Florida

A. Castiglioni, Internal Medicine, University of Central Florida College of Medicine, Orlando, Florida

Abstract: Using a novel approach to the instruction of clinical reasoning, we developed a hybrid high-fidelity patient simulator and ultrasound simulator session that allowed the students to integrate their knowledge of anatomy, pathophysiology and physical exam skills in a controlled setting. With the aid of a faculty led debrief, the students were able to discuss how these different disciplines integrated to arrive at the diagnosis.

PS30 - From Classroom to Community: An Innovative Clerkship to Prepare 4th Year Students to Address Social Determinants of Health

A. Wennerstrom, J. Gibson, K. Krane, Tulane University, New Orleans, Louisiana

Abstract: Physicians are increasingly charged with focusing on population health and improving the patient care experience, and LCME standards require medical schools to prepare students for these roles. However, little is known about effective educational models for training medical students to provide care tailored to patients' social circumstances. A 4-week community health experience for fourth year medical students was implemented beginning in AY 2013-14. The clerkship includes 15 hours of classroom instruction which addresses social determinants of health, health disparities, contextualization of care, racism, and cultural humility. Each student also spends 80 hours at one of several community-based organizations. Pre/post questionnaire results from a small sample of

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2016 SGEA Conference
Rebooting Medical Education

students (N=22) suggested that the clerkship impacted confidence in ability to address social determinants of health (p=.002), knowledge of community resources (p=.001), ability to solicit information about patients' health beliefs (p=.001), and confidence in ability to improve undeserved patients' lives (p=.013).

PS31 - Training Early Obstetric Providers with Common Household Objects versus Measuring Tape for Cervical Dilation Assessment

C. Donna, P. Promecene, Obstetrics, Gynecology and Reproductive Sciences, University of Texas at Houston Health Sciences Center, Houston, Texas

Abstract: This current original research project is a non-blinded, randomized, controlled trial attempting to assess the accuracy of different obstetrics providers by years of experience at our institutions, followed by accuracy after an intervention. The primary outcome will be analyzed with a linear mixed model comparing the pre-intervention differences with the post-intervention differences among the two intervention groups (household objects vs measuring tape). The data has been collected and is pending analysis.

PS32 - Rubber-meets-the-Road: Cadaver use in Residency Training

S. Dantu, K.M. Brown, University of Texas Medical Branch, Galveston, Texas

Abstract: The use of cadavers for surgery simulation has been increasing in popularity in the past decade. By means of a survey and inter-program discussion we sought to identify exactly how different residencies were procuring their cadavers and incorporating them into their skills curriculum.

PS33 - Critical Communication: Training Deaf Clinicians and Interpreters to Communicate Effectively during a Code Blue

C. Moreland, T. Agan, Medicine, The University of Texas Health Science Center, San Antonio, Texas, D. Mudie, Emergency Medicine, Seton Medical Center Hays, Kyle, Texas

Abstract: Code blue situations require excellent team communication for all participants, including the growing numbers of those trainees and physicians who are deaf or hard of hearing (DHH). As an interprofessional team of mentors to DHH clinicians and students as well as their interpreters, we developed an interactive, simulation-based code blue workshop, focusing on communication skills in challenging situations. Participant responses indicated increased comfort with communicating during and participating in such situations. Such an educational intervention may serve well those institutions seeking to optimize the critical care situation training of DHH students, clinicians, and/or interpreters.

PS34 - The White Coat Experience: Direct Patient Encounters for First-Year Medical Students

C. Román, L.E. Seija, J.R. Ridley, A. Elaydi, Z. Friske, P.K. Watson, K. Wakefield, M.S. Sicilio, D.T. Szykarski, A. Richardson, College of Medicine, Texas A&M Health Science Center, Bryan, Texas

Abstract: To assess the White Coat Experience (WCE) for first-year medical students, a pilot humanities experience implemented in students' HEAL course (Humanism, Ethics, Altruism, and Leadership) at Texas A&M Health Science Center (TAMHSC). Design: First-year medical students from the TAMHSC College of Medicine are assigned dates to visit a patient from the Family Medicine Residency at St. Joseph Hospital in Bryan, TX. Selected patients have agreed to be interviewed by students, but students are expected to obtain patient consent prior to conducting interview. Students will perform a complete medical history including review of systems in about an hour, if possible. Patients and families are

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2016 SGEA Conference
Rebooting Medical Education

provided with a card for student evaluation, and any nurses who interact with the student are also encouraged to complete an evaluation online. Following the experience, students present the case to course clinicians and complete a history write-up, as well a reflection paper on the experience.

PS35 - Teaching Medicine Through History: The Lives, Times and Health of Famous Americans and Texans

S.L. Freathy, B.C. Gagliano, M.S. Sicilio, P.K. Watson, Humanities in Medicine, Texas A&M Health Science Center, College of Medicine, Bryan, Texas,

R.L. Bush, Academic Affairs, Texas A&M Health Science Center, College of Medicine, Bryan, Texas,

P.E. Ogden, Office of the Dean, Texas A&M Health Science Center, College of Medicine, Bryan, Texas

Abstract: This project aims to highlight one unique humanities curricular offering at the Texas A&M Health Science Center that allows for the integration of history and social science into the training of future physicians. We aim to demonstrate how this approach to medical education can be adapted across other medical programs and enrich the professional experience of our nation's future physicians.

PS36 - Transformative and Reflective Learning Through a 4th Year Elective: Self and Culture

L.E. Diaz, B.A. White, Humanities in Medicine, Texas A&M Health Science Center College of Medicine, Temple, Texas

Abstract: Exploring and understanding the impact of cultural aspects on health are important for medical students, however, an already stretched curriculum does not always lend itself to include this material in a meaningful way. Cultural competence often appears in the hidden-curriculum, which does not demonstrate clear importance to students. In order to reach students at a meaningful time, following clinical exposure, a fourth year flexible elective, Self and Culture, is offered. Self and Culture not only focuses on cultural aspects that impact health, but also the internal thoughts and perceptions, such as biases. The LCME requires that all students receive training in both aspects of cultural competence, and this elective provides a flexible opportunity allowing students to participate in transformative and reflective learning through meaningful engagement. As a result of the elective's flexibility and learning format, students have found it extremely popular with approximately 75% of students from each class completing the course.

PS37 - The Synapse: Cultivating a Focus on the Humanities in Medical Education Through a Creative Medium

A.E. Dyer, M. Huque, A. Jayanti, K. Krishnan, L. Luc, J. Nguyen, S. Pearman, C. Soares, B. Gastel, K. Wakefield, P.K. Watson, College of Medicine, TAMHSC, Bryan, Texas

Abstract: The Synapse is a student-reviewed and produced online newsletter for the Texas A&M Health Science Center College of Medicine. It is a creative outlet for students and faculty and a forum for the integration of the humanities in medical education. The Synapse provides a venue for enrichment of medical education in the creation, production, and exposure to creative and literary works of members of the College of Medicine community.

PS38 - Got Respect? Institutional Focus on Respect in the Learning and Work Environment

M. Holden, Internal Medicine, UTMB, Galveston, Texas,

R. Saavedra, Office of the President Operations, UTMB, Galveston, Texas

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2016 SGEA Conference
Rebooting Medical Education

Abstract: Through institutional surveillance mechanisms, the University of Texas Medical Branch Professionalism Committee identified perceived disrespect as a frequent underlying cause in unprofessional interactions between faculty, staff, and students. The committee developed a series of six one-hour interactive sessions, each tailored to a specific audience (faculty, staff, or students). Sessions included information on professionalism, respect, and appropriate feedback. Selection of facilitators, location, literature, vignettes, and application exercises varied based on the audience. Participant feedback reported enhanced awareness, new strategies for demonstrating respect, and improved interprofessional appreciation.

PS39 - What is the Most Likely Diagnosis? A Comparison of Standardized Patient Recall and Student Documentation

K. Szauter, L. Kusnerik, Office of Clinical Simulation, University of Texas Medical Branch, Galveston, M. Woods, University of Texas Medical Branch, Galveston, Texas

Abstract: We studied the alignment between what simulated patients recall about their probable diagnoses and what students list as the most likely diagnosis in the patient note. The match overall was less than would be expected and has implications for how well patients recall what they are told about their diagnoses in actual practice.

PS40 - 'Beware of Schools Bearing Oaths': Analysis of North American Medical Oaths

B. Holler, College of Medicine, Texas A&M Health Science Center, Temple, Texas, N. Gamble, Faculty of Medicine, University of Toronto, Toronto, Ontario, S. Murata, Loyola Stritch School of Medicine, Maywood, Illinois, G.A. Russell, Humanities in Medicine, Texas A&M Health Science Center, Bryan, Texas

Abstract: The purpose of this study is to provide an update on oath-taking trends in medical education, by comparing the current content of medical oaths to those documented in similar previous surveys. A content analysis review was performed of medical oaths administered at U.S. and Canadian Allopathic medical schools. In Phase I of our research, over 150 schools were contacted with a 90%+ response rate. During Phase II, each oath will be analyzed, with reference to specific values central to medicine. The analysis will provide a window into current trends in medical education and central values as perceived by the medical profession today.

PS41 - Sharing, Adopting, and Implementing Best IPE Practices

B.C. Watzak, Department of Pharmacy Practice, Texas A&M, College Station, Texas, B. Holland, L. Livingston, Clinical Learning Resource Center, Texas A&M, Bryan, Texas, C. West, L. Graham, College of Medicine, Office of Medical Education, Texas A&M, Bryan, Texas, A. Gill, Office of Curriculum, Educational Department, Baylor College of Medicine, Houston, Texas, T. Pillow, Office of Undergraduate Education, Baylor College of Medicine, Houston, Texas

Abstract: Faculty from Baylor College of Medicine and Texas A&M Health Science Center will describe specific examples of Interprofessional Education best practices that were shared, adapted, and implemented at the partner school. These two best practices are a Bias workshop and a Disaster Day simulation. Successful collaboration can help sustain IPE initiatives.

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Rebooting Medical Education

PS42 - Geriatric Simulation Experience: Using a "day in the life" experience to increase empathy and improve communication

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Abstract: A geriatric simulation kit was created along with three clinical scenarios. Each scenario has four roles so that students may rotate and experience delivering and receiving care. Props help to simulate physical impairment and allow students to better experience a "day in the life" of an elderly patient in the healthcare system. Students have enjoyed the simulation and indicated specific changes in how they will communicate as a result.

PS43 - Facilitating Access to LGBT Specific Health Information for Educating Patients and Providers

L. Blake, University Libraries, Augusta University, Augusta, Georgia,

L. Stepleman, Psychiatry & Health Behavior, Augusta University, Augusta, Georgia,

D. Kriegel, Family Medicine, Augusta University, Augusta, Georgia

Abstract: An online health information portal is being developed that will allow patients access to reliable online resources that specifically address LGBT health concerns and to facilitate learning, teaching, and patient care at a student run, free Equality Clinic which serves the under and un-insured LGBT community. Both providers and patients will benefit from a consolidation of resources that will address health concerns, treatment options, and provide information on local support services.

