THE TEACHING ACADEMY
Robert Larner, M.D. College of Medicine at The University of Vermont

2022 Snow Season Education Retreat

Thursday, January 20, 2022
Friday, January 21, 2022

PROGRAM

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2022 Snow Season Education Retreat
PROGRAM

Thursday, January 20 and Friday, January 21, 2022

Thursday, January 20, 2022

TIME	SESSION	ZOOM LINK
1:00-1:05 PM	**Welcome from Katie Huggett, PhD,** Teaching Academy Director	Zoom Link: https://uvmcom.zoom.us/j/92728523508 Meeting ID: 927 2852 3508
1:05 – 2:00 PM	**Human Flourishing: Learning from the Kern National Network for Caring & Character in Medicine** Cheryl A. Maurana, PhD Senior Vice President for Strategic Academic Partnerships Professor of Population Health and Founding Director Kern National Network for Caring & Character in Medicine Medical College of Wisconsin Kimara Ellefson, MBA National Director for Partnerships Kern National Network for Caring & Character in Medicine Sue Cox, MD Special Assistant to the Dean Professor of Medical Education The University of Texas at Austin, Dell Medical School; Senior Director for Strategic Engagement Kern National Network for Caring & Character in Medicine	
2:00-2:15 PM	**Break**	

2:30-3:30 PM: Breakout sessions

A	**Behind the Scenes with MedEdPORTAL: Reimaging Educational Scholarship** Special Guest Session: Grace Huang, M.D., Editor-in-Chief AAMC MedEdPORTAL *Session Length: 60 minutes* *Note: MedEdPORTAL* is a MEDLINE-indexed, open-access journal of teaching and learning resources in the health professions published by the Association of American Medical Colleges (AAMC), in partnership with the American Dental Education Association.	Zoom Link: https://uvmcom.zoom.us/j/94353371476 Meeting ID: 943 5337 1476

B	**The Evolving Landscape of Language: Inclusion and Belonging in Medical Education** Luke Higgins, MS, Richard Brach, MS, Mahima Poreddy, MS, Dana Kramer, MS, Nathalie Feldman, MD *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/93015523101?from=addon Meeting ID: 930 1552 3101
C	**Applying to residency: How to Help Students Navigate the Process** Emily Greenberger, MD, Katie Dolbec, MD, Justin DeAngelis, MD, Molly Rideout, MD, Garth Garrison, MD, Emily Stebbins, MD *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/93691341535 Meeting ID: 936 9134 1535

TIME	SESSION	Room/Zoom
4:00-5:00 PM	**Teaching Academy Induction and Award Ceremony** *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/91271140003

FRIDAY, JANUARY 21, 2022

TIME	SESSION	Room/Zoom
9:00-9:30 AM	Oral Platform Presentations Moderator: Molly Barry, MD • **Evaluating a Brief Cognitive-Behavioral Therapy Curriculum for Primary Care Internal Medicine Residents: A Pilot Study** Emily Greenberger, MD, and Julia Terman • **Who's Speaking? Gender Equity in Grand Rounds Presentations** Sally Clark and Faith Genereux *Session Length: 30 minutes*	Zoom: https://uvmcom.zoom.us/j/93580996759 Meeting ID: 935 8099 6759

9:45-10:45 AM: Breakout sessions

A	**Coaching Learners: A Formative Formula for Success?** Deirdre O'Reilly, MD, MPH *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/91236586734 Meeting ID: 912 3658 6734
B	**Strategies for Fostering and Supporting Diversity, Equity, and Inclusion in the Learning Environment** *Lee Rosen, PhD* *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/91619149408?from=addon Meeting ID: 916 1914 9408
C	**Demystifying Systematic Reviews in Medical Education: Types and Tools** Alice Stokes, MLIS and Katie Huggett, PhD *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/94366870101 Meeting ID: 943 6687 0101

