Session Descriptions

WORKSHOPS

SMALL GROUP DISCUSSIONS

SHORT PRESENTATIONS

(note: these are ordered as presented on the program)

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A Better Story: Inspiring Professional Identity Formation in Graduate Medical Education through 'The Hero's Journey'

Background: As medical education contends with a burnout epidemic, finding "meaning in medicine" has been shown to protect against burnout.1 Throughout history, human cultures have transmitted meaning and values through storytelling.2 Joseph Campbell described 4 purposes of stories- mystical, cosmological, sociological, and psychological. Martimianakis et. al. explored the important sociologic function of several myths within medical education.3 They argue that these stories "play important and inescapable roles in the social practice of medical education and the negotiation of values, and in constructing the conditions for group change and transformation."

The first modern version of the Hippocratic Oath, written by Louis Lasagna in 1964, states "I will remember that I remain a member of society, with special obligations to all my fellow human beings.".4 In recent years, the toll this "special obligation" extracts on individuals in medicine led to an emphasis on wellness and work-life balance.5 One unintended consequence of this emphasis is resistance to any perceived threats to either wellness or balance imposed by work. While in full support of trainee wellness and work-life harmony,6 the presenters offer an alternative story within which to situate and inspire Professional Identity Formation during Graduate Medical Education: "The Hero's Journey".

This interactive workshop will introduce "The Hero's Journey" as a guiding structure for a Professional Identity Formation (PIF) curriculum. Participants will explore their role in supporting trainees during this journey and will begin to construct a PIF curriculum of their own, using "The Hero's Journey" as a centering structure.

Workshop Objectives:

At the conclusion of this presentation, participants should be able to:

- Identify elements of "The Hero's Journey"
- Characterize faculty roles in supporting learners during "The Hero's Journey"
- Develop a PIF curriculum for their own training program

Session Timeline:

- (20 minutes) Introduction to "The Hero's Journey"
- (10 minutes) Breakout #1: Reflective Writing Exercise: "Autobiography of a Hero"
- (10 minutes) Theory Burst: Archetypal Faculty Roles- Helping the Hero
- (15 minutes) Breakout #2: Table work: Becoming the Guide
- (15 minutes) PIF Curriculum
- (15 minutes) Breakout #3: Table work: Implementing a PIF Curriculum
- (5 minutes) Wrap-up/Questions

References:

1. Messias E, Flynn V, Gathright M, Thrush C, Atkinson T, Thapa P. Loss of Meaning at Work Associated with Burnout Risk in Academic Medicine. South Med J. Mar 2021;114(3):139-143. doi:10.14423/smj.0000000000001220
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6. The U.S. Surgeon General's Framework for Workplace Mental Health & Well- Being. (2022)

1.C   Everling, Kathleen PhD   kmeverli@utmb.edu UTMB - GalvestonBuck, Era Ph.D. UTMB-Galveston West, Holly DHEd   UTMB-Galveston Monteiro, F. Marconi EdD UTMB-Galveston

Exploring the Path to Effective Medical Education: Selecting the Ideal Instructional Approach

Background: Evidence of improved learning outcomes has led to an emphasis on active learning in health professions education. Many faculty are experienced with didactic instruction and are challenged by more active, student-centered approaches. The complexity of creating an effective, engaging learning session is considerable, and the process can be daunting for faculty. A menu approach including four strategies was developed at our institution, providing guidelines for choosing among Problem-based learning (PBL), Case-based learning (CBL), Team-based learning (TBL), and Peer Instruction (PI). Each strategy has a usage guide, including strengths and shortcomings, instructions for designing a session, and evidence-based learner impacts. This approach may facilitate the transition of faculty to more active learning. This workshop will consider 4 strategies: Problem-based learning (PBL), Case-based learning (CBL), Team-based learning (TBL), and Peer Instruction (PI). Participants will analyze optimal uses of these strategies.

Workshop Objectives:

- For each of 4 methods, participants will analyze scenarios and select a method based on learner needs and the advantages of each method utilizing a scaffolded analysis form.
- Participants will utilize evidence-based guidelines developed by the authors to decide which of the methods to adopt to meet the needs of a given situation.

This session will equip faculty to choose among 4 teaching strategies, build guidelines for additional strategies and develop a similar menu-driven approach.

Session Timeline:

- 5 minutes: Introductions;
- 30 minutes: Large Group Discussion Strategies Overview - Interactive, case-based learning discussion of each strategy (PBL, TBL, CBL and PI). Small group case discussions with large group debrief.
- 15 minutes for each case.
- Case 1 - Students at the novice level in need of remediation
- Case 2 - Clinical students to augment clinical reasoning.
- Case 3 - Preclinical students integrating foundational science, social determinants of health and clinical reasoning.
- 10 minutes: Wrap up, Q&A

References:

1. Burgess, A., Bleasel, J., Haq, I., Roberts, C., Garsia, R., Robertson, T. and Mellis, C., 2017. Team-based learning (TBL) in the medical curriculum: better than PBL?. BMC medical education, 17, pp.1-11.
2. Eshach, H. and Bitterman, H., 2003. From case-based reasoning to problem-based learning. Academic Medicine, 78(5), pp.491-496.

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Motivating Reflective Practice in Learners

Background: As the complexity of medical knowledge and clinical practice continues to grow, health professions trainees must learn to identify gaps in knowledge and understand and self-direct their own learning in pursuit of academic goals and improved clinical performance. Self-regulated learning (SRL) represents a formalized approach to lifelong learning, involving cycles of planning, learning, assessment, and adjustment[1]. As health professions educators, we have the opportunity to create environments in which learners are instructed in SRL and faculty can provide guidance in SRL by co-regulating learning with students[2,3]. This is particularly important in the adjustment phase of SRL where learners reflect on their learning to assign attribution for their successes and/or failures to make the necessary adjustments for continued learning. In this workshop, presenters will discuss the SRL process, present a framework for how educators can co-regulate learning particularly focusing on reflective practice, and engage in small group discussion and role-playing practice in offering feedback to learners that promotes reflective practice and effective SRL.

Workshop Objectives:

- Identify the key features of self-regulated learning in which reflection plays a major role.
- Recognize and exploit opportunities that will help motivate learners to value and put effort into reflections about their performance.
- Provide feedback that promotes reflective practice.

Session Timeline:

- Overview of SRL cycle[1]; share literature on importance of goal-setting and self-efficacy (15 minutes)
- Small group discussion on strategies to promote goal setting and increase motivation and self-efficacy; large group debrief (15 minutes)
- Focus on adjustment phase of SRL; share research findings on lack of effective reflection and self-monitoring (10 minutes)
- Share co-regulation framework for supporting SRL[2] and present educator questions and feedback strategies to promote SRL, particularly reflective practice[3] (10 minutes)
- Small group role-playing scenarios practicing promoting reflective practice in learners (20 minutes)
- Volunteer group to perform role-play; large group debrief (15 minutes)
- Wrap up and questions (5 minutes)

References:

1. White CB, Gruppen LD, Fantone JC. Self-regulated learning in medical education. Understanding medical education. 2014:271-82.
2. Papanagnou, D., Corliss, S., Richards, J., Artino, A. R. Jr, & Schwartzstein, R. (2023). Progression of Self-Directed Learning in Health Professions Education: Clarifying Terms and Processes. Academic Medicine: e005191| DOI: 10.1097/ACM.0000000000005191
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A. **Bevo 1.140** Critical Elements & Best Practices in Faculty Advisement of Health Science Professionals   Nancy Crider, Linda A Roussel, , Marie E McBee
B. **Stadium 1.138** Disability in the Curriculum   Christine Murphy
C. **Balcones 1.102**   Bridging Medicine and Public Health: Evolution, Challenges, and Opportunities within MD/MPH Dual Degree Programs   Premal Patel, Cara Pennel; Amber Anthony, Barbara Taylor; Stephanie Gutierrez
D. **Longhorn 1.130** The Intersection of Dental and Nursing Student Education and Patient Safety: A Communication and Team Building Conversation Wesley Richardson, Moshtagh R Farokhi, , Andrea E. Berndt, James A. Cleveland, Isabell Stoltz,
E. **Lil Tex 1.22** Building a Learning Environments Where GenZ Students Thrive: Implications of Self Determination Theory Era Buck

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Critical Elements & Best Practices in Faculty Advisement of Health Science Professionals

Faculty advising and mentoring are essential to the success of health science education. There is a paucity of evidence about how to advise and mentor healthcare professional students. Studies have reported that most health science faculty have little formal preparation regarding their advisory role. This session will discuss critical elements and best practices for advisement and mentoring to develop curiosity and leadership acumen in health science professional students.