PS44 - "I felt appalled and torn by my duty"- Empathy and Moral Distress Training in the Medicine Clerkship

A.M. Landa-Galindez, M.L. Cuellar, M. Armas, M. Mintzer, Internal Medicine, Florida International University/Herbert Wertheim College of Medicine, Miami, Florida,

M. Gillis, Medicine, Family Medicine and Community Health, Florida International University Herbert Wertheim College of Medicine, Miami, Florida

Abstract: Medical school is a challenging time for students, as large volumes of information must be learned and students often encounter stressful situations. We introduced a structured reflective assignment during the third year Internal Medicine clerkship where students were asked to report on a witnessed ethical dilemma. A clinical team was assembled to review the cases and assignments were classified into four different themes according to the ethical dilemma encountered. 95% of students correctly recognized ethical dilemmas, and moral distress was present in 73% of cases. Faculty assisted debriefing sessions were introduced in the form of small group interactive sessions along with individual personal feedback, to assist students in similar future ethically challenging encounters.

PS45 - Interprofessional Training of Nursing Students and Family Medicine Residents through Clinical Simulation Activities

B. Holland, L. Livingston, Clinical Learning Resource Center, Texas A&M Health Science Center, Bryan, Texas,

J. Bolin, School of Public Health, Texas A&M Health Science Center, College Station, Texas,

D. McClellan, A. Lichorad, College of Medicine, Texas A&M Health Science Center, Bryan, Texas

Abstract: The Texas A&M Health Science Center, through its Family Medicine Residency in Bryan, Texas, received grant funding in December, 2013, to provide breast and cervical cancer screening and diagnostic services to uninsured and low-income women living in a 9-county region of central Texas known as the Brazos Valley. The prevention grant takes an interprofessional approach to training family

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medicine physician residents, nursing students, and community health workers in clinical procedures and culturally appropriate patient care. The purpose of this paper is to describe the clinical simulation technology utilized in their training.

PS46 - Innovative Tools for Assessing Interprofessional Competencies

M. Stuber, V. Sigalov, David Geffen School of Medicine at UCLA, Los Angeles, California,

M.A. Shinnick, UCLA School of Nursing, Los Angeles, California,

L. Wilkerson, Dell Medical School, University of Texas at Austin, Austin, Texas

Abstract: With funding from the Josiah Macy, Jr., Foundation, the Schools of Medicine and Nursing at UCLA developed six assessment tools for use in IPE focused on the IPEC Core Competencies for Interprofessional Collaborative Practice to test students' knowledge, skills, attitudes, and behaviors. These include a video analysis assessment tool, a workplace observation tool, an Implicit Association Test, a knowledge question bank, an Objective Structured Clinical Exam station, and a multi-source feedback tool. We then tested the usefulness and feasibility of applying the assessment tools to the evaluation of learning outcomes of an IPE course for third-year medical students and advanced practice nursing students and in various interprofessional clinical experiences.

PS47 - Interprofessional Faculty Create and Launch a New Health Professions Master's Degree: The Duke Master of Biomedical Sciences

J.A. Jackson, Pediatrics, Duke University, Durham, North Carolina,

K. Andolsek, Family Medicine, Duke University, Durham, North Carolina,

L. Lee, School of Medicine, Duke University, Durham, North Carolina

Abstract: The Duke School of Medicine's Masters of Biomedical Science is a new innovative curriculum designed to provide a robust opportunity for interdisciplinary collaboration while emphasizing the necessary integration of the biological sciences, medical humanities, and formative discovery of professional identity. This innovative master's degree program exemplifies the values of integrative collaborative learning which is highly advantageous for learners entering health profession in the 21st century.

PS48 - Development of an Innovative Interprofessional Education and Patient Centered Medical Home

P.G. Patel, S. Lieberman, Internal Medicine, University of Texas Medical Branch, Galveston, Texas

Abstract: As the patient centered medical home (PCMH) model becomes the emerging standard of care, the healthcare of the future will require more team-based, patient-centered and outcomes-driven care. Consequently, medical schools must create innovative approaches to encourage students to have authentic, longitudinal and meaningful primary care experiences to facilitate careers and training in primary care. At the University of Texas Medical Branch, we piloted the Texas Excellence in Academic Medicine (TEAM) clinic which serves as a patient and education-centered medical home for a multitude of learners. As a part of "value-added" education, students are integrated into the essential functions of the clinic, work in an interprofessional team and take ownership of their own panel of patients in a longitudinal continuity clinic. The first year of clinic operation in this model has resulted in high rates of patient, staff, faculty and learner satisfaction, and more importantly, a significant reduction in the rates of patients with diabetes who are very poorly controlled (A1C>9).

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2016 SGEA Conference
Rebooting Medical Education

PS49 - An Innovative Approach to Interprofessional Quality Improvement Education

R. Chakravarthy, A. Peterson, S. Rehman, School of Medicine, Vanderbilt University, Nashville, Tennessee,

R. Palmer, School of Nursing, Vanderbilt University, Nashville, Tennessee,

A. Gadgil, Owen School of Business, Vanderbilt University, Nashville, Tennessee

Abstract: Experiential learning integrated with clinical work is thought to be the most effective modality for teaching quality improvement (QI) at the graduate level. However, lack of sustainability, stakeholder support and mentorship are known barriers in delivering a meaningful QI practicum experience. This course, developed in partnership with academic medical center staff, is designed to address these challenges. We describe a novel interprofessional QI curriculum in which student teams, under the guidance of expert quality scholars, compete to generate solutions for a real-world healthcare challenge.

PS50 - Simulated Approach to Teaching an Interprofessional Health Care Team About Bioethics

C. Motycka, E. Egelund, College of Pharmacy - PTR, University of Florida, St Augustine, Florida

Abstract: To determine if pharmacy students participating in simulations showed increased comfort towards end-of-life care compared to students participating in solely discussion-based scenarios.

PS51 - Reflecting on a Systems-Grounded, Integrative Medical Education for Universal Population Health

M.K. Lemke, Y. Apostolopoulos, Complexity and Computational Population Health Group, Texas A&M University, College Station, Texas,

S. Lee, School of Public Health, Texas A&M University, College Station, Texas,

A.E. Barry, Health & Kinesiology, Texas A&M University, College Station, Texas

Abstract: Medical and public health fields, and their associated curricula, exist independently and often lack a holistic understanding of the variety of factors influencing both patient and population health needs. We propose a systems-grounded, integrative medical education, which “bridges the gap” between the biological focused (medicine) and social / structural focused (public health). Using diabetes care as an example, we demonstrate the potential of such a unified curriculum in synergistically moving medicine towards its stated goals and professional competencies and providing wide-ranging benefits to medical education, medical/clinical research, clinical practice, healthcare, and universal population health.

PS52 - Speak No Evil - Improving Communication with Interprofessional Experiences Interwoven through the Curriculum

L.D. Forrester, M. Chandler, R. Gonzalez-Ayala, M. Lezama, J. Livingston, M. McNeal, A. Mettting, Internal Medicine, Baylor Scott & White Health/Texas A&M University HSC, Temple, Texas,

L. Wick, Pediatrics, Baylor Scott & White Health/Texas A&M HSC, Temple, Texas,

S. Wieters, Emergency Medicine, Baylor Scott & White Health/Texas A&M HSC, Temple, Texas

Abstract: The practice of medicine requires excellent communication skills between multiple healthcare professionals including doctors, nurses, respiratory therapists, and pharmacists. Furthermore, the Liaison Committee on Medical Education has recently instituted a standard for Interprofessional Competency. Our medical school has developed a thread woven throughout the entire curriculum using interprofessional activities as a way to improve communication skills between

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2016 SGEA Conference
Rebooting Medical Education

health care professionals. Preclinical medical students, medical students and senior nursing students worked with a rural community to develop healthcare goals as well as strategies to implement positive change and improve the overall health of a small community. In their third year, medical students met with nursing students, pharmacy students, and chaplain students in small groups to discuss ethical dilemmas and develop problem solving techniques for real world scenarios with the help of faculty facilitators. In the Internal Medicine Clerkship, students participated in critical care, psychiatric and medical case simulations with nursing students and respiratory therapy students to develop better communication and teamwork. Fourth year students participated in a pre-intern year boot camp involving surgery, emergency medicine, pediatrics, internal medicine, anesthesia, and obstetrics/gynecology faculty as well as nurses to simulate emergent scenarios likely to be encountered during intern year. These experiences will better prepare our students for the complex nature of the current health care environment while improving patient safety and satisfaction.

PS53 - 3rd and 4th Year OSCE on Informed Consent to Identify Baseline Abilities Prior to Implementing a Formal Curriculum on EPA 11

C.D. McFarlin, V.T. Obeso, Office of Medical Education, Florida International University, Miami, Florida,

M. Gillis, Department of Medicine, Family Medicine, and Community Health , Florida International University, Miami, Florida

Abstract: We created and implemented an Objective Structured Clinical Examination (OSCE) for informed consent in the spring of 2015 to determine the abilities of our students prior to the implementation of a formal curriculum to address EPA 11. Two classes of medical students, one at the end of their third year and the other just prior to graduation, participated in the mandatory formative OSCE. The OSCE included a scenario with a standardized patient as well as student documentation of the encounter. The assessment tools created were mapped to the competencies that frame EPA 11. Assessment tools and data collected identifying areas of strengths and weaknesses will be presented on our poster.

PS54 - One Institution's Curriculum Survey for Content on Informed Consent and Changes Already Implemented in the Preclinical Years

C.D. McFarlin, V.T. Obeso, Office of Medical Education, Florida International University, Miami, Florida,

M. Gillis, Department of Medicine, Family Medicine, & Community Health , Florida International University, Miami, Florida

Abstract: This poster will highlight the actions taken at one institution to begin implementing a systematic approach to addressing entrustment of medical students with obtaining informed consent. We will review our approach to surveying the curriculum and designing a longitudinal curricular approach to preparing medical students for entrustment to obtain informed consent with indirect supervision on day 1 of residency.

PS55 - Breathing New Life into an Old Curriculum: Ideas for Curriculum Improvement in the First Month of Clinical Training

T.J. Boyer, P.J. Chhatbar, V. Kumar, M.J. Arthur, Anesthesiology and Perioperative Medicine, Georgia Regents University, North Augusta, South Carolina,

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2016 SGEA Conference
Rebooting Medical Education

K.M. Braun, Obstetrics and Gynecology, Georgia Regents University, Augusta, Georgia

Abstract: The authors present the process of updating an existing intensive first month curriculum for residents. Our new, innovative, and engaging curriculum was designed utilizing existing national resources via free internet searches. The curriculum incorporated simulation and promoted learner engagement through the use of an “Olympics” style contest.

PS56 - Development and Implementation of Case-Based Active Learning Medical Biochemistry Sessions Designed to Promote Lifelong Learning Skills

A.E. Medlock, Biochemistry and Molecular Biology, GRU UGA Medical Partnership, Athens, Georgia

Abstract: As scientific knowledge grows steadily, the need to create physicians who are lifelong learners (LLL) has never been greater, especially in basic biological science fields including biochemistry and molecular biology. The characteristics and skills associated with LLL include goal setting, application of knowledge and skills, self-evaluation, information retrieval and adaptation. These skills have been used to guide the development and implement active learning case-based medical biochemistry sessions to deliver core content at the GRU-UGA Medical Partnership. Analysis of assessment items related to content knowledge showed no change from other teaching strategies, yet course evaluation results in positive student feedback. Consideration of LLL skills should and can be included in session and curriculum development to train doctors that can continue to understand and use new and developing information.