11:00-Noon: Breakout sessions

A	**From Nervous Driving to Cruise Control: Practical Tips for Navigating the IRB** Amanda Kennedy, PharmD, BCPS; Melanie Locher, B.S., CIP; Sarah Wright *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/99519768051?from=addon Meeting ID: 995 1976 8051
B	**Communicating Your Message with Visuals** Special Guest Session: Amy Ou, MD UCSF Zuckerberg San Francisco General Hospital and Shreya P. Trivedi, MD, Beth Israel Deaconess Medical Center *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/95257421721 Meeting ID: 952 5742 1721
C	**Who's Driving the Car? Re-Thinking Learner Motivation through the Self-Determination Theory Lens** Melissa Davidson, MD *Session Length: 60 minutes*	Zoom Link: https://uvmcom.zoom.us/j/99477521477 Meeting ID: 994 7752 1477

12:15-1:30 PM

Poster Session Registrants will receive a link to view poster PDFs following the conference	Hoehl Gallery

1:30 PM Conference concludes. Please complete the online evaluation that you will receive via email. If you wish to receive CME credit, login to MyCredits and complete the required documentation within 30 days of the retreat.

Session Learning Objectives

Human Flourishing: Learning from the Kern National Network for Caring & Character in Medicine
Cheryl A. Maurana, MD
Kimara Ellefson, MBA
Sue Cox, MD

Behind the Scenes with MedEdPORTAL: Reimaging Educational Scholarship
Grace Huang, M.D., Editor-in-Chief AAMC MedEdPORTAL
Session Length: 60 minutes

- Describe how MedEdPORTAL supports author development
- List 3 new MedEdPORTAL initiatives in diversity, equity, and inclusion
- Generate strategies for how MedEdPORTAL can serve the educational community

The Evolving Landscape of Language: Inclusion and Belonging in Medical Education
Luke Higgins, MS, Richard Brach, MS, Mahima Poreddy, MS, Dana Kramer, MS, Nathalie Feldman, MD
Session Length: 60 minutes

- Explain the importance of language in creating inclusive spaces in pre-clinical and clinical learning environments.
- Recognize and examine instances of non-inclusive language and outline conceptual frameworks to shift language to increase inclusivity.
- Explain, apply, and demonstrate effective strategies for engaging others to strengthen inclusive spaces through the practice of language inclusivity.

Applying to residency: How to Help Students Navigate the Process
Emily Greenberger, MD, Katie Dolbec, MD, Justin DeAngelis, MD, Molly Rideout, MD, Garth Garrison, MD, Emily Stebbins, MD
Session Length: 60 minutes

- Discuss issues commonly experienced by undifferentiated students and how to address them
- Compare effective and ineffective personal statements
- Analyze common application and interview pitfalls

Coaching Learners: A Formative Formula for Success?

Deirdre O'Reilly, MD, MPH

Session Length: 60 minutes

- Discuss coaching as a strategy for learner-centered feedback in medicine
- Identify essential elements of coaching that differentiate it from mentoring and advising
- Apply coaching techniques to case examples in break-out sessions

Strategies for Fostering and Supporting Diversity, Equity, and Inclusion in the Learning Environment
Lee Rosen, PHD and Cheryl Tien, Medical Students
Session Length: 60 minutes

- Identify several core issues for students of color or students underrepresented in medicine in medical school or graduate programs.
- Define imposter syndrome for students in higher education settings
- Describe the connection between imposter syndrome and belonging to an underrepresented or historically excluded group.
- Describe strategies for supporting students from underrepresented groups in the learning environment.

Demystifying Systematic Reviews in Medical Education: Types and Tools
Alice Stokes, MLIS and Katie Huggett, PhD
Session Length: 60 minutes

- Describe 2-3 literature review types frequently published in the health professions education literature
- Share an example of how systematic reviews contribute to the field
- Summarize librarian roles on a systematic review team
- Identify sources for quality criteria for reviews
- Describe the steps required to conduct a systematic review

Session Learning Objectives

From Nervous Driving to Cruise Control: Practical Tips for Navigating the IRB
Amanda Kennedy, PharmD, BCPS; Melanie Locher, CIP; Sarah Wright
Session Length: 60 minutes

- To understand the definition of research and how it applies to the various levels of IRB review
- To analyze educational project case examples and determine how to approach IRB review
- To describe best practices and resources for navigating the IRB

Communicating Your Message with Visuals
Amy Ou, MD UCSF Zuckerberg San Francisco General Hospital and Shreya P. Trivedi, MD, Beth Israel Deaconess Medical Center
Session Length: 60 minutes

- Recognize when visual-spatial elements can be used to decrease the cognitive load of content
- Apply principles of design to strategically enhance content delivery
- Understand the landscape of available resources and software for creating visuals

Who's Driving the Car? Re-Thinking Learner Motivation through the Self-Determination Theory Lens
Melissa Davidson, MD
Session Length: 60 Minutes

- Summarize Self-Determination Theory (SDT) as a well-established theory of human motivation, including description of the three basic psychological needs.
- Define and describe the four types of extrinsic motivations based upon regulators of behavior.
- Apply SDT to reframe the professional decisions we make for ourselves and ask of our learners.