1. What, in your experience, are the critical elements of a successful mentoring relationship with health science professional students?

2. Share the greatest surprises you have experienced in the mentoring process.

3. Identify the best practices you employ to develop curiosity and leadership acumen in the students you mentor.

1. Fleming, M., House, S., Hanson, V. S., Yu, L., Garbutt, J., McGee, R., Kroenke, K., Abedin, Z., & Rubio, D. M. (2013). The Mentoring Competency Assessment: validation of a new instrument to evaluate skills of research mentors. Academic medicine : journal of the Association of American Medical Colleges, 88(7), 1002–1008. https://doi.org/10.1097/ACM.0b013e318295e298
 2. Hande, K., Christenbery, T., & Phillippi, J. (2017). Appreciative Advising: An Innovative Approach to Advising Doctor of Nursing Practice Students. Nurse educator, 42(6), E1–E3. https://doi.org/10.1097/NNE.0000000000000372
3. Hyun, S. H., Rogers, J. G., House, S. C., Sorkness, C. A., & Pfund, C. (2022). Revalidation of the Mentoring Competency Assessment to evaluate skills of research mentors: The MCA-21. Journal of clinical and translational science, 6(1), e46. https://doi.org/10.1017/cts.2022.381

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Disability in the Curriculum

This discussion session is dedicated to addressing the significant gap in disability training within traditional medical education. Despite the urgent need, medical students receive alarmingly limited exposure to the care of persons with disabilities (PWD), averaging only about eleven minutes over a span of four years (1,2). This profound deficiency in training has direct and substantial implications, contributing to healthcare disparities that affect approximately 61 million Americans with disabilities (3).

The session aims to emphasize the critical importance of integrating comprehensive disability training into medical curricula. In an era where holistic and inclusive healthcare is increasingly prioritized, addressing this educational shortfall is absolutely essential for the development of competent, empathetic, and well-rounded healthcare professionals.

Proposed Format:: Introduction: A concise presentation outlining the current landscape of disability training in medical education, highlighting the challenges and the consequences of inadequate exposure. This segment will set the stage for a deep and meaningful discussion.

- Facilitated Discussion

  - Prompt 1: How can professional schools incorporate effective disability training into their existing curricula in a way that is both impactful and sustainable?

  - Prompt 2: What are the potential barriers to implementing comprehensive disability training, and how can they be creatively and effectively overcome?

  - Prompt 3: In what ways can hands-on procedural training, alongside theoretical knowledge, enhance students' competence and confidence in caring for patients with disabilities?

Expected Outcomes: This session is designed to foster an engaging and insightful dialogue on innovatively incorporating disability competencies into medical education. Participants will have the opportunity to explore and discuss strategies to enhance student preparedness and confidence. The session also aims to highlight the importance of scaling these initiatives, contributing to a global improvement in healthcare excellence.

Conclusion: This discussion session will underscore the necessity of integrating disability training into medical education, emphasizing the critical role of educators in shaping a healthcare landscape that is inclusive, equitable, and responsive to the needs of all patients. Through collaborative discussions and shared insights, the session aspires to contribute to a transformative shift in how future healthcare professionals are trained, ensuring they are well-equipped to provide comprehensive and compassionate care to all individuals, regardless of their abilities.   1: How can professional schools incorporate effective disability training into their existing curricula in a way that is both impactful and sustainable? 2: What are the potential barriers to implementing comprehensive disability training, and how can they be creatively and effectively overcome?3: In what ways can hands-on procedural training, alongside theoretical knowledge, enhance students' competence and confidence in caring for patients with disabilities?"

1. Marzolf, B. A., Plegue, M. A., Okanlami, O., Meyer, D., & Harper, D. M. (2022). Are medical students adequately trained to care for persons with disabilities?. PRiMER, 6, 34. https://doi.org/10.22454/PRiMER.2022.878147

2. Chardavoyne, P. C., Henry, A. M., & Sprow Forté, K. (2022). Understanding medical students' attitudes towards and experiences with persons with disabilities and disability education. Disability and Health Journal, 15(2), 101267. https://doi.org/10.1016/j.dhjo.2021.1012673.

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The Intersection of Dental and Nursing Student Education and Patient Safety: A Communication and Team Building Conversation

Since the Interprofessional Education Collaborative (IPEC) has published the list of competencies, curriculum guidelines have been developed addressing principles and practices of interprofessional collaboration. Interprofessional education (IPE) is essential to the successful communication and teamwork of distinct professions collaborating in one environment to enhance patient safety and achieve positive patient outcomes. Communication and teamwork are crucial competencies put forth by the academic voices for nursing and dental education. The dentist-nurse IP team is a customary practice paradigm (e.g., community clinics, emergency department). Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based set of healthcare communication teamwork tools. We partnered to educate sophomore dental and senior nursing students on TeamSTEPPS in a virtual (2022) and classroom (2023) setting as a prelude to applying the content in a school-based prevention community-based setting.

TeamSTEPPS Essentials content was delivered in a didactic seminar with three hands-on breakout sessions focused on handoff communication, case scenario application, and teamwork. Students submitted responses to the ICCAS-R as a retrospective pre-test and post-test and to the IPEC-3 as a post-test via Qualtrics. Independent t-tests were performed to examine if differences existed in students' IPEC-3 and ICCAS-R subscale responses as a function of school or administration year.

Dental students had significantly higher scores than nursing students on all pre-and-post-test ICCAS-R subscales and total scores in 2022. Nursing students had significantly higher scores than dental students on three ICCAS-R post-test subscales and total scores in 2023.

The fundamentals of our interprofessional collaborative training are aligned with using TeamSTEPPS as a team building, communication training model to highlight 1) the small-group format allowing teams of dental and nursing students to interact, 2) the activation of critical thinking and active learning, and 3) the advancement of IPEC's core competencies of Interprofessional Communication and Teams and Teamwork.

1. What is the significance of training dental and nursing students together, and what similarities were noted?

2. What are the implications and lessons learned for the educators, and how does this training meet program competencies and accreditation standards?

3. What are the essential IPE implications of teaching communication and teamwork skills?   ]

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Building a Learning Environments Where GenZ Students Thrive: Implications of Self Determination Theory

Student engagement is essential to student success and wellness and is influenced by multiple factors including learning environment and motivation. Designing educational programs for the GenZ generation and beyond challenges us develop a deep understanding of students' motivational needs. The lives of students in this generation have included the ever-present threats, possibly magnified by social media, of terrorism and mass shootings in their schools and elsewhere. As digital natives, many of whom grew up during a recession and whose lives have been disrupted by a pandemic, their life experiences differ substantially from those of previous generations particularly those generations represented among medical school faculty.   They arrive at medical school with a different set of skills and needs than previous generations. (1)

One framework for examining student engagement and motivation is Self Determination Theory.(2) This theory of human motivation examines three universal needs that impact motivation - autonomy, competence and relatedness. Autonomy refers to a need for agency or volition rather than independence; competence is presented as a concept similar to self-efficacy – a perceived ability to meet challenges; relatedness refers to a sense of connection to other people or groups. Given the prevalence of mental health challenges among this generation, meeting these needs is necessary in designing learning environments in which they can thrive. In this discussion session, participants will consider and share ways to meet GenZ students' motivational needs at the individual level, the course level and the curricular level.

•   At the level of the individual, what will support autonomy, competence and relatedness among GenZ students?

•   At the course level, how do we design support for meeting these needs while maintaining academic rigor and ensuring excellent education?

•   At the curricular level what structures, processes and policies will support success of the GenZ students?

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 2.   Ten Cate TJ, Kusurkar RA, Wiliams GC. How self-determination theory can assist our understanding of the teaching and learning processes in medical education. AMEE guide No. 59. Med Teach. 2011;33(12):961-73. doi: 10.3109/0142159X.2011.595435. PMID: 22225433."