PS57 - Encouraging Students’ Interests: The Undergraduate Medical Education Distinction Track Program at the University of Louisville School of Medicine

M.A. Shaw, S. Sawning, S. Gibson, E.E. Carr, M. Carter, Undergraduate Medical Education, University of Louisville School of Medicine, Louisville, Kentucky

Abstract: The Undergraduate Medical Education Distinction Track Program at the University of Louisville School of Medicine was created to meet two primary goals: increase the number of students choosing a career in academic medicine and provide students with opportunities to focus on areas in medicine for which they have a passion. The purpose of this study was to conduct an initial program evaluation by measuring time investment, scholarly productivity and perceptions of graduates. A mixed-methods design utilizing exit questionnaires and focus groups was used to evaluate the impact of the program on its 2015 graduates. Our results confirm the benefits and challenges of the University of Louisville School of Medicine Distinction Track Program.

PS58 - “Show and Tell”: Developing a Multidisciplinary Longitudinal Visual Diagnosis Curriculum for First Year Internal Medicine Residents

V. Nambudiri, A.F. Glover, D. Bujanda, J. Sansbury, R. Goldsteen, Internal Medicine, Grand Strand Medical Center, Myrtle Beach, South Carolina

Abstract: Given the importance of visual diagnosis in internal medicine, a curriculum targeting visual learning was prioritized during the launch of the new Internal Medicine residency at Grand Strand Regional Medical Center in July of 2015. An integrated multidisciplinary longitudinal visual diagnosis curriculum – termed “Show and Tell” – was developed. 50 weekly, one-hour sessions over the course of the year draw on expertise of physicians from primary care, hospitalist medicine, dermatology, cardiology, pulmonology, hematology, nephrology, rheumatology, gastroenterology, neurology, neurosurgery, and obstetrics/gynecology. Weekly bedside visual diagnosis rounds offer learners the

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2016 SGEA Conference
Rebooting Medical Education

chance to put their skills into real-life practice. “Show and Tell” has helped shape the educational development of our residents and offers an innovative framework for others to replicate or build upon.

PS59 - SCOPE: Student Continuity of Practice Experience, a Longitudinal Primary Care Curriculum

*J.L. Rowen, C. Ford, SOM Educational Affairs, University of Texas Medical Branch, Galveston, Texas,
P.G. Patel, General Internal Medicine, University of Texas Medical Branch, Galveston, Texas,
V.S. Sierpina, Family Medicine, University of Texas Medical Branch, Galveston, Texas,
M.W. Wolffarth, Pediatrics, University of Texas Medical Branch, Galveston, Texas*

Abstract: We successfully paired a longitudinal primary care curriculum with a clinical model that provides a meaningful role for medical students in delivering patient care. The Texas Excellence in Academic Medicine (TEAM) clinic was designed to serve as a patient-centered medical home and as an educational home for learners. The clinic is a community-based internal medicine practice serving predominantly Medicaid-funded patients. We deployed a longitudinal curriculum, SCOPE (Student Continuity of Practice Experience) to support the third-year students assigned to the TEAM clinic in 2014-15; curricular objectives were selected based on perceived needs for student learning about primary care practice. Following this pilot year, the program expanded to include Family Medicine and Pediatrics and incorporated students across all four years of the curriculum. There are currently 67 students engaged in the program. Students experience continuity of patients, continuity of location and continuity of mentoring and assessment throughout the four years.

PS60 - Goldilocks and the Three Metadata Tags: Results of Using a Hybrid Curriculum Content Framework

H.A. Stoddard, E.D. Brownfield, G. Churchward, Emory University School of Medicine, Atlanta, Georgia

Abstract: This poster presents detailed examples of how a locally developed, hybrid, curriculum content framework that is ‘not too broad’ and yet ‘not too specific’ has been used to provide meaningful data for use in curriculum management. In 2014, Emory University School of Medicine developed and implemented a framework to respond to recent trends that have compelled medical education programs to organize and analyze their curricular content. The examples presented in this poster illustrate how the unique framework was able to provide key data to help resolve issues that are commonly encountered by medical schools, particularly those which feature an integrated curriculum.

PS61 - Improving Global Health education through Pre-Departure Training (PDT) curriculum.

M. Keibler, MS, Medical Student Affairs, University of Louisville, Crandall, Indiana

S. Couch, MS, M. Means, University of Louisville, Louisville, Kentucky

Abstract: There are an increasing number of medical students traveling to low-resource countries for service-learning medical missions. Current standards for Pre-Departure Training (PDT) in Canadian and many US medical schools included five core competencies to prepare students to travel on their medical mission. Most PDT curriculum uses 4 methods of content delivery: E-learning, small group sessions, case studies, and journal review with written reflection as a means of assessment. We propose embedding a mandatory PDT curriculum in a clinical elective that consists of seven core competencies: 5 grounded in the literature (personal health, travel safety, cultural competency, language competencies, ethical considerations) with clinical skills and personal reflection as additional competencies.

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2016 SGEA Conference
Rebooting Medical Education

PS62 - Student Perspectives and Contributions to Implementing a Revised Medical Curriculum

C.E. Baker, A.M. Yengo-Kahn, K.D. Lomis, Vanderbilt University School of Medicine, Nashville, Tennessee

Abstract: A select number of medical schools are taking bold steps to prepare their students for the ever-changing demands of healthcare in the 21st century while also restructuring their curriculum to enhance the learning experience by placing the student at the center of content delivery. While this restructuring carries many positives for the adult learner, administrators often make assumptions about how students will perceive and respond to such innovative and unfamiliar educational concepts; this can create a disconnect between students and their curriculum. One approach to bridging this disconnect is early and consistent involvement of student representatives in the development and ongoing revision of the curriculum. As multi-year members and current co-chairs of the institution's Student Curriculum Committee, the authors have significant experience working in this capacity by assisting in development of the new curriculum and providing real-time feedback on curricular implementation.

PS63 - Physics of Echocardiography Curriculum Development: "A Good Outcome In A Once upon A Time Difficult Topic"

M. Morsy, K. Szauter, Internal Medicine, University of Texas Medical Branch (UTMB), Galveston, Texas

Abstract: Physics of echocardiography is a curriculum developed to prepare cardiology trainees for the echo board exam. It addressed a difficult unfamiliar section of the exam. The results were excellent on the test, in the class, and during patient encounters. This is our institute experience and we plan to share the contents of the curriculum with other institutes.

PS64 - Concealed Handguns on Campus: Implementation of a Campus Carry Law at an Academic Health Center

M.A. Ainsworth, Internal Medicine, University of Texas Medical Branch-Galveston, Galveston, Texas

Abstract: Texas is the most recent of nine states where legislatures have enacted laws authorizing concealed handgun license (CHL) holders to carry handguns on the campus of institutions of higher learning ("campus carry"). A health science institution presents unique challenges for campus carry laws in light of its emphasis on patient care and biomedical research missions. This proposal reviews the national trends in such legislation and the impact or responses by higher-education campuses. The proposal then describes the process by which one academic health campus in the University of Texas system approached the tasks of engaging the campus community, exercising the degree of local control provided through the law, and developing policies and educational programs for implementation.

PS65 - Practical Leadership: A 10 Hour Mini Elective to Jump Start Physician Leadership Skills

B.A. White, L.E. Diaz, Humanities, Texas A&M HSC College of Medicine, Salado, Texas

Abstract: Leadership is inherent in the role of a physician; however, our clinical education system does not prioritize leadership education (Blumenthal, Bernard, Bohnen, & Bohmer, 2012). While some leadership programs do exist, they are targeted toward physicians seeking management or administrative roles (Bhatia, Morris, Wright, Sharma & Katz, 2015). All students should have an opportunity to gain leadership skills as they will at one point be required to utilize them. In an effort to give students leadership skills exposure, a practical leadership selective was offered during the second

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2016 SGEA Conference
Rebooting Medical Education

year humanities block. The selective demystified leadership by demonstrating how universal it is, and highlighting the fact that students of medicine are already leaders.

PS66 - A Year in the Life: The Role of Staff Chief in a New Internal Medicine Residency Program

J.R. Sansbury, V. Nambudiri, D.E. Bujanda, R. Goldsteen, Internal Medicine, Grand Strand Regional Medical Center, Myrtle Beach, South Carolina

Abstract: In a new and constantly evolving Internal Medicine residency program, the typical role of the “Chief Resident” is often difficult to define. At Grand Strand Regional Medical Center in Myrtle Beach, South Carolina, this role has been molded to encompass both the Graduate Medical Education (GME) administrative duties of a typical Chief Resident, and the full responsibilities of an attending physician on an inpatient hospital medicine service. The Staff Chief is unique in its ability to bridge two very different roles within the hospital, and is funded in part by both the GME program and the inpatient hospitalist group within Grand Strand Regional Medical Center. The Staff Chief model serves as an example for future programs looking to innovate by creating a unique role for early career development and advancement for trainees interested in medical education.

PS67 - Faculty Development for Educational Technologies: the pedi.edtech Experience

*A. Rudnicki, Office of Educational Development, UTMB, Galveston, Texas,
M. Urbani, V. Niebuhr, M. Wolfarth, B. Niebuhr, P. Beach, Pediatrics, UTMB, Galveston, Texas*

Abstract: Pedi.edtech is a pediatric faculty development program designed to help participants become more adventurous about technology applications, built on principles of (a) individualizing instruction, (b) self-identified needs, (c) accommodating when faculty cannot be in the same place at the same time, and (d) providing development also for staff so they might better support their faculty. Focus has been in four areas: Instructional Technology, Information Searching/Information Management, Electronic Health Records, and Personal Effectiveness/Productivity. Faculty development strategies include: (a) individual consultations using remote screen-sharing, phone, office calls; (b) group sessions (demonstrations, workshops, small group discussions); (c) web-based instruction (www.utmb.edu/pediedtech).

PS68 - The Development of Educational Researchers: A Five-Year Retrospective Analysis

*T.R. Wyatt, S. Mendenhall, L. Stepleman, Educational Innovation Institute, Medical College of Georgia, Augusta, Georgia, K. Braun, Ob/Gyn, Medical College of Georgia, Augusta, Georgia,
L. Evans, Office of Leadership Development, Medical College of Georgia, Augusta, Georgia,
A. Rossi, Office of Student & Multicultural Affairs, Medical College of Georgia, Augusta, Georgia,
P. Wallach, Academic Affairs, Medical College of Georgia, Augusta, Georgia*

Abstract: Although a requirement for accreditation and promotion, many faculty lack the training and resources needed to produce educational scholarship. The authors present a five year retrospective analysis on a successful Educational Research Fellowship that has resulted in sustained scholarly activity for its participants, as well as, a network of educational researchers within the institution. Quantitative data was used to assess the amount and types of scholarship faculty produced during and after participation in the fellowship, and qualitative data was used to identify the mechanisms that contributed to their success.