CME Information

In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live internet activity for a maximum of 6 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Meeting Disclaimer: Regarding written materials and information received, written or otherwise, during this Conference: The scientific views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of The Robert Larner College of Medicine at The University of Vermont.

Interest Disclosures: As a joint accredited organization for interprofessional education, The Robert Larner College of Medicine at The University of Vermont Medicine is required to disclose any real or apparent conflicts of interest (COI) from anyone who has control of the content (speakers, planners, moderators).

No Interests to Disclose:

Molly Barry, MD,
Richard Brach, Medical Student
Sue Cox, MD
Melissa Davidson, MD
Justin DeAngelis, MD
Katie Dolbec, MD
Kimara Ellefson
Nathalie Feldman, MD
Garth Garrison, MD
Emily Greenberger, MD
Luke Higgins, Medical Student
Grace Huang, MD
Kathryn Huggett, PhD
Amanda Kennedy, Pharm.D., BCPS
Dana Kramer, Medical Student
Melanie Locher
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Note: UVM CME Staff who reviewed this activity had no interests to disclose.

Commercial Support Received:

We have not received any commercial support for this activity

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*Having a financial interest or other relationship with a corporate organization, **or discussing an unlabeled use of a commercial product**, may not prevent a speaker from making a presentation. However, the existence of the relationship must be made known to the planning committee prior to the conference, so that any possible conflict of interest may be resolved prior to the talk.

Snow Season Education Retreat
Workshop Presenters and Facilitators

Molly Barry, MD, Medical Oncology

Richard Brach, Medical Student

Sally Clark, Medical Student

Melissa Davidson, MD, Anesthesiology*

Justin DeAngelis, MD, OBGYN

Katie Dolbec, MD, Emergency Medicine*

Nathalie Feldman, MD, The Learning Environment*

Garth Garrison, MD, Internal Medicine*

Faith Genereux, Medical Student

Emily Greenberger, MD, Internal Medicine

Luke Higgins, Medical Student

Grace Huang, MD

Kathryn Huggett, PhD, Medicine, The Teaching Academy*

Amanda Kennedy, Pharm.D., BCPS*

Dana Kramer, Medical Student

Melanie Locher

Deirdre O'Reilly, MD, Neonatal- Perinatal Medicine*

Amy Ou, MD

Mahima Poreddy, Medical Student

Molly Rideout, MD, Pediatrics*

Lee Rosen, PhD, Psychiatry*

Emily Stebbins, MD, Anesthesiology*

Alice Stokes, MSLIS

Julia Terman

Cheryl Tien, Medical Student

Shreya P. Trivedi, MD

Sarah Wright

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Dennis Beatty, MD, Medicine*

Melissa Davidson, MD, Anesthesiology*

Lewis First, MD, Pediatrics*

Pamela Gibson, MD, Pathology and Laboratory Medicine*

Kathryn Huggett, PhD, Medicine, The Teaching Academy*

Karen Lounsbury, PhD, Pharmacology*
Maura Barry, MD, Medical Oncology*
Nathalie Feldman, MD, Director of the Learning Environment*
Thomas Delaney, Ph.D.*
Macaulay Onuigbo, MD, Internal Medicine
*Indicates Teaching Academy Member

Teaching Academy New Members Inducted January 2022

Distinguished Educator

Elise Everett, MD, OBGYN
Bridget Marroquin, MD, Anesthesiology
Jesse Moore, MD, Surgery

Master Teacher

Emmett Whitaker, MD, Anesthesiology
Kevin Abnet, MD, Anesthesiology
Katherine Dolbec, MD, Surgery
John Klick, MD, Anesthesiology