A. Stadium 1.138 SHORT PRESENTATIONS
(a) Introducing Narrative Medicine Curriculum in UME and GME Fareeha Khan
(b) Exploring the Role of Folk Illnesses in Modern Medicine: A Discussion on Enhancing Cultural Competence in Healthcare Education Trevor Murphy, Jeffrey Bowcutt, David Essex
(c) Implementing an interprofessional health education (IPE) pilot program to gain knowledge of the global health stage while encouraging future global health research endeavors and promoting student academic success Thomas Maryon, Barbara Haas, Joshua N. Hook

B. Longhorn 1.130 WORKSHOP
City as Text Pedagogy: Approaches for Experiential Learning in Health Science Education Emmanuel Iyiegbuniwe

C. Lil Tex 1.22 SHORT PRESENTATIONS
(a) Effective Teaching - Creating an Active Classroom Khairunisa Hashmani
(b) Application of Artificial Intelligence in Medicine and Medical Education Ronald Rodriguez, Carrie Elzie, Ross Willis, Kevin McMains
(c) From the Ground Up: How to design and implement a comprehensive academic program for supplemental curriculums **Kristina Tebo,** Guenet Degaffe

D. Balcones 1.102 COLLABORATIVE (a) Incorporating ERAS application elements into Mentoring and Advising Fourth Year Medical Students Elizabeth Nugent, Sara Holcombe

(b) The Final Year of Medical School: Are we Optimally Preparing Students for Internship? Karen Szauter, Misha Syed, Robert Esterl

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Introducing Narrative Medicine Curriculum in UME and GME

Description:
Much of modern day medicine has become algorithmic and gudeline directed. While guidelines offer extensive support in coming down to conclusions, all educators are aware of the intricacies of the "limiting" criteria that exist within the same. There is much detail within a person's illness than what can fit in a box. In these times of growing technology and incorporation of AI within healthcare systems, it is imperative that students and residents, as well as faculty, are able to maintain compassion and value individual lived experiences.

Narrative medicine aims to highlight the story of illness, disease, cure, ethics and management in a literary and soulful perspective. It urges to bring about innovation in medical education revolving around patient's, physician's and other healthcare provider's experiences.

This lays the foundation of keeping the heart of medicine alive and has shown to improve health outcomes, curb physician/resident burn out and overall increase satisfaction.

Introduced by Dr. Rita Charon in early 2000's, it is still a very less discussed perspective of medicine.
This discussion forum will help open up conversations locally within the various institutions and serve as a great platform for cross breeding of ideas.

Prompt questions:
- What do you understand by Narrative Medicine?
- What are the types of narratives that can be used to describe your experience/story?
- How do you think implementing a curriculum at UME or GME level might benefit growth and education?

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Exploring the Role of Folk Illnesses in Modern Medicine: A Discussion on Enhancing Cultural Competence in Healthcare Education

Description:
In an increasingly globalized world, the interrelationship between culture, religion, and bioethics profoundly affects healthcare. Folk illnesses, deeply rooted in cultural beliefs and practices, often challenge the norms and expectations of Western medicine. These conditions, while frequently overlooked in clinical practice, carry significant implications for patient care and ethical considerations [1].

Folk illnesses vary widely across cultures, with unique etiologies, symptom presentations, and treatments. Patients with these conditions often encounter misunderstandings and misdiagnoses when their cultural beliefs clash with Western biomedical paradigms. The consequences of such misunderstandings can lead to mistrust, non-compliance with treatment plans, and overall dissatisfaction with healthcare services [2]. Furthermore, the ethical dimensions of respecting patients' cultural beliefs while providing evidence-based care can present significant challenges in a clinical setting.

This discussion session aims to address the urgent need for cultural competence in healthcare education and practice. By exploring the impact of folk illnesses on patient care and the associated ethical complexities, we intend to foster a better understanding of these challenges. We will also examine ways to integrate the knowledge of folk illnesses into medical education, equipping future healthcare practitioners with the tools to navigate this complex terrain.

Prompt questions:
- What is your knowledge of folk illnesses?
- What are our ethical obligations when faced with folk illnesses in the clinic?
- How do we prepare medical students to meet their ethical obligations regarding folk illnesses in the clinic?

References

[1] Pachter L. M. (1994). Culture and clinical care. Folk illness beliefs and behaviors and their implications for health care delivery. JAMA, 271(9), 690–694. https://doi.org/10.1001/jama.271.9.690 [2] Suite DH, La Bril R, Primm A, Harrison-Ross P. Beyond misdiagnosis, misunderstanding and mistrust: relevance of the historical perspective in the medical and mental health treatment of people of color. J Natl Med Assoc. 2007;99(8):879-885.

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Implementing an interprofessional health education (IPE) pilot program to gain knowledge of the global health stage while encouraging future global health research endeavors and promoting student academic success

The University of Texas Health Science Center at Tyler implemented a university wide health education seminar pilot focusing on international health in the country of India. Collaborators from the College of Nursing, School of Health Professions, Health Administration, Public Health, and the Office of International Programs worked together to deliver a faculty led program for graduate and undergraduate students in health-related disciplines. The goal of the pilot was to promote IPE, global health awareness, and global health research among students in health-related disciplines.

A substantial body of knowledge exists demonstrating benefits of IPE initiatives for health program students and the importance of developing collaborative skills to address issues of heath equity. Research has also demonstrated that students, particularly those in underserved regions that participate in international educational experiences have improved academic outcomes. The 3-credit pilot included lectures, group discussions, written assignments, and a final presentation. Several urban and rural healthcare facility tours enriched the twelve-day cultural immersion experience. Pre and post pilot surveys were administered to assess familiarity with the concepts of IPE, Global Health, and Global Health Research. Importance items asked about the significance of international educational experiences and if the experience contributed to student professional development.

Pre and post pilot data were gathered from 12 seminar participants. Participant average age was 28.5 years and 75% of participants had previous international travel experience. For the familiarity items, participants reported significant increases from pre to post test with large effect sizes. For the importance items, participants reported significant increases from pre to post test on one item. The increase on the second importance item approached significance, and both had medium effect sizes. In summary, pilot data indicated that student exposure to IPE and global health constructs positively impacted student interest and future engagement in IPE and global health.

"1)How can you help implement a study abroad program for students in health-related disciplines?

2)What interventions are you using to promote IPE in the academic setting?

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Morley, L., & Cashell, A. (2017). Benefits of Collaboration in Healthcare. Journal of Medical Imaging and Radiation Sciences, 207-216. doi:https://doi.org/10.1016/j.jmir.2017.02.071

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City as Text Pedagogy: Approaches for Experiential Learning in Health Science Education

Background: "City as Text" (CAT) or "Walkabouts" methodology was developed by the National Collegiate Honors Council's Honor Semesters Committee. The proposed presentation is based on the concept of "experiential" learning using CAT pedagogical approaches for field explorations and self-reflective writing with application to health science education. CAT involves mapping and structured group explorations of the city or surrounding environment (i.e., history, culture, economy, politics, geography, biology, etc.) Participants would explore and decipher how "space" becomes "place" in human cultures. Participants will be divided into small groups and assigned local areas to explore.

Participants have the freedom to learn from each other and become educators when they report back to the larger group. Participants from different disciplines may observe different details. The sharing of experiences helps participants notice their own blinders or filters/lens through which they see the world. Discussions and reflections in small groups leads to preparation of short oral reports presented to the entire group. Additionally, written self-reflections are encouraged, hence learning becomes bottom up, not top down. The idea is that the sum of everyone's experience is a better view than just one person or one group doing the same exercise. At the end of the experience, experts may be brought in to talk with participants and answer questions. The small groups have gathered information themselves and still have many questions. Projects can be developed with flexibility for discussions and reflective writings. The unique perspectives of each participant's discipline will help identify creative ways the city might contribute to understanding your discipline. "

Workshop Objectives:

- To understand City as Text (CAT) methodology as a concept of experiential learning in health sciences.
- To apply the four strategies of CAT (i.e., mapping, observing, listening, and reflecting).
- To discuss interdisciplinary experiences and practical skills and identify creative ways a city and/or local landscape would improve our understanding of social determinants of health."

Session Timeline:

- o 20 minutes: Background/Overview of CAT
- o 10 minutes: Mapping and grouping of participants with instructions on assigned local areas
- o 60 minutes: Participants conduct structured explorations/walkabouts.
- o 30 minutes: Groups convene for general discussions/debriefing/exchange insights.

References:

1. Braid, Bernice & Ada Long, eds. Place as Text: Approaches to Active Learning. Monographs in Honors Education. National Collegiate Honors Council, 2000.
2. Graham, Devon & Peter Machonis, eds. "Miami and the Everglades: Built and Endangered Environments." National Collegiate Honors Council Faculty Institute. Miami: FIU, 2006.
3. Machonis, Peter. "Overview of the NCHC Faculty Institute in Miami and the Everglades." Honors in Practice 2 (2006): 103.