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2016 SGEA Conference
Rebooting Medical Education

PS69 - Scholars in Healing: Faculty Development for Facilitating from the Heart

J. McKee, E. Buck, C. Geary, University of Texas Medical Branch, Galveston, Texas

Abstract: The Carnegie Report on medical education recommended increased emphasis on self-awareness, interpersonal and communication skills. The AAMC has endorsed increased attention to intrapersonal and interpersonal competencies for medical students. In response to these suggestions, we created the Physician Healer Track, which is a 4 year longitudinal curriculum which focuses on personal growth, mindfulness, wellness, emotional intelligence, self-awareness and healing presence. Student response was overwhelming and we found that we needed to train more faculty in order to facilitate the number of students interested in participating in the track. The Scholars in Healing faculty development program was developed in response to this need.

Abstracts

SMALL GROUP DISCUSSIONS

SG1 – Radical Perspectives in Curriculum Development: Using Role Immersion to Imagine the Curriculum of the Future

D. Kay, J. Kibble, Medical Education, University of Central Florida, College of Medicine

A. Berry, A. Griffin, M. Bailey, Faculty Development, University of Central Florida, College of Medicine

Abstract: Futurists predict that technology and other social forces will result in a dramatic role shift for physicians in the next decade. It is predicted that physicians will find themselves spending less time caring for patients and more time making sense of numerous data points in order to coordinate care for the benefit of the patient. Within medical education, the expected attributes of graduates are being redefined, basic and clinical sciences are increasingly integrated and best practices in teaching and learning are rapidly evolving. Now is a challenging and exciting time to be a curriculum developer in medical education. The skill set for faculty of the future in medical education may well be the ability to adopt a variety of curriculum design perspectives and negotiate a shared understanding related to critical learning objectives and curricular efficiency. This highly interactive small group session provides an opportunity for participants to experience different approaches to focused curriculum design. Utilizing a role immersion model, participants will deliberate about curricular content and instructional strategy for a basic medical nutrition topic in two group formats; first, with group members who share the same role and second, with group members with different roles. In both cases, groups will be charged with designing a curricular experience that represents the interests of their assigned roles in their respective groups. With these two experiences, it is expected that participants will be able to adopt different perspectives of curriculum design, to compare and contrast the value of diverse versus similar perspectives, and to recognize the benefits and risks associated with particular approaches in their educational setting.

After this presentation participants will be able to:

- Describe the influence of specific approaches to curriculum design
- Identify the strengths and weaknesses associated with various roles involved in curriculum development
- Compare and contrast the value of diverse versus similar perspectives in the curriculum
- Discuss benefits and risks associated with particular approaches in their educational setting

SG2 – Curriculum Mapping: Insights from Two Institutions

L. Graham, C. West, Texas A&M Health Science Center College of Medicine

S. Cottrell, A. Lama, West Virginia University

Abstract: Curriculum mapping is essential for curriculum management, refinement and revision in medical education. Even though mapping is commonly used in education, the curricular data gathering process and the value and purpose of it is often unfamiliar to medical educators which presents some challenges. This small group session will enable participants to share their mapping experiences, examine successful strategies, and analyze their institution's curriculum mapping needs. The ability to engage in discussion with faculty from two medical schools who have approached the curriculum

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2016 SGEA Conference
Rebooting Medical Education

mapping process in different ways will provide information and resources that may be customized and utilized at other institutions.

After this presentation participants will be able to:

- Discuss successful mapping techniques and strategies
- Examine common and unique elements of the curriculum mapping process across institutions
- Evaluate the lessons learned in an effort to align with needs and improve curriculum mapping at their institutions

SG3 – ‘Healerism’: Rebooting the Heart of Medicine

S.A. Lieberman, Office of the Dean of Medicine, University of Texas Medical Branch

C. Geary, Pediatrics, University of Texas Medical Branch

Abstract: It is widely recognized that medical students suffer diminution in empathy and altruism during training. This disconnection from one of the major callings of a career in medicine is associated with burnout and depression among students. Being a healing presence (or “healerism”) refers to being in the moment with another or others who are suffering and helping to facilitate their native ability to move toward wholeness. The Healer’s Art course developed by Remen et al. offers a 15-hour experience for first or second year medical students to begin to explore this and related concepts. At UTMB, we have developed the Physician Healer Track (PHT) to provide extended opportunities and training for interested students to develop their innate desire to be a healing presence for their patients. The PHT is a six month commitment that is integrated longitudinally into the four years of medical school. Participation is voluntary and we currently have about 20% of each class committing to this training. Students complete assignments and meet monthly in small groups with two clinical faculty mentors for their four years. At the end of their first year they participate in a two month immersion experience with four courses focused on mindfulness, interpersonal communication, life balance, and ‘Being with Suffering’. They also participate in clinical shadowing to provide clinical relevance to these courses. In their senior year they participate in a month long follow-up immersion course and take one elective from a short list of options. During this small group discussion session, participants will explore the concept of being a healing presence, its potential role in medical practice and training, and how opportunities for developing this facet of students’ professional identity can be provided within the curriculum.

After this presentation participants will be able to:

- Contrast healing with curing and to describe the concept of being a healing presence
- Discuss the appropriateness of healerism in medical practice and medical education
- Create ideas for the development of healerism in current medical curricula
- Describe methods for allowing students to develop their talent in this art

SG4 – When is a Disability, a Disability? Assessing and Determining Leave of Absences

T.T. Salazar, Academic and Disability Support, Texas Tech University HSC El Paso

S.G. Smith, K.L. Gibbs, Student Affairs/Academic Support, University of Tennessee Health Science Center

Abstract: What are best practices that guide institutions in determining reasonable accommodations and leaves of absence that balance the rigor of programs while providing for the documented needs of students? Accommodations often require unique balancing of academic and clinical programming

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2016 SGEA Conference
Rebooting Medical Education

needs, institutional policy, technical standards, and federal and state laws around the ADA, Section 504, Title VII and Title IX. This session will focus on solutions and issues in managing leaves of absence. Using student scenarios, sample policies, models, best practices will be discussed in order to identify, plan, design and enhance campus policies and processes.

After this presentation participants will be able to:

- Identify best practices for determining reasonable accommodations and leaves of absence
- Distinguish between types of leaves of absence that require accommodations
- Evaluate processes in order to balance institutional priorities and students' needs
- Identify laws used in determining appropriateness of policies and procedures around leaves of absence
- Describe student financial aid and institutional refund implications

SG5 – What are Core EPAs for Medical Educators?

C. Tucker, Faculty Affairs, Virginia Commonwealth University

A. Hall, University of Tennessee Health Science Center

Abstract: Entrustable professional activities are those professional life activities that define the specialty, in this case, medical education. EPAs ground competencies in every day work. Each activity leads to some outcome that can be observed. Unlike traditional education, competency based medical education starts with system needs. GME competency-based education allows for the defined level of proficiency to meet local needs (McGahie, Miller, Sajid, Telder, 1978). What are competency-based educators? Programs must graduate trainees with a high level of competence, but how do GME programs achieve excellence without training the faculty how to provide a transformative learning experience. How do faculty teach or assess competencies they may not understand (i.e. PBLI vs SBP)? How do we know a faculty member is ready to teach “unsupervised?” This session will discuss these ideas and propose a list of core EPAs for medical educators.

After this presentation participants will be able to:

- Develop a working definition of common medical educator EPA's
- Identify potential EPA's for medical educators to operationalize competency based assessment of teaching (Pilot a medical educator's self -assessment tool)
- Outline faculty development strategies that improve faculty competence

SG6 – Crossing the Long Bridge: Exploring Interprofessional Education Opportunities for Medical Students and Community Health Workers

E.L. Rosenthal, Medical Education, Texas Tech University - Paul L. Foster School of Medicine, El Paso

Abstract: Medical schools are increasingly challenged to become actively engaged with community members and to ensure that their students provide meaningful service in those communities. Further, medical schools seek to produce students who are well versed in the social determinants of health and population health. Community Health Workers (CHWs), serving in the local community, have the knowledge of these issues and can be able partners in supporting medical student learning. In this small group discussion participants will learn about the basic core roles and competencies of US CHWs. Together they will identify current activities in SGEA medical schools where CHWs are playing a role in supporting medical education. They will also explore new ideas for supporting medical students and CHW interprofessional education within individual schools of medicine. Participants will also be invited

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2016 SGEA Conference
Rebooting Medical Education

to create at least one proposal for future regional collaboration supporting learning and activities to support medical students and CHW opportunities for shared learning.

After this presentation participants will be able to:

- Identify basic core roles and competencies of US Community Health Workers
- Discuss activities in the SGEA medical schools where CHW's are playing a role in supporting medical education
- Articulate ways that medical students and CHW-interprofessional education can be carried out within individual schools of medicine

SG7 – Exploring Interprofessional Education Practices across Multiple Institutions

C. West, L. Graham, Texas A&M Health Science Center College of Medicine

P.A. Carney, M.F. Miller, Oregon Health & Science University (OHSU)

Abstract: Interprofessional Education (IPE) is receiving a great deal of attention due to the increased recognition of the importance of collaborative practice and accreditation standards across disciplines. While IPE practices are often shared, in depth examinations of IPE practices across institutions are limited. This small group discussion will supplement what has been reported in descriptive articles and illuminate findings and future research implications from our multi-institution IPE practices investigation.

After this presentation participants will be able to:

- Discuss successful IPE activities and top challenges across institutions
- Examine common elements of sustainable IPE activities across institutions
- Evaluate the lessons learned in an effort to improve IPE activities/practices and move IPE offerings forward at their respective institutions

SG8 – A Student-Centered Framework for Academic Support

J.C. Ariail, T.G. Smith, Center for Academic Excellence/Writing Center, Medical University of South Carolina

S.R. Smith, Student Affairs, Dell College of Medicine

T. Edwards, Office of Student Development and Academic Counseling, Brody School of Medicine

B. Harlow, Office of Student Affairs, Marshall University Joan Edwards School of Medicine

P. O'Callaghan, Office of Student Affairs, University of South Florida Morsani College of Medicine

Abstract: Academic Support in medical schools and academic healthcare training centers is becoming standard; yet, a generalized framework for best practices within this work and evidence of its educational interventions have been minimally documented. The presenters are proposing a framework for academic support that imitates medicine's patient-centered care. In small groups, participants will discuss whether and how their current academic- support interventions align with the proposed framework. The common framework may then be used to create research that determines a causal or correlational relationship between academic success and academic support.