Member

LeeAnna Burgess, MD, Medicine
Joanna Conant, MD, Pathology
Rebecca Evans, MD, Anesthesiology
Abigail Hielscher, MD, Neurological Sciences
K. Elliot Higgins, MD, Anesthesiology
Breena Holmes, MD, Pediatrics
Sherrie Khadanga, MD, Medicine
John Miller, MD, Medicine
Delphine Quenet, PhD, Biochemistry
Elly Riser, MD, Medicine
Ramanathan Seshadri, MD, Surgery,
Fatemeh Sobhani, MD, Neurological Sciences
Katie Wells, MD, Surgery

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January 2022

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Naiim Ali, M.D.
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Kramer Wahlberg, M.D.
Patrick Zimmerman, D.O.

Awards for Teaching and Educational Excellence

Conferred at the Teaching Academy Induction and Award Ceremony on January 20, 2022

Teaching Academy Awards

Innovation in Curriculum Development or Pedagogy

Award 1:

The Anatomy Team: Nicholas D'Alberto, Ph.D., Abigail Hielscher, Ph.D., Nathan Jebbett, Ph.D., Sharon Henry, Ph.D., Derek Strong, Ph.D., Victor May, Ph.D., Gary Mawe, Ph.D.

Award 2:

Allen Repp, MD, Department of Medicine

Outstanding Contribution

Halle Sobel, MD, Department of Medicine

Frederick C. Morin III, MD Educational Leadership Award

Lewis First, MD, Department of Pediatrics

Medical Group Education Awards

Continuing Medical Education Educator of the Year

Amanda Kennedy, PharmD, BCPS
Department of Medicine

Graduate Medical Education Educator of the Year

K. Elliot Higgins, MD
Department of Anesthesiology

Poster Session Abstracts

1. A Pilot Study of Stroke Awareness, Preparedness, and Preferred Communication Modalities in Primary Care Patients

Dana Allison; Michelle Cangiano, MD

Category: Research

Background

Stroke is currently the fifth leading cause of death and is recognized as one of the most expensive chronic diseases in the United States, generating 30 billion dollars annually in medical costs and lost earnings. In this exploratory study, we examined patient's knowledge of stroke, sources of stroke education, and patient preferences for prospective stroke education.

Methods

This study used a cross-sectional design which enrolled patients based on convenience. An anonymous, open-ended, and multiple-choice questionnaire survey to assess patient demographic, background information, stroke knowledge base, and stroke education preferences was distributed over the course of one week to ten volunteer outpatient primary care patients via patient interviews. Survey content featured questions regarding previous personal stroke, chronic medical condition knowledge, knowledge of stroke symptoms, clinical features of stroke, where knowledge regarding stroke was obtained and where patients would prefer to learn about stroke. Statistical analyses were performed using IBM SPSS Statistics Data Editor. Nominal data are represented using mean and percentage values.

Results

Of the ten participants, the average age was 37.2 years, 40% were female, 60% were male. Due to convenience sampling, this study did not apply an inclusion or exclusion criteria. 90% of our respondents had risk factors for stroke with a low percentage of knowledge of risk factors (30%), acute signs of stroke >3 identifiable features (30%) or understanding of the F.A.S.T acronym for warning signs of stroke (30%). Additionally, a majority preferred to learn about stroke from non-health care professional sources (64.7%).

Discussion

With this pilot study, we hope to further our understanding of the best communication practices for primary care clinicians to enhance patient preparedness and stroke outcomes for patients with risk factors for stroke. We assessed patient educational preferences for stroke education with an aim of using these findings to enhance patient education/communicative practices tailored towards at-risk populations.

2. Rounding Template: Improving Oral Case Presentation Skills for Third Year Medical Students

Vishwanath Anekonda, MD; Emily Greenberger, MD

Category: Innovation

Background

Oral case presentations (OCPs) are the primary tool that physicians use to communicate clinical information, and the AAMC lists OCPs as a core entrustable professional activity required for residency (Dhaliwal et al., 2013; AAMC 2014). Prior research reveals that educators do not always evaluate students based on specific skills but rather on measures such as likability, suggesting the need for standardization to properly evaluate students (Kalet et al., 1992). Therefore, we sought to create a standardized OCP template for third-year medical students to use during their inpatient internal medicine clerkship.