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Effective Teaching - Creating an Active Classroom

Background: Learners have changed regarding how they access and use information. Effective learning is a combination of a powerful clinical experience and a creative way the educator presents information. This workshop will present various approaches to learning and creating an effective teaching environment that includes active interaction and empowering experiences. Tips and tools for maximizing student engagement in utilizing multiple teaching methodologies and assessing student's learning will be discussed and shared. Groups will learn innovative approaches to evaluating learning and meeting learning outcomes.

Workshop Objectives:

- Reflect and identify how you learn and how this affects your teaching.
- Develop strategies to meet various learners using VARK as a guide.
- Recognize techniques to enhance teaching effectiveness.
- Explain the various types of teaching methods and how to use each method effectively.
- Discuss and design various assessment tools to use in the classroom to evaluate student's learning.

Session Timeline:

- Introduction, Icebreaker, and discussion on identifying your learning style. 10 min;
- Activity 1: Participants will take the VARK test and discuss the results. 10 min; Discussion: Recognizing how to enhance teaching effectiveness. 10 min;
- Activity 2: Participants will work in groups with various teaching methods. 15 min;
- Content: Creating assessment tools and how to implement it in your classroom. 10 min;
- Activity 3: Participants will create the tools using sample questions 20 min;
- Discussion: Recognize where assessment tools could be implemented in the curriculum 10 min;
- Wrap-up and Questions 5 min;
- Hand-out – document with a list of various tools and where to implement will be shared

References:

1. Martha Bradshaw, Beth Hultquist, and Debra Hagler. Innovative Teaching Strategies in Nursing and Related Health Professions (8th edition) Susan Bastable, Pmela Gramet, Deborah Sopezyk, Karen Jacobs, and Margaret Braungart. Health Professional as Educator Principles of Teaching and Learning, second edition

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Application of Artificial Intelligence in Medicine and Medical Education

Background: The confluence of computing resources, advanced machine learning algorithms, inexpensive large-scale memory, parallel processing with graphics processing units, human interface-oriented data science processing, and the advent of large-language-model generative pre-trained transformers (GPT) have all resulted in the clear demonstration of computer systems which appear to be approaching "independent thinking." These new computer systems have the potential to revolutionize how health care is administered, practiced, and developed in the United States (1, 2). This workshop is designed to demonstrate AI concepts as they apply to medical education and permit the group to explore how to implement these new tools into their work.

Workshop Objectives:

- To define current concepts and tools of artificial intelligence
- To explore how artificial intelligence is being developed for healthcare.
- To identify how AI can enhance medical research, clinical operations, clinical support, medical diagnoses and practice, and medical education.

Session Timeline:

- 30 Minutes: Introduction to AI for the Clinician and Medical Educator.
- 30 Minutes: Breakout Sessions.
- 30 Minutes: Summary of Breakout Session Discussions

References:

1. Temsah R, Altamimi I, Alhasan K, Temsah MH, Jamal A. Healthcare's New Horizon With ChatGPT's Voice and Vision Capabilities: A Leap Beyond Text. Cureus. 2023;15(10):e47469.

 2.	Yu P, Xu H, Hu X, Deng C. Leveraging Generative AI and Large Language Models: A Comprehensive Roadmap for Healthcare Integration. Healthcare (Basel). 2023;11(20).

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From the Ground Up: How to design and implement a comprehensive academic program for supplemental curriculums

As the field of medicine continues to expand, it is necessary to expose medical trainees to a variety of specialties and competencies. Faculty can turn their unique medical passions into valuable supplemental curriculums to provide diverse educational offerings. This workshop will discuss how to design and implement a comprehensive academic program focused on auxiliary areas of medicine such as integrative medicine or clinical informatics. We will present a case study of how we created an academic program focused on global health as an example of how to overcome roadblocks and integrate unique medical passions into academic careers and training programs.

Objectives:

1. To share our experiences of developing a comprehensive academic program in global health (a supplemental curriculum) as an example to emulate.

2. To discuss essential considerations when designing new curriculums and building academic programs, such as how to obtain buy-in and support

3. To encourage creative solutions for common roadblocks such as lack of faculty support, funding, or time.

D. Balcones 1.102 COLLABORATIVE

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Incorporating ERAS application elements into Mentoring and Advising Fourth Year Medical Students

Background: Late-stage medical students invest months in clinical electives and meticulous ERAS application preparation, often perceiving it as an additional stressor rather than an integral part of medical school mentorship and growth. To address this, our department implemented a structured advising curriculum with a longitudinal individualized learning plan (ILP) tied to specialty choice and ERAS application planning. Mentoring activities focused on identifying and improving clinical weaknesses, gathering additional clinical feedback on students, and helping to provide more uniform application counseling with a group of skilled educators. Information gathered was utilized to write standard (SLOE) and non-standard letters of recommendation and counsel students on elements of their application. This discussion session will explore the potential of structured advising during the ERAS application preparation period and how to assist students in becoming active participants in their development and transition from medical school to residency.

Session Outline:

Introduction (10 minutes): We will introduce our structured advising approach, emphasizing the ILP, SLOE, and their role in student advising, aligning it with overall faculty mentorship.

Interactive Discussion (50 minutes): Attendees will participate in a facilitated discussion, sharing experiences, challenges, and best practices in late-stage medical student advising across various medical education settings.

1. How can components of the ERAS application, SLOE, and ILP be leveraged to encourage student self-reflection and goal setting during later medical school years?

2. What advising strategies have been effective in your institution to empower students and optimize their educational planning?

3. What challenges have you faced when mentoring late-stage medical students, and how can these be addressed?

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The Final Year of Medical School: Are we Optimally Preparing Students for Internship?

Background:

In theory, the final year of medical school prepares students for the transition to supervised practice. Although making major career decisions, preparing applications for the MATCH, and interviewing for residency add a level of complexity to the year, the importance of ongoing clinical training cannot be overstated. The final year of medical school has been described as "a period of unfilled potential". [1]

This discussion session will focus on current curricular practices and potential enhancements for this important year of transition. [2] What might be most helpful for learners during this transitional year? [3] What is needed to ensure that medical students are "ready" to begin residency? [4,5]   Curricula from various schools will be shared, including descriptors of Transition to Residency courses. Attendees will have the opportunity to share current practices from their schools prompted by the following questions:

Questions to prompt audience discussion:

> What are the current requirements for your final year of medical school training, and do you feel that these provide enough rigor to ensure students are best prepared for GME training?

> Do you use the Entrustable Professional Activities (EPAs), GME milestones, or other published criteria as a framework for your final medical school year?

> Do you offer a Transition to Residency Course? Is it required or optional? What is the structure and content of this course?

> Do you have required by-specialty coursework requirements for student depending on their chosen GME discipline?

> If your students are required to complete a capstone or research project, what are the pros and cons of this?

> Do you require all students to pass a clinical skills assessment at the end of clerkships. If so, how do you remediate students during the final year?

(see abstract booklet for full author list and description of each project)

Lil Tex 1.22

Creation of an Artificial Intelligence (AI) Powered Virtual Standardized Teenage Patient for Enhanced History Taking Practice During Wellness Visits Gayani Silva

ChatGPT 3.5 vs. Search Engine: Comparative Case Study of Self-directed Learning   Jared Tuttle

Bevo 1.140

 (a) "Meet The Family": Working with caregivers to teach medical students about caring for children with intellectual and developmental disabilities Shreeya Patel

(b) Empowering Fifth Grade Girls: Enhancing Mental Health Awareness and Coping Skills through a School-Based Program Jessica Cox

(c) Preparing Future Physicians for Holistic Disability Care: A Novel Curriculum in the Introduction to Clerkships Course   Christine Murphy

Balcones 1.102

(a) Creating An Effective At-Risk Identification and Support System   Pierre Banks

(b) The Fortify Resilience Initiative   Deepu George

(c) Setting Students up for Success: Career Development and The Match   Nathaniel Hunter

Stadium 1.138

(a) Effects of an Innovative Community Based Participatory Research Curriculum on Medical Students' Professional Identity Formation Kelly Kovaric

(b) Identifying Critical Course Elements in the Formation of Interprofessional Identity   John Luk

(c) Advocacy 101 and Medical-Legal Partnerships Learning Modules to Educate Health Professional Students about How to Initiate Positive Change: A UTHealth Houston Quality Enhancement Project (QEP) Jessica Wise

FRIDAY   08:00 Concurrent Sessions #5 (60 minutes)