After this presentation participants will be able to:

- Describe the role of implementation theory as it applies to academic support using a metaphor of patient centered care
- Build an academic support framework form participants' collective current practices

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Rebooting Medical Education

- Challenge participants to use this standardized framework for future collaborative research for assessment/evaluation

SG9 – Creating a Community of Practice of Educators with a Scholarly Approach

Z. Zaidi, S. Islam, P. Hahn, C. Edwards, University of Florida

Abstract: A community of practice (CoP) is a group of individuals who share a common concern or interest in a topic and come together to fulfill both individual and group needs while continuously creating a shared identity. Thus, sharing is imperative for the creation of identity, futuristic engagement in learning and subsequently a community of practice. Wengers work focuses on learning as social participation, the individual as an active participant in the practices of social communities, and in the construction of his/her identity through these communities. Health professions educators can engage with the broader community of educators by reviewing and building upon other educators work to begin to form a community of practice. This scholarly approach is demonstrated by documenting a systematic approach, informed by the literature and best practices in the field, to the design, implementation, assessment and redesign of an education activity. Documentation of educational scholarship begins with demonstrating that a product emerging from an education activity is disseminated to the education community in a form that others can build on.

After this presentation participants will be able to:

- Describe benefits of a CoP of educators
- List practical steps to build a CoP
- Formulate a plan to leverage CoP for scholarship at their institution

SG10 – Sex and Gender: Everything You Always Wanted to Know and Shouldn't Be Afraid to Ask

R. Casanova, Office of Curriculum, Texas Tech University Health Sciences Center

R. Bush, Academic Affairs, Texas A&M College of Medicine

M. Jenkins, Internal Medicine, TTUHSC

M. Song, School of Medicine, TTUHSC

Abstract: Although sex and gender differences are recognized as major determinants of health, they are rarely included in current medical school curricula. This interactive session will explore the evidence behind sex and gender differences, the need for inclusion in current curricula, and existing strategies.

After this presentation participants will be able to:

- Discuss current issues in sex and gender evidence based medicine
- Assess SGBM content in their institutional curriculum
- Identify barriers to inclusion of SGBM content into current curriculum

SG11 – Developing Ideas for Teaching High Value Cost Conscious Care on Teaching Service

Z. Zafar, S. Islam, N. Radhakrishnan, Internal Medicine, University of Florida

Abstract: High-value care (HVC) is defined by Porter et al. as achieving same or better health outcome relative to lower costs. High value cost conscious care has received widespread attention in recent years due to alarming and unsustainable rise in healthcare costs in United States. A significant portion of these costs is considered waste and is avoidable. Current medical school and residency curriculum is insufficient in teaching HVC to a newer generation of doctors. There is a nationwide effort to develop

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HVC curriculum for medical students and residents. We propose a small group session to develop ideas for incorporating high value cost conscious care teaching in clinical care settings.

After this presentation participants will be able to:

- Describe importance of high value care (HVC) in medicine
- Identify effective methods to teaching HVC
- Organize methods identified into HVC curriculum

SG12 – The Preventive Medicine Clinic: A Novel Approach to Medical Education and Health Promotion in Texas' Rio Grande Valley

J. Krishnaswami, W. Harden, Department of Community and Family Medicine, University of Texas - Rio Grande Valley

Abstract: Increasing evidence underscores the influence of neighborhood, including school, community and social environments, on health, social justice and well-being. To effectively and equitably manage the United States' growing burden of chronic, "lifestyle" disease, medical education must train future doctors in skills of community-based prevention in addition to traditional clinical competencies. The Preventive Medicine Clinic at the University of Texas - Rio Grande Valley is a novel and collaborative training opportunity for residents and medical students. Its educational mission is to build physicians' competency and self-efficacy in delivering clinical prevention strategies and building community capacity in an interdisciplinary, team-based setting. The objective of the Clinic Design workshop, founded on the principles of community engagement, is to involve academic stakeholders in the clinic design. A variety of interactive strategies will allow educators and health professionals to collaborate, share expertise, and develop a shared vision which will guide the implementation of the Clinic curriculum and activities.

After this presentation participants will be able to:

- Explain the theory and principles of community-engaged research and cite evidence of effectiveness in diverse and underserved settings
- Interpret and design metrics designed to measure community engagement along all stages of a research intervention
- Discuss the principles of community engagement to clinical prevention, reduction of health disparities and medical education
- Identify essential "practice of community-based prevention" competencies for medical students and residents
- Define a "practice of community-based prevention" and describe innovative approaches to applying and teaching this paradigm in medicine
- List key characteristics of a clinical training environment designed to build competency in disease prevention and community health, and present a logic model describing the clinic's inputs, mediators, short-term and long-term outcomes
- Develop and apply best practices for teaching and applying techniques of prevention and community-engagement in clinical and non-clinical settings
- Develop systematic metrics for assessing the value of community-engaged medical education as a learning tool, based on ACGME competencies and milestones

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SG13 – Not all Those Who Wander are Lost: Postbaccalaureate Pathways for Success

J.A. Jackson, K.M. Andolsek, Duke University School of Medicine

V.H. Lee, B.L. Schneider, Texas Tech University Health Sciences Center

K.M. Campbell, J.E. Rodriguez, Florida State University College of Medicine

Abstract: Post-baccalaureate premedical (postbacc) program is the broad, generic term used to characterize a wide variety of markedly dissimilar educational opportunities. Once felt to be only for the non-traditional student, they are increasing in popularity and 15 percent of US medical students have participated in a postbacc program. These students are more likely to be from a group historically underrepresented in medicine, and intend to practice in an underserved community. They are less likely to have a physician parent and are as, or very nearly as successful with med school completion as other medical students. A comparison of postbaccs who subsequently graduated from medical school 1996-2002 with a randomly drawn sample of non-post bac graduates from the same medical schools demonstrated that postbacc graduates were more likely to be practicing in federally designated underserved areas and in settings providing critical access to vulnerable populations.

After this presentation participants will be able to:

- Compare approaches and lessons learned by some institutions in creating their postbaccs
- Predict implementation issues such as curricular and faculty development, resources, academic support, recruitment, and assessment of outcomes/impact
- Identify opportunities for future collaboration among SGEA postbacc programs, including whether there is interest and opportunity in the formation of a postbacc “special interest group”

SG14 – The Complete Recipe for the Annual Institutional Review – Essentials and Enhancements*

W.P. Metheny, Graduate School of Medicine, University of Tennessee

Y. Wimberly, Graduate Medical Education, Morehouse School of Medicine

Abstract: The ACGME has continued to increase the responsibilities of oversight of the residency programs at the Designated Institutional Official / GME Office level. This session will focus on the Annual Institutional Review (AIR) process and is identified as a “core” requirement. AIR is identified as a performance indicator and includes an intense and detailed monitoring process. This session will use the annual GME cycle as a conceptual model for constructing the AIR, link criteria for AIR to this model, identify the critical elements at each juncture of this GME cycle for AIR purposes, describe existing data sources (e.g., APRs, ERAS, NRMP, graduate surveys). Participants will be provided an algorithm with a monthly approach and a template and scorecard for the AIR process to use as a guide and in small groups. The groups will describe new elements solicited from the discussion and express renewed enthusiasm and understanding for conducting the AIR.

***Note: Participants should bring a printed copy of their last Annual Institutional Review (AIR) to the session.**

After this presentation participants will be able to:

- Using the annual GME cycle as a model for constructing the AIR, develop criteria for AIR to the model
- Identify the critical elements at each juncture of this GME cycle for AIR purposes
- Describe existing data sources (e.g. APRs, ERAS, NRMP, Graduate surveys)
- Describe new elements solicited from the discussion they will incorporate into their next AIR

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- Express renewed enthusiasm for conducting the AIR

SG15 - Using Emotional Intelligence to Develop Entrustable Professional Activities within the Professionalism Curriculum

R. Bonnin, D. Castellanos, J.C. Mora, Department of Psychiatry & Behavioral Health, Herbert Wertheim College of Medicine at FIU

Abstract: In an era of heightened awareness for patient safety, the Association of American Medical Colleges (AAMC) recently published a set of 13 Entrustable Professional Activities (EPA's) competencies to achieve residency preparedness (Core Entrustable Professional Activities for Entering Residency 2013). The EPA's are a series of competencies based on patient, peer and team communication, self-awareness, insight into the emotions of others, coping skills, and demonstrating respect for patients, just to name a few, and Emotional Intelligence is integrated into various EPA competencies.

After this presentation participants will be able to:

- Discuss how to integrate Emotional Intelligence into their curriculum
- Identify areas within their unique curriculum that can benefit from integrating EI
- Describe tools and conceptualization of how an EI framework can be integrated into their school's curriculum

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Abstracts

WORKSHOPS

WS1 – Aligning Incentives: An Appraisal of Resources Required for Preservation and Innovation of the Education Mission

S. Crow, Univ. of Okla. School of Community Medicine

K. Lomis, Vanderbilt SOM

E. Nelson, UT Dell Medical School

N. Hayes, Florida State University COM

Abstract: Many medical schools are grappling with how to best utilize the limited resources available to support their core educational program as well as develop and / or sustain curricular innovations. This workshop will identify how several schools in our region are doing this well (or not) and to identify strategies or best practices and trends schools can use to support curriculum innovations and the core educational program. The information gleaned from this workshop will be used to help inform national discussions around the limited resources topic.

After this presentation participants will be able to:

- Identify key characteristics in curricular innovation and associated resources necessary to support the innovations
- Identify challenges to funding the educational missions of Academic Health Centers
- Formulate ideas on how to rectify resource allocations to address the demand for curriculum innovation, while recognizing the funding challenges of Academic Health Centers

WS2 – Use of an Innovative Movie Mini-Series to Train Interprofessional Preceptors

C.D. Cox, School of Pharmacy, Texas Tech University Health Sciences Center

R.J. Bogschutz, Office of Interprofessional Education, Texas Tech University Health Sciences Center

Abstract: Few medicine preceptors receive formal training in teaching medical students and/or residents on clinical rotations; however, effective precepting is vital to promoting the competence and confidence of these learners in interprofessional health care practice settings. With the need for enhanced interprofessional preceptor training, an innovative educational program was developed. One of a larger group of preceptor training programs based on a similar concept, this twelve episode interprofessional “Preceptor Video Mini-Series” includes the professions of nursing, medicine, occupational therapy, pharmacy, physical therapy, and speech-language pathology. Each episode is designed to include entertainment, preceptor-student scenarios, preceptor expert commentary, and preceptor teaching pearls. During this workshop, several five to ten minute episodes of the interprofessional preceptor video series will be shown to highlight contemporary issues in clinical education and precepting. Following each episode, participants will have opportunity to personally reflect and discuss each scenario with their colleagues. Evidence-based student precepting strategies will be numerated with concrete examples from current medical practice settings. Finally, issues in experiential learning in interprofessional environments will be presented with recommendations for ways to enhance these interprofessional education opportunities for both students and residents.

After this presentation participants will be able to:

- Describe the importance and role of preceptor education in health professional education

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- Discuss strategies employed to provide preceptor development along with common challenges that are faced
- Describe an innovative preceptor video mini-series program targeted at training health care professionals
- Analyze challenging scenarios utilizing the preceptor video mini-series format to provide solutions to common experiential rotation issues.