A.   Longhorn 1.130 WORKSHOP A 21st century mixed methodology approach to teaching the body Use of Clinical Vignettes for Self-Directed Anatomy Instruction In Medical School Jeffrey Pearl, Wesley Lockhart, Rebeca Gavan, Andrea Cooley , Carlos Martinez Diaz

B.   B. Lil Tex 1.22 COLLABORATIVE

(a) Effective use of ChatGPT and other language processing AI in medical education. Are we ready? Elena Shanina, Milena Lobaina. Laura Wu

(b)AI and LLM integration in UME curricula Rachel Wallace, Gareth Gingell

C. Bevo 1.140 SHORT PRESENTATIONS

(a) Creating Your Own Asynchronous Residency Preparation Bootcamp: Maximizing Student Engagement and Faculty Efficiency Elizabeth Nugent, Carlos Carreno, Carol Tran-Cao, Haney, Karen Haney, Rylee Trotter

(b) Enough Wellness: Teach Me To Tolerate Uncertainty and To Thrive under Pressure Carlos Carreno, Chioma A. Ikedionwu

(c) Easing transition to residency: Implementing a novel non-technical skills training tool Chioma Ikedionwu, Carlos Carreno, Laura M. Chahin, Elizabeth Nugent

D. Balcones 1.102 SHORT PRESENTATIONS

(a) Build it and they will come: Development and Findings from a Pilot GME Humanities and Ethics Certificate Program Anson Koshy, Angela Gomez, Margarita Ortiz, Renee Flores

(b) Fostering the professional identity formation of health professions educators F. Marconi Monteiro, Judy Aronson, Era Buck, Karen Szauter

(c) Program Outcomes- Using Item Response Theory to support measuring the hidden curriculum Angela Benfield, Gustavo Antonio Almeida, Carol Zaricor

E. Stadium 1.138   SHORT PRESENTATIONS

(a) Ethical Issues and Strategy Development for Student-Based Community Work Emma Tumilty, Bryanna Moore, Grayson Jackson

(b) Recalibrating Our Rubrics for Inclusion: Partnering with Community, Patient, and Learner Voices in Health Equity Curriculum Assessment Kelly Kovaric, John Luk, Nicholas Phelps

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A 21st century Mixed-Methodology approach to teaching the body: How Plastinate Models, Synthetic Bodies, VR, and Ultrasound combine to make a well rounded student

Introduction: Attendees will explore the advantages of utilizing a combination of innovative learning methods to provide comprehensive anatomical education for students in the medical and allied health fields. The session will discuss the benefits and limitations of each technology, including plastinate models, synthetic bodies, virtual reality (VR), Simulated patients, and ultrasound, and how these tools contribute to a more effective learning experience.

LOs will include:

1. Identify the role and benefits of each technology (plastinate models, synthetic bodies, VR, and ultrasound) in teaching anatomy and physiology, as well as their limitations and potential drawbacks

2. Understand the concept of mixed-methodology teaching and its importance in fostering well-rounded students, who possess a thorough understanding of the human body and its various systems.

3. Develop strategies for effectively integrating these technologies into their current curriculum, in order to enhance student learning outcomes and encourage a deeper understanding of complex anatomical concepts

Methods/Project Description: This project outlines a new approach for human anatomy instruction for medical students. Using virtual reality, synthetic cadavers, and plastinated human bodies in a longitudinal curricula to prepare students for clinical clerkships.

Introduction Faculty introductions Brief overview of the course objectives and key concepts

Plastinate Models Creation process and benefits Limitations and drawbacks Resources: Images of plastinate models, video demonstrations

Synthetic Bodies Materials and technologies used in creating synthetic bodies Advantages and potential drawbacks
Resources: Images of synthetic bodies, video demonstrations
Virtual Reality (VR) (8 minutes) Types of VR applications in medical education Immersive and interactive features of VR
Resources: VR demonstrations, sample VR applications, images of VR setups

Ultrasound Use of ultrasound in teaching anatomy Benefits and challenges Resources: Images of ultrasound devices and images, video demonstrations

Mixed-Methodology Teaching Importance of integrating multiple teaching modalities Designing a comprehensive curriculum Resources: Examples of successful mixed-methodology curricula, teaching strategies

Clinical Skills Integration Application of teaching methods to enhance clinical skills development Creating realistic clinical scenarios Resources: Images and videos of clinical skill training sessions

Implementation Strategies   Incorporating technologies into existing curricula
Overcoming potential challenges Evaluating the impact on student learning outcomes

Conclusion and Q&A
Recap of key concepts and objectives Addressing any questions from participants
To ensure learners remain engaged throughout the course, a variety of instructional tools and interactive elements will be incorporated. These may include interactive questions or quizzes, small group discussions, hands-on experiences, live

demonstrations, brainstorming sessions, role-playing scenarios, and case studies. These activities aim to encourage active participation, stimulate critical thinking, and facilitate the application of knowledge to real-world situations."

Results/Outcomes: Students are performing above expected levels for clinical correlations, anatomic knowledge, and didactic examinations.

Conclusions: Attendees will leave the session with a greater understanding of the technological advancements in anatomical education and how clinical vignettes can increase learner performance.

References:
1. Marsland, M. J., & Lazarus, M. D. (2018). Ask an anatomist: Identifying global trends, topics and themes of academic anatomists using twitter. Anatomical sciences education, 11(3), 270–281. https://doi.org/10.1002/ase.1738
2. Kumar, R.K., Freeman, B., Velan, G.M. and De Permentier, P.J. (2006), Integrating histology and histopathology teaching in practical classes using virtual slides. Anat. Rec., 289B: 128-133. https://doi.org/10.1002/ar.b.20105

B. Lil Tex 1.22 **COLLABORATIVE**

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Effective use of ChatGPT and other language processing AI in medical education. Are we ready?

The role of artificial intelligence (AI) in medical education is constantly growing. Language processing platforms such as ChatGPT have entered our lives as an impressive reality conceptualized from scientific fantasy. It's currently the fastest-growing application, with more than 100 million users and 1.5 billion monthly visits. Generative Pre-trained Transformer (GPT) uses a massive amount of language data available online to generate summaries, dialogues, questions, answers, and even scoring and providing a critique of assignments. The processing of data is instantaneous, and personalization can be learned and achieved. A recent study found that ChatGPT achieved a passing score equivalent on the NBME exam for medical students and outperformed other AI language processing models. Although there are some concerns related to ethical issues of plagiarism and the use of AI for cheating on exams, there are many creative ways this powerful tool can enhance the learning process in medical education.

It's not a secret that students are using ChatGPT and so should their teachers. This discussion will bring ideas on how to use this new technology effectively to improve instructional and assessment methods, and simulated experiences in clinical and preclinical courses. It will open new ways of using intellect to accelerate material preparation. However, care must be taken not to fall into the trap of smartly worded misinformation. Also, how do we ensure that students learn the material and not copy and paste AI-created recommendations? This discussion will uncover tools to detect AI-generated content. ChatGPT is adaptable, and the conversation will highlight the importance of appropriate "prompting" in creating novel content. The future is in AI-supported medical education. There is a need for better engagement with AI tools followed by deep analysis of experiences in an evidence-based manner to further modernize and improve the medical educational system.

1. How can ChatGPT be integrated into medical education to enhance learning and knowledge retention?

2. What are the potential advantages and disadvantages of using ChatGPT in medical education?

3. In the age of information overload, how can we ensure that the medical information provided by ChatGPT is accurate and up to date?

Dave T, Athaluri SA, Singh S. ChatGPT in medicine: an overview of its applications, advantages, limitations, future prospects, and ethical considerations. Front Artif Intell. 2023 May 4;6:1169595

Gilson A, Safranek CW, Huang T, Socrates V, Chi L, Taylor RA, et al. How does ChatGPT perform on the United States Medical Licensing Examination? The implications of large language models for medical education and knowledge assessment. JMIR Med Educ 2023 Feb 08;9:e45312

Moritz S, Romeike B, Stosch C, Tolks D. Generative AI (gAI) in medical education: Chat-GPT and co. GMS J Med Educ. 2023 Jun 15;40(4):Doc54.

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AI and LLM integration in UME curricula

Since the public release of ChatGPT by Open AI in November 2022, large language models (LLM) and generative artificial intelligence has made a dramatic impact on every sector of society, including medicine and education. We surveyed our first-year medical students on their early adoption of ChatGPT in our Problem-Based Learning course, PILLARS, at Dell Medical School. Twelve of the 17 responders reported using ChatGPT in PILLARS. Nine of those students felt it improved their learning by organizing information, simplifying complex topics, and saving time. Responders who did not use ChatGPT expressed concern about ethics and skepticism of its accuracy.