WS3 – Continuous Quality Improvement (CQI) in Education: A Smorgasbord of Perspectives on Preparing for LCME Element 1.1

E.D. Brownfield, G. Churchward, H.A. Stoddard, Emory University School of Medicine

J.L. Rowen, University of Texas Medical Branch

N. Krane, Tulane University School of Medicine

A. Thomas, P.M. Wallach, Medical College of Georgia

K. Esposito, FIU - Wertheim College of Medicine

Abstract: This session will present an overview of continuous quality improvement (CQI) for education and will feature mini-presentations from five medical schools about their own approach to complying with new LCME standards for CQI and for ongoing monitoring of LCME standards. Attendees will learn about multiple approaches to CQI in several SGEA schools and will interact with peers and presenters to consider specific issues related to CQI and how to apply CQI in their own schools.

After this presentation participants will be able to:

- Present the basic principles of CQI and CQI for education
- Provide specific examples of how CQI has been implemented at several SGEA schools
- Initiate discussion amongst small groups about 3 topics related to CQI in medical schools
- Share discussion points from small groups with other attendees

WS4 – Navigating Your Academic Career Path: “Look Before You Lead!”

K.A. McNeal-Trice, Pediatrics, University of North Carolina School of Medicine

R. Drucker, Pediatrics and Associate Dean for Medical Education, Duke University School of Medicine

M.G. Keeley, Pediatrics and Assistant Dean for Student Affairs, University of Virginia School of Medicine

A. Fleming, Pediatrics and Associate Dean for Medical Student Affairs, Vanderbilt University School of Medicine

J. Koestler, Pediatrics and Senior Associate Dean for Medical Education, New York Medical College

N. Potisek, Pediatrics, Wake Forest School of Medicine

Abstract: Professional development planning is an important skill to successfully navigate the pathway towards productive careers in academic medicine (Spector 2012). Upon completion of this workshop, participants will be able to: recognize the diverse career opportunities available to medical educators, identify skills necessary to successfully navigate a career in medical education, and discuss ways to establish effective mentorship for academic career progression. Facilitators will guide participants in identifying career opportunities available within academic medicine. Participants will define their professional goals and map these to qualities needed for successful leadership roles in academic medicine. Working in small groups, participants will develop outlines for implementing purposeful

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career development plans. Participants will leave the workshop with an action plan for maximizing career opportunities using mentorship from within their own institution and national academic leaders. After this presentation participants will be able to:

- Describe the diverse career opportunities available to medical educators
- Identify tools and purposeful skills necessary to successfully navigate a career in medical education
- Discuss ways to establish effective mentorship for academic career progression

WS5 – Spotlight on Best Practices to Prepare Preclerkship Medical Students for Clerkship Success

R. Bramson, A. Hairrell, P. Holland-Barkis, S. Sewell, R. Wiprud, M. English, L. Livingston, P. Luna, Texas A&M Health Sciences Center

Abstract: Clerkship directors identified clinical knowledge and reasoning (diagnosis and plan) as an area where third year medical students struggle the most as they transition to clerkships (O'Brien, 2007). There is also a dissonance in preclinical and clinical faculty evaluation of medical students' readiness in a variety of clinical skills (Wenrich et al., 2010). Given these challenges, preclerkship curriculum must address the gap in clinical problem solving, which affects student performance to focus their history and physical skills on an appropriate differential and present their findings. In this presentation, several strategies and tools will be shared that have proven effective for teaching clinical problem solving. Additionally, participants will be asked, through the presentation abstract, to bring successful practices for preparing students for the clerkships. Time will be allotted for participants to share their own best practices.

After this presentation participants will be able to:

- Discuss challenges students encounter when transitioning from the preclerkship to clerkship curriculum
- Discuss strategies to improve students' clinical problem solving skills
- Give examples and share innovations which develop students' clinical problem solving skills, such as illness scripts and games
- Administer specific materials to improve performance in clinical skills

WS6 – Incorporating Nutrition in the Medical School Curriculum

J. Mora, J. Fernandez, Department of Medicine, Family Medicine, and Community Health, Florida International University

Abstract: Clinical nutrition has long been identified as an area of need within medical education. With chronic diseases on the rise at epidemic proportions, there is an evident need to train future physicians on nutrition. Physicians are often viewed as trusted sources of information on diet and nutrition; however, many physicians do not assess nutrition on their patients. Additionally, practicing physicians continually rate their nutrition knowledge and skills as inadequate. The American Medical Student Association (AMSA) and the National Academy of Sciences (NAS) have reported that two-thirds of students received an inadequate amount of nutrition education during their undergraduate training. This workshop will demonstrate ways of integrating nutrition in the medical curriculum and to improve general knowledge about nutrition among the participants.

After this presentation participants will be able to:

- Develop strategies to integrate clinical nutrition into the medical school curriculum

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- Identify resources available to train students
- Perform a complete nutritional assessment and develop a basic nutritional health plan based on the Institute of Medicine recommendations

WS7 – Don't Judge a Book by Its Cover: Engaging the Quiet Learner

A.E. Fleming, M. Pilla, W. Cutrer, Vanderbilt University School of Medicine

H. Burrows, S. Kileny, University of Michigan School of Medicine

M. Keeley, University of Virginia School of Medicine

C. Golden, Johns Hopkins University School of Medicine

L. Ballenger, Nationwide Children's Hospital

Abstract: This workshop is designed to teach medical educators how to understand, relate to, and successfully engage the quiet learner. Scenarios in small-group learning and clinical medicine often reward people who have mastered the art of verbosity. Yet the quiet student, house officer or fellow may be equally as astute but never receive recognition for his/her knowledge, insight, or intuition. Additionally, not all learners have the same reasons for being quiet. This workshop will employ a variety of active formats designed to help medical educators understand the "quiet medical learner." Participants will discuss reasons that learners are quiet, engage in interactive sessions to develop strategies for working with these learners, and create an action plan and tool kit for their own institutions.

After this presentation participants will be able to:

- Identify the reasons that student learners may seem 'quiet'
- Develop effective strategies for assessing and engaging quiet learners
- Create an action plan for implementing learned strategies upon return to home institution

WS8 – Reflective Practice in Leadership Development

L. Graham, C. West, Texas A&M Health Science Center College of Medicine

Abstract: Professional development focused on leadership skills have become more common. While the number of leadership workshops and presentations are increasing, trainings which integrate the examination of personal and interpersonal competencies appear to be limited. Furthermore, active learning and reflective practice are often not incorporated. During this workshop, participants will engage in reflective practice and have an opportunity to analyze their personal characteristics, compare them to effective leadership skills and strategies, develop specific leadership goals, and determine how to design a blueprint for leadership development.

After this presentation participants will be able to:

- Compare and contrast effective leadership characteristics
- Critically analyze personal leadership skills and strategies
- Design a blueprint for leadership development

WS9 – Aligning Standards in the UME and GME Learning Environments: Innovations in Sharing the Sandbox

B. Payne, H. Idrizi, M. Arandes, Pediatrics, The University of Texas Health Science Center at San Antonio

M.E. Rocha, J. Christner, E. Fielder, Baylor College of Medicine

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Abstract: Learning Environment (LE) issues are important to learner satisfaction and accreditation at both UME and GME levels, yet efforts to improve LE often proceed in parallel rather than collaboratively between UME and GME programs. By identifying areas of natural synergy between UME and GME accreditation standards (LCME and CLER, respectively), stakeholders (i.e., faculty, fellows, residents and students) can more effectively cooperate to identify programmatic strengths and weaknesses. Together they can more effectively develop targeted action plans to improve LE. This interactive workshop utilizes the Team-Based Learning method to address current GME and UME learning environment (LE) accreditation standards. LE issues are important to learner satisfaction and accreditation at both UME and GME levels. By identifying areas of natural synergy between UME and GME accreditation standards (LCME and CLER, respectively), participants can effectively collaborate to identify programmatic strengths and weaknesses and develop targeted action plans to improve LE. Participants will review basic accreditation terminology, compare and contrast GME and UME LE accreditation standards, and assess LE strengths and weaknesses to develop an action plan. An Individualized Readiness Assurance Test (iRAT) and Team Readiness Assurance Test (tRAT) followed by application exercises will allow for rich discussion on UME and GME standard similarities and differences and how working together can increase both UME and GME compliance and learner satisfaction. Utilizing workshop suggestions, participants will develop an action plan to use at their institution.

After this presentation participants will be able to:

- Describe current GME and UME learning environment accreditation standards and define basic accreditation terminology
- Compare and contrast GME and UME learning environment accreditation standards identifying similarities and differences
- Assess UME and GME learning environment strengths and weaknesses to develop an action plan

WS10 – Using concept maps to teach clinical reasoning skills: A flipped workshop

M. Pasarica, C. Hernandez, C. Bellew, A. Castiglione, D. Kay, Medical Education, University of Central Florida College of Medicine

Abstract: Clinical reasoning (CR) is key to entrustment in medical student development and to their success in the clinical setting. Therefore, pre-clinical years present an optimal time to encourage students to organize information and/or develop connections in the way that is clinically relevant. CR requires activation of higher order cognitive processes and therefore, students need to be actively engaged in learning processes that support these skills. Additionally, since CR is a cognitive process, it is sometimes difficult to determine students' current skill level in order to appropriately scaffold their development. We introduced concept mapping as an instructional tool to address both of these challenges. In this workshop, participants will be introduced to both a learner and instructor perspective of curriculum designed to support consecutive stages of clinical reasoning development. Participants will use a free, online concept map tool to create a map that represents their understanding of a patient case. This workshop is designed as a "flipped classroom" approach. Participants will derive more benefit from the session if they are able to review the relevant Cmap Tool resources prior to the session.

After this presentation participants will be able to:

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- Discuss the rationale for using concept maps as a teaching and collaborative learning tool
- Describe the use of concept mapping to promote the development of clinical reasoning skills
- Use a free online program to facilitate the construction of a concept map
- Apply learning principles by constructing a concept map using a patient case
- Discuss the potential role of concept maps in the formative assessment of clinical reasoning

WS11 – A Workshop on Using Automated Essay Scoring (AES) System to Grade Clinical Performance Exams (CPX)

E. Shen, C. Violato, H. Gao, A. Nance, Wake Forest School of Medicine

Abstract: AES is a multi-disciplinary field that incorporates research from the computer science, measurement theory, linguistics, and cognitive psychology. An AES system uses machine learning algorithms to build models by mapping linguistic features of the constructed response to human scores. After the model is established, the system can be used to score responses from a new set of students. After this presentation participants will be able to:

- Describe the state of art AES system in medical education
- Construct and revise feature tables using LightSide
- Explore the machine learning algorithms to build appropriate model for data prediction
- Make use of error analysis to improve model performance

WS12 – Effective Teaching Results in Effective Learning: Using Teaching Strategies to Improve Learning

P. Hsieh, University of Texas Medical School Houston

Abstract: Learners are more likely to retain information if they connect it with something else in long-term memory. Ideally, learners need to build a bridge between what they are learning with what they have learned. However, they are seldom taught how to study effectively. As educators, we focus a lot of our attention on teaching methods to engage learners but not enough effort is put on teaching methods to support learning. In this workshop, the presenter will demonstrate the power of various teaching methods to help learners become effective and strategic learners. The presenter will also discuss how learning theory and educational practice complement one another. Implications for instruction will be shared during the workshop.

After this presentation participants will be able to:

- Explain the importance of activating learners' prior knowledge
- Explain the importance of elaboration strategies for teaching and learning
- Explain the importance of comprehension monitoring to prevent the illusion of knowing
- Select the most effective teaching strategy to support students' learning

WS13 – IPE in the Clinic Setting: Optimizing Your Clinic and Teaching when you have Multiple Health Professions Trainees on your Team

J. Luk, L. Wilkerson, UT Austin Dell Medical School

G.M. Timmerman, UT Austin School of Nursing

B. Jones, UT Austin School of Social Work

V. Young, UT Austin College of Pharmacy

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Abstract: Interprofessional education (IPE) often stops in the classroom. However, the workplace is where learners can apply basic IPE principles and begin working collaboratively toward better patient outcomes (IPEC Expert Panel, 2011). However, several systemic issues pose significant barriers to effective workplace learning in IPE. Logistical issues include consideration of how many different learners can fit in a specific setting and whether schedules can be effectively aligned. Educational programs also have specific expectations for their learners which do not always match reality, including medical student supervision by a physician as primary contact and overlapping expectations of different roles such as those between MD and NP/PA learners. Administrative priorities also may be out of line with the educational objectives, including the concern that learners take time and would need electronic health record access when currently such systems are often partitioned by profession. In this workshop, participants will explore the barriers to, and solutions for, effective IPE in the clinic. They will then have the opportunity to work together in small groups to discuss best practices for clinical IPE in one of five areas. Participants will be asked to share their expertise and consider ways to enhance their programs. Information from this session, as well as similar workshops at the other regional GEA meetings, will be collated and returned to all participants for validation of the identified best practices.

After this presentation participants will be able to:

- Summarize challenges to teaching interprofessionally in the clinic setting
- Discuss best-practice methods for teaching in the interprofessional clinic
- Discuss which assessment methods and faculty development models for IPE might be most successful at their institutions.

WS14 – Perspectives on Curriculum Mapping – Local and National Impacts and Outcomes

J. Lopez, Texas Tech University Health Sciences Center El Paso

S. LeDoux, University of South Alabama

A. Perez, San Juan Bautista School of Medicine

T. Cameron, Association of American Medical Colleges

Abstract: This session will use small groups to document existing and potential challenges that face curriculum leaders and staff as they work with faculty to document their curricula and choose and use curriculum management systems and benchmarking reports to lead efforts in continuous quality improvement, accreditation, curriculum review and management, and educational research.

After this presentation participants will be able to:

- Discuss the issues involved in choosing a curriculum management system and the criteria that should be considered in choosing a system
- Describe the challenges and solutions for engaging faculty in curriculum documentation efforts
- Provide examples of terminology sets used to map curricula for horizontal and vertical integration, benchmarking, and accreditation and discuss the pros and cons of each
- Explain how standardized vocabulary is used to facilitate reporting of curriculum content, pedagogy, and competencies
- Review how benchmarking reports can be used with outcomes data for continuous improvement

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WS15 – Bringing Your PBL to Life: How to Move Text-Based Problem-Based Learning (PBL) Cases to Video

O. Morey, A. Rudnicki, Educational Development, University of Texas Medical Branch

Abstract: PBL is integral to preclinical student learning at many medical schools. PBL cases often consist primarily of text that tells a story of patient encounters, yet the patient is often secondary to the biomedical information presented. The concept of patient as a real live human being is lost. Although patient-centeredness is touted as critical to real patient encounters, it is rarely displayed in PBL cases. Video is a tool that humanizes a case, allowing students to integrate patient issues and concerns in their problem-solving process. As important as video may be, many medical educators do not know where to start in making that happen. This workshop will show them how to get started and give them tools to bring video into their own PBL cases.

After this presentation participants will be able to:

- Determine how to develop and edit videos
- Select and prepare participants for the video scenarios
- Determine possible technical problems
- Evaluate videos in PBL cases

WS16 – Concept Mapping to Engage Students in IPE: A Practical Tool for any Budget

D. Kay, Medical Education, University of Central Florida College of Medicine

J. Simms-Cendan, Clinical Sciences, University of Central Florida College of Medicine

S. Miller, Pharmacotherapy and Translational Research, University of Florida College of Pharmacy

E. St. Onge, University of Florida, College of Pharmacy

L. Gonzalez, University of Central Florida College of Nursing

Abstract: Health professional programs are scrambling to meet the accreditation demand that Interprofessional Education (IPE) experiences be incorporated across the curriculum. Universities and colleges grapple with meeting these standards and ensuring program competencies are met. Building an IPE curriculum that spans colleges and programs requires a top down commitment and is fraught with complexities and logistic factors. Despite these obstacles it can be done. In this session, participants will partially experience two IPE encounters that have been successfully deployed in a complex IPE setting. The IPE events were designed and implemented by an Interprofessional Working Group that includes faculty from University of Central Florida (UCF) Colleges of Medicine and Nursing, UCF School of Social Work, and University of Florida College of Pharmacy. Authors will share how they addressed barriers, such as geography and complex logistics, in order to create two, highly interactive IPE events that spanned two universities and three campuses. The events, offered in four iterations across two days, served over 250 students from medicine, pharmacy, nursing and social work. One event utilized educational theatre, was inexpensive and relatively easy to deploy. The other event utilized a standardized patient encounter and thus, was more resource intense and complex to implement, but highly valued by participants. In both instances, the deliverable for each interdisciplinary student group was a concept map that depicted a shared understanding of the patient's experience. Acting as students, participants will be able to experience portions of both events and have an opportunity to learn more about how combining drama and/or standardized patients with a concept mapping exercise can actively engage students who haven't worked together in the past and

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provide a point of focus for students that captures their shared understanding of not only patients, but the roles and perspectives of other health care professionals.

After this presentation participants will be able to:

- Review the nature of IPE and the LCME requirements for Undergraduate Medical Education
- Describe the concept of shared mental models, relational transactions and concept mapping
- Discuss the utilization of drama, standardized patients and concept mapping as tools: to assist students with building group cohesion, to expose students to an interdisciplinary approach to patient care, to enhance student's understanding of complex relationships in health care

WS17 – Optimize e-Learning through the Systematic Design of Instruction

A. Rudnicki, Office of Educational Development, UTMB

M. Urbani, V. Niebuhr, Pediatrics, UTMB

Abstract: Many educators would like to provide online instructional activities, or e-learning modules, for their learners to access anytime, anyplace. There are several elements to consider when creating online modules for learners; and it can be challenging to know where to start, where to go, how to get there, and what technology to use. Instructional design processes are imperative for creating effective online learning. ADDIE (Analyze, Design, Development, Implement, and Evaluate) (Molenda, Reigeluth, & Nelson, 2003) is an instructional design model that is useful by educators of all levels. In this hands-on workshop, participants will design an e-learning module by applying the ADDIE model to the design of an e-learning module. In addition, participants will apply the Technological Pedagogical Content Knowledge conceptual framework (TPACK) (Mishra & Koehler, 2006) as a lens for analyzing how their knowledge of technology, knowledge of pedagogy, and content knowledge intersect. Participants will also explore software options for developing the planned lesson.

After this presentation participants will be able to:

- Apply the ADDIE instructional design model to the planning of an e-learning module
- Compare and contrast software solutions for development of their e-learning module
- Create a personal action plan for creating e-learning in their own educational context

WS18 – Teaching Clinical Skills with Near Peer Preceptors in the Simulated Clinical Environment

D.M. Schocken, J. Valeriano, D. Ecker, V. Kiluk, F. Slone, Office of Educational Affairs, USF Health Morsani College of Medicine

Abstract: A novel approach to enhancing the pre-clinical learner's clinical skills was developed following an analysis of the early clinical learners skills set entering their third year. Following review of this data, a rotation was developed in the learner's second year to allow students added opportunities to practice the skills of history taking, physical examination, case presentation, and medical documentation. These sessions complemented the experiences with the community physicians on their primary and subspecialty shadowing rotations. This workshop is designed to teach the course participants to develop their own near peer preceptor program.

After this presentation participants will be able to:

- Discuss the "Residents as Teachers" core educational program for MS IV students to be prepared to work with their MS II near peers
- Demonstrate an effective method of bedside teaching in a simulated environment.

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2016 SGEA Conference
Rebooting Medical Education

- Validate an effective case that could be used by the MS IV students working with their MS II peers.

WS19 – Professional Identity Formation: From Pedagogy to Practice

S. Crow, Univ. of Okla. School of Community Medicine

E. Buck, M. Holden, UTMB

R. Swan, W.B. Cutrer, Vanderbilt SOM

Abstract: Professional identity formation (PIF) has become the focus of increased attention in medical education. In this workshop, participants will learn from several regional institutions that have developed educational strategies to make students aware of the concept of professional identity. Participants will have the opportunity to work together to design interventions for implementation at their home institutions.

After this presentation participants will be able to:

- Articulate the distinction between professionalism and professional identity formation in medical education and training
- Discuss pedagogies and best practices from the region in making identity formation explicit
- Collaborate with other participants to design new educational interventions or adapt existing curricular offerings that will help advance PIF as an explicit part of medical education and training in their own institutions

WS20 – The Core EPAs in Action: Lessons from the Pilot Schools

K. Esposito, Florida International University

K. Lomis, Vanderbilt University

M. Uthman, University of Texas Health Science Center

Abstract: Over the past ten years, the momentum to develop and implement competency-based curricula in medical education has reached an important threshold and now theory is rapidly translating to practice. The construct of Entrustable Professional Activities (EPAs) has helped catalyze this transformation because it places trust at the center of the education mission and links what patients should trust their physicians to do with what teachers must entrust their learners to do with less and less supervision over the course of their training. In undergraduate medical education, a group convened by the AAMC has articulated the Core EPAs: those activities that all residents should be trusted to perform without direct supervision on their first day. Now that the Core EPAs have been published, medical schools are grappling with ways to implement competency-based curricula using the Core EPAs. A group of ten schools, again convened by the AAMC, is in the midst of piloting the Core EPAs and developing best practices for their implementation. In this workshop, participants will be updated on the Core EPA pilot and will have an opportunity to apply current guidelines and recommendations from the pilot to conceptualize how EPAs can be taught, assessed and entrusted at their schools.

After this presentation participants will be able to:

- Explain the construct of EPA's and related concepts of trustworthiness
- Describe an approach for how an EPA might be taught, assessed and entrusted at their institutions
- Discuss anticipated challenges and solutions to implementation of the CORE EPA's

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OTHER SESSIONS – Preconference

MERC

Formulating Research Questions & Designing Studies

Linda Perkowski, Ph.D., Central Michigan University College of Medicine

In this workshop, participants will brainstorm research ideas, write, and refine a measurable research question. They will discuss when IRB approval is required for their study. The basics of research design will be discussed and applied to their selected research question. Participants will be able to:

- Write a FINER (feasible, interesting, novel, ethical, relevant) educational research question;
- Specify an educational research area of interest;
- Evaluate whether they need IRB approval for their study;
- Select the correct design for their research question.