Because LLMs are already in use by clinicians for daily tasks such as writing reports and communicating with patients, and by students to generate questions and reports, we suggest medical educators consider how to formally integrate the use of generative AI into their curriculum. Further, the capacity of LLMs and other AI tools to produce research projects, courses, code, and more, means they can enhance the capabilities of medical students and expand our expectations as educators.

1) Where in your current curriculum do you see room for formal integration of generative AI tool use? What advantages would these tools bring to the course compared to current tools? What problem do they solve?

2) What challenges to the effective and ethical use of AI tools in medical education do you anticipate?

3) How can medical schools use generative AI tools to introduce novel options that enhance student productivity and expand course expectations? "

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Creating Your Own Asynchronous Residency Preparation Bootcamp: Maximizing Student Engagement and Faculty Efficiency

Background: The transition from medical school to residency is a critical period in a medical student's (MS) journey. To ensure our MS4s are well-prepared for the unique challenges of residency, we developed an innovative asynchronous residency preparation bootcamp. This workshop aims to share our successful approach and guide educators in creating similar programs at their institutions.

Objectives:

- Understand Need and Opportunities: Discuss challenges in preparing medical students for residency, identify unique programmatic educational opportunities.
- Design a Tailored Program: Devise a flexible and personalized asynchronous residency preparation bootcamp that optimizes student engagement.
- Optimize Faculty Resources: Explore strategies to minimize faculty disruption and burden while preserving valuable one-on-one interactions with students.

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Enough Wellness: Teach Me To Tolerate Uncertainty and To Thrive under Pressure

Background: Structured wellness curriculums have flourished in every OBGYN training program in recent years aiming to increase resident wellbeing and decrease burnout. Most of these initiatives lack concrete objectives, goals, and measurable outcomes. Learners often perceive these wellness curriculums as another task or duty to perform, and not the curriculum is not tailored to the needs of the program or the individual. Wellness is a way of life geared towards a holistic state of well-being and is different for every individual. Burnout is a work-related multidimensional construct specific to healthcare professions where long hours, emotional exhaustion, fast pace, and a heavy clinical workload are contributing factors. Current medical literature does not provide a robust link between wellness and burnout or if there is a progression from lack of wellness to burnout. The detrimental effects of burnout in the individual, if left untreated, will lead to maladaptive coping strategies, mental health issues, substance misuse, and suicidal ideation. The quality of patient care is affected, and decreased patient satisfaction and a disruptive work environment are also dire consequences of burnout.

Work-related stress leads to anxiety, depression, burnout, and a suboptimal learning environment affecting performance and patient safety.

Uncertainty tolerance (UT), ambiguity, and stress due to the emotionally and physically demanding challenges that the job demands are embedded in graduate medical education and surround every aspect of residency training (starting in the selection process); how we cope with them can be instrumental in developing the learner's professional identity, increasing adaptive expertise, and decreasing burnout.

UT is a known key competency in the US, the UK, and the European Union. Lower UT in learners has been associated with decreased wellness, burnout, and a higher level of perceived work-related stress leading to over-testing and potential distress and medical errors. In underrepresented minorities, heightened UT and stress in this population contribute to the burden of the minority tax during training and professional life.

Strategies for preventing, identifying, and dealing with burnout are integrated into many properly designed structured wellness curricula, but there is no stand-alone curriculum aimed at dealing with ambiguity, UT, identifying and mitigating stressors, and persevering under perceived stress. Current interventions do not emphasize the need to develop metacognition, adaptive expertise, grit, and resilience as essential tools to develop a professional identity and enable the learner to deal with the complexities of an evolving and challenging learning environment.

Developing an independent learning plan (IPL) after assessing the UT and work-related stress level will allow a targeted intervention tailored to each individual, focusing on areas needing improvement and reinforcing important concepts to deal with stress and UT.

We anticipate that implementing a structured asynchronous curriculum targeted at each postgraduate year that gives the learners the tools to increase UT, cope with, and decrease perceived work-related stress will increase resident well-being, mitigate burnout and optimize the learning environment.

Workshop Objectives:

- To Identify and screen for ambiguity, UT, stressors
- To Develop an independent learning plan (IPL) after assessing the UT and work-related stress level
- To Implement a structured asynchronous curriculum targeted at each postgraduate year that gives the learners the tools to increase UT, cope with, and decrease perceived work-related stress

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Easing transition to residency: Implementing a novel non-technical skills training tool

Background: Learners must be given the tools to handle a stressful and difficult transition to residency (TTR). Currently, despite substantial efforts by educators, TTR is flawed and ineffective. It is embedded with institutional and student barriers that ignore the problem and do not prepare the learner to be ready to start on day one. One of the main gaps identified is the lack of nontechnical skills (NTS) training to ease and cope with the stress of robust clinical duties.

NTS are an integral part of the learner's professional identity formation, and they are not integrated into the obstetrics undergraduate curriculum either in structured learning sessions or incorporated into clinical simulations. Leadership, communication, decision-making, and situational awareness (SA) integrate personal, social, and cognitive skills that allow the learner to cope with fatigue and stress and tolerate the ambiguity in our labor and delivery units. Core faculty is also not skilled at teaching NTS in their daily learning opportunities. Insufficient NTS are linked to medical errors and adverse patient outcomes and is essential f or the safe and effective performance of clinical duties. Low-fidelity simulations, tactical games, and structured learning sessions are proven strategies to teach and incorporate NTS into our obstetrical curriculum. Teaching NTS to our MS4 that match in an OBGYN program will give them a valuable and resourceful tool to ease the TTR and to manage the uncertainty of residency training, making them better clinicians and surgeons. Underrepresented minorities in medicine (URM) will benefit from this intervention, giving them the necessary tools to level the competitive plain field and decrease the majority subsidy. URM are already targets of implicit bias and microaggressions and suffer from impostor syndrome; targeting NTS training to this population during TTR will have a long-lasting effect on developing the URM learner's professional identity.

An online NTS faculty training platform tailored to MS4 going into an OBGYN residency will be used to teach our faculty how to teach NTS. We used previously implemented behavioral markers systems to design a Transition to Residency NTS (TTRNTS) tool to evaluate our students going into OBGYN residency and determine an independent learning plan to teach NTS based on the learning opportunities identified after administering the TTRNTS, taking into consideration student needs and preferences. TTRNTS is taught by a structured NTS asynchronous curriculum incorporating NTS into clinical simulations, games, and tailored sessions of the most common emergent situations encountered in the labor unit: Postpartum hemorrhage, shoulder dystocia, and management of persistent category two fetal heart rate tracing, amongst others. Debriefing and insight-generating feedback sessions are performed after each NTS scenario. TTRNTS and pre and post-intervention surveys will be administered before and after the intervention.

Teaching NTS to our MS4 transitioning into obstetrics residency programs will prepare our learners to excel on day one by giving them valuable tools to cope with the unknown's stress and uncertainty and thrive in busy clinical services reducing burnout and fostering wellness. Limitations will include implicit bias and culture change to implement this valuable initiative. This intervention's flexible and asynchronous nature makes it generalizable to every program of every specialty.

Objectives:

- To describe how NTS are essential to the learner's professional identity formation and TTR
- To develop and implement an asynchronous curriculum incorporating NTS into clinical simulations, games, and tailored sessions of the most common emergent situations encountered in the labor unit
- To design a Transition to Residency NTS (TTRNTS) tool to evaluate our students going into OBGYN residency and determine an independent learning plan to teach NTS based on the learning opportunities identified after administering the TTRNTS

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Build it and they will come: Development and Findings from a Pilot GME Humanities and Ethics Certificate Program

Background: Creating a cohesive and longitudinal curriculum for resident and fellow physicians across departments poses a multitude of challenges for medical educators. This session will familiarize participants with key components of a novel 10-month humanities and ethics certificate program in the Humanities and Ethics developed across a large academic institution. Participants will engage in two complementary humanities-focused pedagogies incorporated within the pilot program, namely Narrative Medicine and Visual Thinking Strategies (VTS). Both approaches harness the power of "the third thing" in medical education. The construct of 'the third thing in medical education' (Gaufberg et al.) describes the use of a reflective trigger, like a visual work of art, as a starting point to foster conversations that reveal truths through an indirect approach. This approach allows individuals to share as much or as little around topics that can be challenging to face directly. Presenters will briefly review how these two approaches can foster trainee self-awareness, communication skills, professional development and supporting clinical skill development. Brief data collected from the pilot cohort alongside strengths and challenges of program implementation will be discussed.