MERC

Measuring Educational Outcomes with Reliability & Validity

Larry Gruppen, Ph.D., University of Michigan Medical School

This workshop introduces participants to the principles of score reliability and validity, using a combination of didactics and review of medical education research projects. The workshop is divided into two parts with group exercises designed to reinforce understanding of the main principles.

After participating in this workshop, learners will be able to:

- Identify three types of reliability (inter-rater, test-retest, and internal consistency);
- Match types of reliability with appropriate statistical measures;
- Describe the relationship between reliability and validity;
- Describe multiple forms of evidence for validity;
- Select an approach to reliability and validity assessment for a particular study.

LEAD

The Leadership Education and Development (LEAD) Certificate Program is an intensive, two-year, cohort-based leadership development program that provides the knowledge, skills, values, and practical experience educational professionals in academic medicine need to be successful leaders.

Workshops

Four half-day, face-to-face sessions are included in the program, one per leadership domain. For the 2016-17 program, a one-year pilot model of LEAD will occur only in the SGEA (as opposed to the original two-year model). Two workshops will occur adjacent to the 2016 SGEA regional meeting (Austin TX) and the second two workshops will occur adjacent to the 2016 Medical Education meeting (Orlando FL). Please note that the deadline for receipt of LEAD Fellow Applications for SGEA members was extended until January 22, 2016. The Call for Fellow Applications is now closed.

ADMINISTRATOR'S PRECOURSE

Exploring New Horizons

Ginger Wilson, ACUME and Martha Chandler, ACUME

This workshop will take the administrator/coordinator in areas that may be unfamiliar to them. The goal is to help the administrator/coordinator understand the processes of being a project manager,

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2016 SGEA Conference
Rebooting Medical Education

giving a presentation and doing a research project so that they are better able to prepare themselves to explore new horizons. The presentation discusses the ins and outs of public speaking, steps involved in preparing for a presentation and tips on how to present a good presentation. The research project explores the steps you need to take to get a research project approved, how to narrow down your topic and how to develop the outcomes you want to achieve. This work shop will be valuable to all attendants. This workshop is the third presentation fulfills the 3rd work requirement for ACUME certification. At the conclusion the participants will have the steps to go explore new horizons.

ADMINISTRATOR'S PRECOURSE

"New Kid on the Well Established Block: Integration of a New Director"

Ginger Wilson, ACUME and Oliver Cerqueira, D.O.

1. To establish guidelines of what to do and what not to do in the integration of a new director. 2. To determine the value and impact a good team dynamic between the director and coordinator can have on the clerkship. 3. For participants to realize that with a new director that it is an opportunity to implement new ideas and changes that will take a good program to a great program.

Life in the program is going along as usual when suddenly your world is rocked. A new director has been appointed. A million questions run through your mind as the idea begins to sink in. Now what do you do? Where do you begin? Oh wait this could be a good time to come up with some new ideas. This workshop will help you to establish where to begin to start building a new team and establishing that team dynamic that is so important to the program. It will provide you with ideas on how to make the transition a smooth one rather than a bumpy road. We will show you through role playing the right way and the wrong way to establish guidelines for the integration of a new director.

This workshop will lead you on a path to show you that with a new director it is an opportunity to try new ideas and changes that will be fulfilling to both you and the director and to help develop your program into something great.

OTHER SESSIONS – Conference

SGEA/NBME - Expanding Assessment of Competencies in USMLE

Dr. Steve Haist

The USMLE Composite Committee (CC), the governing body of USMLE, requested an in-depth review of the USMLE program in terms of purpose, design, and format. The USMLE underwent a comprehensive review between 2006 and 2008 by the Committee to Evaluate the USMLE Program (CEUP). The CEUP Committee made six recommendations, five of which were accepted by the CC. The five recommendations were, 1) the examination program should support two decisions, entry into supervised practice and entry into independent practice; 2) the design, development, and scoring of the examinations should be driven by a general competencies schema; 3) foundational science should be assessed throughout USMLE; 4) clinical skills assessment should remain a component of USMLE and enhancement of testing methods assessing clinical skills should be considered; and 5) USMLE should introduce a format to assess an examinee's ability to recognize and define a clinical program, access appropriate references to address the problem, and to interpret and apply that information in an effective manner. Since 2008, a great deal of progress has been made. Extensive practice analyses were conducted to inform the changes, and more recently, a new Step 3 was introduced and is now two examinations, Step 3A, Foundations of Independent Practice and Step 3B, Advanced Clinical Medicine. While many changes have occurred in Step 1 and Step 2, in the near future, more significant changes will occur. Some of the potential changes include new formats assessing communications skills, use of clinical decision making tools during an examination, additional emphasis on patient safety, and enhancing the assessment of evidence-based medicine skills. The purpose of this session is three-fold: 1) information sharing, 2) getting feedback on some of the proposed new formats, and 3) brainstorming regarding other possible competencies or sub-competencies to assess as part of USMLE.

AAMC SESSION - Global Health Learning Opportunities (GHLO) Update

DeAnna Pearson

The GHLO Collaborative is AAMC's international engagement initiative with global student mobility as its centerpiece program. Launched in 2013, to date, the Collaborative has accepted 106 participating sites in 41 nations. This network facilitates clinical, global health, and research opportunities for medical and global health students outside of their home countries.

Join the session to learn about the GHLO Collaborative. This session will provide the visiting student community a deeper understanding of the GHLO Collaborative, the benefits to "home" and "host" institutions and applicants, and a sneak peek at what is being developed. Plenty of time will be left for conversation and questions.

SGEA - Speed Networking

J. Luk, UT Austin Dell Medical School

The speed networking session offers all SGEA regional conference participants an opportunity to connect with colleagues, to discover common interests, and to learn more about the SGEA. For individuals who are attending their first or second SGEA regional conference, speed networking would be a great place to meet more seasoned SGEA participants; to learn about the SGEA and its regional

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2016 SGEA Conference
Rebooting Medical Education

conference; and to expand their network of colleagues. For more seasoned SGEA participants, this activity would provide a great outlet to share the enthusiasm about SGEA and its amazing pool of educators and to explore greater collaborative opportunities with newer SGEA participants. What a great way to welcome everyone to the SGEA! All SGEA participants are invited to come to this session and bring their business cards to exchange with colleagues. Share one's interest and passion about medical education! Meet new colleagues! Reconnect with old friends! The SGEA is an inclusive family of medical educators. Join colleagues in this fast-paced networking experience!

AAMC Medical Education Update with MedAPS Update

L. Howley, AAMC, Terri Cameron, AAMC

This session will provide an update about Medical Education at the AAMC. Programs and activities highlighted will include the MedAPS Suite (Curriculum Inventory, ASSET), the Educating for Quality Suite (Teaching for Quality, Aligning and Educating for Quality, and Learning from Teaching), as well as the Optimizing GME Initiative, Learn Serve Lead, the AAMC Annual Meeting, and other relevant topics for discussion.

AAMC UPDATE - Converting Your Teaching and Assessment Materials into Educational Scholarship through MedEdPORTAL

S. Hunt, MedEdPORTAL, Association of American Medical Colleges

Abstract: In this interactive workshop, attendees will engage with the MedEdPORTAL editorial staff while participating in hands-on exercises designed to help educators turn their materials into peer-reviewed publications that can be used for educational scholarship and promotion. MedEdPORTAL (www.mededportal.org) is a free, global online service that consists of Publications, iCollaborative and the CE Directory. Participants will learn about the entire submission to publication process and the criteria¹ used to evaluate the scholarly value of their materials.

AAMC INVITED SESSION - ACGME Milestones Focus Group

Laura Edgar, E.D., CAE, ACGME

The ACGME focus group intends to gather feedback on what and how to provide Milestones data back to medical schools. This session is an opportunity to provide direct input to the ACGME and will be limited to approximately 12 attendees.

SGEA Special Interest Groups (SIGs): Collaborations Beyond Conferences & Student Group

J. Piskurich, Texas Tech Health Science Center- El Paso

Abstract: How many times have you attended an annual meeting, met like-minded people, then lost track of them afterward? One important way to sustain interactions and share best practices in medical education is to join or form a Special Interest Group (SIG). This session addresses the purpose and upcoming plans of the ten current SGEA SIGs. Anyone with a similar interest may wish to join at this session. Others may use the ideas/lessons learned to potentially form other new SGEA SIGs.

SMALL GROUP DISCUSSION/AAMC

Using Data for Planning and Improving: The AAMC Student Surveys

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2016 SGEA Conference
Rebooting Medical Education

M. Caulfield, AAMC

K. Andolsek, Duke University School of Medicine

A. Gill, Baylor College of Medicine

Abstract: To develop strategies for planning and improvement, medical schools require access to relevant and useful data about their programs and the students who participate in them. The portfolio of AAMC Student Surveys provides information about students as they progress to and through the undergraduate medical education pipeline. The Post-MCAT Questionnaire (PMQ), administered to all MCAT examinees, looks at the aspiring medical student's MCAT preparation activities and career goals. The Matriculating Student Questionnaire (MSQ) offers a baseline portrait of the student at the point of entering medical school, while the Medical School Year Two Questionnaire (Y2Q) gives a picture of how that student is perceiving the learning environment and adapting to medical school after one full year of study. Finally, the Medical School Graduation Questionnaire captures the successful student's overall perceptions of their education and preparation for residency, their personal assessment of the medical school's facilities, services, and advising, as well as their student debt and their career and specialty plans. These annual surveys provide important national benchmarking data while also helping each medical school monitor and plan for improvements to the admissions program, curricular activities, and student services provided by the medical school. This session will present recent changes to the AAMC Student Surveys, with particular focus on significant revisions to the 2016 Graduation Questionnaire designed to contribute to a fuller picture of the medical school's impact on the student throughout the undergraduate experience. Examples of how schools have used AAMC Student Survey data for planning and improvement will be presented. Participants will be encouraged to share their own practices for using these data and invited to provide feedback on how the AAMC Student Surveys and reports might be made even more relevant and useful.

AAMC INVITED SESSION - Educational Grant Writing Workshop: Creating Grant Proposals That Reflect Best Practices

N. Borges, University of Mississippi

G.E. Crites, GRU/UGA Medical Partnership

S. Crandall, Wake Forest University, Winston-Salem

A. Thomas, Georgia Regents University

J. Piskurich, Texas Tech University

K.H. Miller, University of Louisville

K. Kreutzer, Virginia Commonwealth University

Abstract: The need to promote educational research and faculty development grants is well documented in the medical education literature. Members of the Medical Education Scholarship, Research, and Evaluation (MESRE) group and SGEA Leadership are offering a workshop on writing grant proposals and brainstorming participants' project ideas at the SGEA Annual Meeting is an opportunity to (1) reinforce the SGEA's commitment to supporting members' educational needs, (2) encourage them to submit high quality proposals, and (3) promote research collaboration among regional members.

After this presentation participants will be able to:

- Describe elements of a strong grant proposal
- Relate good research design to strong proposal design

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2016 SGEA Conference
Rebooting Medical Education

- Propose potential project ideas and methodologies
- Identify grant opportunities (and gain a better understanding of how to find them) Discuss with other regional members to project ideas for potential collaborative grant efforts

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