Objectives:

- Apply Visual Thinking Strategies and Narrative Medicine in real time by trained faculty facilitators
- Develop understanding of the ""third thing in medical education"" as a tool for self-reflection and professional development
- Review and understand the utility of humanities-based pedagogies to foster clinical and professional skill development

References:

1. Gaufberg, Elizabeth & Batalden, Maren. (2007). The third thing in medical education. The Clinical Teacher. 4. 78 - 81. 10.1111/j.1743-498X.2007.00151.x.

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Fostering the professional identity formation of health professions educators

Background: Faculty development efforts for health professions education are well documented as multi-varied initiatives primarily focused on helping faculty in their educational activities and scholarship.[1] Although multiple aspects associated with career development of health professions faculty have been addressed, a specific focus on the educator identity formation only in recent years has been proposed.[1,2,3] The emphasis on professional identity formation (PIF) typically focuses on medical learners.[4] When considering the PIF of health professions faculty, their educator identity has received limited attention.[2,5] This workshop will promote a theoretical[6,7] and practical reflection on the development of a health professions educator identity and consider the role of faculty development initiatives toward the educator PIF. Participants will discuss the professional identity construct, reflect upon their own identity development as educators, consider faculty development interventions, and prepare action plans aimed at fostering an educator identity.

Objectives:

Participants will

- Consider theoretical frameworks for health educators' professional identity formation.
- Discuss faculty development initiatives toward the formation of health professions educator identity.
- Reflect upon their own professional identity as educators, considering pivotal moments in the professional identity formation.
- Prepare an action plan for personal and institutional faculty development needs related to educator PIF.

References:

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Program Outcomes- Using Item Response Theory to support measuring the hidden curriculum

Background: All health professions have hidden curriculums- lifelong learning, professional identity, self-regulated learning, and critical thinking are examples of core skills/habits described by all health professions as outcomes of professional educational programs. However, many of these skills do not have explicit, specific learning outcomes which are measured by their program, leading to difficulty in assessing the effectiveness of the health professional education curricula in developing these critical skills (Brudvig et al., 2013). Why? First, there are no validated measures of these critical skills. Second, these constructs are latent traits. Latent traits are complex and difficult to measure with direct measures of learning and require the use of modern test theory to develop measures. The purpose of this session is to increase capacity of health professional programs to explain how item response theory can be used to develop psychometrically sound measures which allows them to evaluate critical, but hidden, program outcomes. They will demonstrate how to complete the first two steps of developing an IRT (Rasch) measure and explain why IRT measures can improve the ability to assess outcomes of health professional curricula.

Workshop Objectives:

The purpose of this session is to increase capacity of health professional programs to explain how item response theory can be used to develop psychometrically sound measures which allows them to evaluate critical, but hidden, program outcomes. They will demonstrate how to complete the first two steps of developing an IRT (Rasch) measure and explain why IRT measures can improve the ability to assess outcomes of health professional curricula.

Session Timeline:

- o 15 minutes: A brief overview of developing a measure using modern test theory and its utility for program evaluation will be provided.
- o 20 minutes: breakout 1. The participants will then be asked to engage in the first two steps in developing a probabilistic Guttman measure- establishing the program outcome (goal) and operationalized critical of these complex constructs. (Operationalizing means to make abstract or complex ideas into measurable observations which can be directly observed or reported on (e.g., self-report of a specific thinking activity).)
- o 10 minutes: Whole group sharing and example of a theoretical Guttman on self-regulated learning with preliminary data.

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Ethical Issues and Strategy Development for Student-Based Community Work

Background: Student volunteering and community projects are encouraged and often embedded in healthcare professional and medical training. While much has been written about the ethics of Global Health student placements and volunteering little has been done to discuss ethical issues that arise in student volunteer projects and student-based free clinics and services in local communities.

Our multidisciplinary team including bioethicists working across community settings and a medical student with community experience will outline ethical issues that arise for both students, faculty, and communities when engaged in collaborative work in service, clinical, and research settings drawing on bioethical literature and critical analysis. We discuss issues of power, exploitation, miscommunication & misunderstandings, and conflict that can occur for all parties when engaged in community-based volunteering and other projects. We then workshop solutions and activities that can mitigate some of the risk around the ethical issues that arise.

Objectives:

- Identify ethical issues in student community work whether in clinical, research, or service settings.
- Analyze aspects of these settings that create ethical issues, understanding issues of power, experience, exploitation, and communication.
- Create plans to mitigate ethical risk in clinical, research, and service student community work settings.

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Recalibrating Our Rubrics for Inclusion: Partnering with Community, Patient, and Learner Voices in Health Equity Curriculum Assessment

Background: Medical schools, faculty, students, and communities have channeled greater awareness and urgency of health inequities and social and environmental determinants of health into curricular and co-curricular experiences. Learner outcomes from these experiences benefit from assessments specifically for the impact of their contributions to communities. Rubrics have been published for health equity research, public health, and policy creation. At one medical school, the faculty and students created a new health equity competency for its curriculum. In a required 2-semester, interprofessional community service-learning course, a health equity rubric was introduced to assess students' efforts to disrupt health inequities in the community.

Objectives:

- Discuss curricular assessments of health equity
- Apply a health equity rubric to a sample medical student activity
- Discern the potential applications and limitations of a health equity rubric

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A.   Stadium 1.138   ACGME Educator Milestones: An Innovative Assessment Tool for Faculty Professional Development as Educators Daniel Dent
B.   **Lil Tex 1.22** What Role Does Creativity Play in Academic Medicine? Vineeth John, Abbey Bachmann, Neher, Samuel Neher, Peggy Hsieh, John Riggs
C.   **Bevo 1.140** Addressing Mistreatment by Patients in the Clinical Learning Environment – Interprofessional Approach Emily Wang, Cindy McGeary, Isabella Evangelista, Mariana Camacho
D.   **Longhorn 1.130**   Remediation in GME: Effective steps and the use of the ACGME Milestones Predictive Probability matrix and the Clinical competency committee to facilitate success. Emmanuel Elueze
E.   **Balcones 1.102**   Structure and Nurture: Developing Competent and Confident Medical Learners through Effective Supervision Halle Ross-Young, Stephanie Simmons

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ACGME Educator Milestones: An Innovative Assessment Tool for Faculty Professional Development as Educators

Background: Clinician Educators (CE) are essential to the success of medical training programs across the continuum of medical education and impact learning for students, residents, fellows, and other healthcare professionals. More tools are needed to assess CE performance, supporting continuous educator improvement and professional development. The ACGME has endorsed an educator competencies and milestones platform, which includes the use of the five-stage Dreyfus Developmental Model as applied to CE, using the same trajectory-based competency framework as required for GME. These Milestones provide an opportunity for critical self-reflection of knowledge, skills, and attitudes against a developmental scaffold. The self-reflection results can then be used to guide the professional development of the CE. In addition to serving as a self-assessment, these Milestones could be used to help education leaders assess faculty performance to tailor faculty development for individuals or groups to align with institutional strategic goals and values.

Workshop Objectives:

At the end of this session, participants will be able to:

- Perform critical self-reflection as an educator using the ACGME Educator Milestones.
- Create a professional development plan in a selected sub-competency(ies)
- Identify how these Milestones can facilitate CE career advancement and educational skills.

Session Timeline:

- Introduction and background (20 minutes)
- Self-reflection on 3 sub-competencies followed by Small group discussion: Where did you evaluate yourself and why? (15 minutes)
- Large group discussion of professional development opportunities (20 minutes)
- Small group discussion with Large group report out: How might you use these Milestones for career development; personally or in leadership and support of others (20 minutes)
- Q&A (15 minutes)

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What Role Does Creativity Play in Academic Medicine?

Background: The complex and ever-changing landscape of healthcare calls for the need to focus on the development of 21st Century skills such as critical thinking, communication, collaboration, and creativity. Research over the past few decades has produced a variety of theories and models of creativity. Despite these foundational approaches and breakthrough neuroscience research on insight, creativity's role in academic medicine is still in its beginning stages (Haven et al, 2022). An important opportunity exists to bolster pedagogical approaches and clinical care via the implementation of creative practices which can in turn, foster an institutional culture that supports creativity in academic medicine.

Workshop Objectives:

- Discuss background on the research and theories of creativity
- Examine and share personal experiences with creativity
- Analyze real-life creative breakthroughs to understand factors that contribute to success
- Evaluate potential creativity solutions that pose as barriers to medical education

Session Timeline:

- Creativity Quiz: Participants self-assess creativity. Share out and reflect (10 minutes)
- What is the Basis of Creativity? Didactic introduction to the topic for framework (10 minutes)
- Small Group Breakout: Participants will reflect and discuss on creativity experiences in their life and/or workplace (10 minutes)
- Case study: Discovery of Helicobacter pylori. Didactics to establish relevance of topic in creative breakthroughs (10 minutes)
- Individual and Institutional Factors: 5 Forces that Drive Creativity. Didactics and Audience Response System (PollEverywhere). Discussion breaks built in after each force is introduced in order to allow audience members to reflect on and discuss how to recognize, foster, and/or apply these forces in action (30 minutes)
- Convergence Science, Design Thinking, and Medical Innovation: Where do we go from here? Didactic wrap up with opportunity for audience share out (10 minutes)
- Questions and Answers (10 minutes)

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Addressing Mistreatment by Patients in the Clinical Learning Environment – Interprofessional Approach

Background: The clinical learning environment (CLE) is a unique intersection of learners, healthcare educators, healthcare team members, patients, and family members. Extant literature shows a high prevalence of harassment of learners by various perpetrators characterized by verbal abuse or inappropriate behaviors directed toward the learner.[1,2] Based on a recent systematic review, almost all resident learners (98%) report experiencing/witnessing biased behavior by patients towards the learner at least once in the past year, which is associated with significant increases in job stress, vulnerability to occupational burnout and maladaptive coping that threatens success in medical training.[3-5] Working with our learners in the CLE's are nurses, who have more continuous and sustained face to face contact with patients, thus are at greater risk of harm from harassment.[6] In a recent systematic review, the prevalence of sexual harassment of female nurses was 10%-83.5%, with the highest percentage being perpetrated by patients.[7]

Workshop Objectives:

This workshop will focus on

- How to address mistreatment of healthcare team members by patients in the CLE,
- Discuss inter-professional communication/collaboration between nurses and physicians on patient mistreatment.
- To identify the prevalence and impact of mistreatment of the healthcare team members.
- To apply models and tools to address mistreatment utilizing case vignettes
- To explore inter-professional communication between nurses and physicians regarding patient mistreatment

Session Timeline:

o Introduction: Mistreatment by patients in the CLE (15 minutes)
o Breakout Session #1: Reflection. Participants will reflect on prior experience (or witness) of mistreatment. Exercise will be guided by reflective questions. (15 minutes)
o Large Group Sharing of Reflections (10 minutes)
o Models and Tools to Address Mistreatment (15 minutes)
o Breakout Session #2: Case Vignettes small group. Participants will be presented with case vignettes and work through with 2-4 people - "Think-Pair-Share" model. (20 minutes)
o Conclusion (10-15 minutes)

References:

1. Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, Straus SE, Mamdani M, Al-Omran M, Tricco AC. Harassment and discrimination in medical training: a systematic review and meta-analysis. Acad Med. 2014 May;89(5):817-27.
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Remediation in GME: Effective steps and the use of the ACGME Milestones Predictive Probability matrix and the Clinical competency committee to facilitate success.

Background: On average about 10 % of residents will require remediation during their training. The remediation process has significant impact and pose several challenges to trainees, faculty, and the institution. Programs devote a considerable time and resources to hopefully achieve the successful outcomes of helping the trainee; meet advancement/ graduation requirements, achieving specialty qualifications and the trainee being able to provide independent safe practice. It is paramount that programs establish a growth mindset in the learning environment, work towards early identification of struggling trainees and utilize effective and efficient tools in their remediation procedures and policies. Feedback received from presentation of this workshop at our 2023 GME institutional retreat, included the suggestion to disseminate it beyond our institution.

Workshop Objectives:

Participants will be able to:

- Review common indications and steps in the remediation process.
- Utilize the ACGME Milestones Predictive Probability matrix.
- Develop procedures and policies to equip their Clinical Competency Committees to be more effective.

Session Timeline:

- 1st Case – Case of a struggling Resident – Activity: Develop a remediation plan using the template provided. Access added information from the online ACGME Milestones Predictive probability matrix and consider how you will utilize the information obtained.
- 15minutes- Small group
- 10 minutes – Large group
- 2nd case – Clinical Competency Committee- Breach of Confidentiality – Activity: How would you address the case of this faculty that breached confidentiality. What measures will make your Clinical Competency Committee more effective and efficient – develop procedures and a policy that you will utilize at your program.
- 15 minutes – Small group
- 10minutes – Large group:
- Conclusion and Questions - 15 minutes.

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Structure and Nurture: Developing Competent and Confident Medical Learners through Effective Supervision

Background: Clinical supervision serves an essential role in the development of medical learners across disciplines (Pront, Gillham, & Schuwirth, 2016), and research supports the positive impact of supervision on patient and learner outcomes (Farnane et al., 2012; Kilminster & Jolly, 2000); however, supervision remains under-researched, under-discussed, and under-utilized by undergraduate and graduate medical learners (Kilminster & Jolly, 2000), and the definition of clinical supervision is often unclear and inconsistent (Hore, Lancashire, & Fassett, 2009). Furthermore, supervisor and supervisee experiences regarding the quality and quantity of feedback often differ (Weallens, Roberts, Hamilton, & Parker, 2022), demonstrating the need for training in provision of supervision.

Workshop Objectives:

Attendees will:
•   Identify components of effective supervision.
•   Implement effective strategies to increase structure and expectations in a supervisory relationship.
•   Discuss methods to support learners' professional and personal development.
•   Evaluate techniques to manage challenging conversations related to ethical and cultural competence.
•   Develop SMART goals to improve personal supervision practice.
Session Timeline:
o   5 minutes: Welcome and review learning objectives
o   5 minutes: Small group reflection; Participants will discuss experiences with effective and ineffective supervisors.
o   5 minutes: Large group debrief; Participants will create a virtual word cloud of characteristics of effective supervisors.
o   15 minutes: Brief didactic on evidence-based supervision techniques
o   15 minutes: Small group breakout; Participants will identify relevant goals and expectations in a supervisory contract.
o   5 minutes: Large group debrief; Participants will discuss elements of their supervisory contracts.
o   10 minutes: Brief didactic on nurturing a strong supervisory relationship and managing difficult conversations
o   10 minutes: Video review; Participants will view examples of ineffective and effective supervisory techniques.
o   10 minutes: Small group discussion; Participants will reflect on videos in small groups.
o   5 minutes: Large group debrief
o   5 minutes: Conclusion and goal setting; Participants will create SMART goals to guide implementation of
          supervisory techniques

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(see abstract booklet for full author list and description of each project)

A. Stadium 1.138

(a) Bridging mentorship gaps in scientific communication through a workshop for postdocs **Sara Dann**

(b) Enhancing Workforce Preparation: Interdisciplinary Case Study Implementation **Miranda Phillips**

(c) Creating a Culture Document to Improve Well-Being **Mary Sizemore**

B. Balcones 1.102

(a) Catalyzing Interprofessional Team Development Through Outcomes-Driven, Project-Based Learning **Veronica Young**

(b) Texas-Sized Innovation: The Texas IPE Consortium **Kimberly Hoggatt Krumwiede**

(c) Developing tomorrow's leaders, today: An Interprofessional Leadership Fellowship for Allied Health Professions   **Jennifer Ramos**

C. Bevo 1.140

(a) Advancing Medical Education through Hands-On Ultrasound Teaching Sessions at McGovern Medical School **Manickam Kumaravel**

(b) Teaching Trainees about an Ideal Crisis Care Continuum: A Case-Based Learning Activity **Elizabeth Twichell (Sarah Baker)**

(c) An Active Approach to Professional and Ethical Education: Using an Objective Standardized Clinical Examination to Evaluate Pediatric Residents Ethical Competency   **Margarita Ortiz**

D. Lil Tex 1.22

(a) Self Directed Learning: A Heutagogical Approach – Do Learners Like This?   **Maria San Andres**

(b) Clinical Teaching Toolkit for Clinical Faculty and Preceptors   **Gayle Timmerman**

(c) Caught, Taught, Sought: Creating a Longitudinal Faculty Development Program on Character **LuAnn Wilkerson**