Methods

The OCP template was developed using feedback from internal medicine residents, faculty in the Hospital Medicine Division, and the internal medicine clerkship directors at the University of Vermont. One of our investigators introduced the OCP template to third-year medical students during the first week of their clerkship. Hard copies of the template were emailed to students and placed in common spaces. A survey assessing the frequency of template use and its perceived usefulness was developed using RedCap and emailed to all students at the end of the clerkship. Agreement was assessed using a standard 1-5 Likert scale (where 5 = Strongly Agree). IRB exemption was obtained.

Results

Surveys were completed by 22 of the 36 eligible students between May and June 2021. Respondents reported improved confidence (mean 4.41, SD 0.796) and efficiency (mean 4.50, SD 0.598) while rounding using the template (Table 1). Participants also reported an improved ability to focus on the most pertinent clinical information (mean 4.18, SD 0.853) and improved organization skills while rounding (mean 4.41, SD 0.590). Our data suggested that the template helped students form more precise problem representations (mean 3.95, SD 1.09).

Discussion

Major limitations of our study include small sample size and lack of a control arm or faculty assessments. Future investigation may clarify the utility of our template across different specialties and institutions.

Table 1: Oral Case Presentation Template Survey Results (n = 22 students)

Statement	**Average (Std. Dev.)** **Standard Likert Scale (5 = strongly agree)** **n = 22**
The template improved my confidence while rounding	4.41 (0.796)

The template improved my efficiency while rounding	4.50 (0.598)
The template helped me focus on the most pertinent information when presenting my patients	4.18 (0.853)
The template helped me stay organized during rounds	4.41 (0.590)
The template helped me formulate an accurate and precise problem representation	3.95 (1.09)
The template helped me formulate and prioritize problems	3.95 (1.04)
The template reminded me to develop contingency plans	3.45 (1.01)

Statement	**Average (Std. Dev.)** **Standard Likert Scale (1 = never, 2 = rarely, 3 = some days, 4 = most days, 5 = everyday)** **n = 22**
How often did you use the template each week?	3.68 (1.09)

References

1. Dhaliwal, G., & Hauer, K. E. (2013). The oral patient presentation in the era of night float admissions: credit and critique. JAMA, 310(21), 2247-2248. doi:10.1001/jama.2013.282322

2. AAMC, “Core Entrustable Professional Activities for Entering Residency,” 2014: https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas/publications. Accessed Nov, 8, 2021

3. Haber, R. J., & Lingard, L. A. (2001). Learning oral presentation skills: a rhetorical analysis with pedagogical and professional implications. J Gen Intern Med, 16(5), 308-314. doi:10.1046/j.1525-1497.2001.00233.x

4. Kalet, A., Earp, J. A., & Kowlowitz, V. (1992). How well do faculty evaluate the interviewing skills of medical students? J Gen Intern Med, 7(5), 499-505. doi:10.1007/bf02599452

3. The Bridge that Connects: Designing an Anatomic Pathology Bridging Course for New Pathology Trainees

Agnes Balla, MD, MHS; Will Humphrey, MD; Bronwyn Bryant, MD; Bei Zhang, MD, PhD

Category: Quality Improvement

Background

With the increasing depth of medical knowledge and the diversity of tests performed in the pathology laboratory, incoming pathology residents are often underprepared to fulfill the common clinical and professional responsibilities required by residency. We designed and evaluated a bridging course which presented introductory content on AP rotations while emphasizing professionalism, self-reflection, communication, and the importance of teamwork in the laboratory.

Methods

A 16-hour course was designed to run from July-August starting on the first day of residency. Presentations included content on adult autopsy pathology, pediatric and fetal autopsy, neuropathology, surgical pathology, intraoperative tissue handling, cytopathology and dermatopathology. Topics were scheduled twice a week, 1 hour each, in person or on Zoom and attendance was mandatory for new trainees (n=5). The communication and professionalism portion of the curriculum included content on multidisciplinary tumor boards, wellness, emotional intelligence, giving and receiving feedback and the ethics of publishing. Trainees at all levels (PGY-1 through PGY-4) were encouraged to attend these latter sessions.

Results

An objective assessment was administered within one month of completion of the course. Results showed that all participants (n=5) scored between 70-100% on the objective assessment. For continued improvement, a course evaluation was designed to assess the quality of the content, delivery, and outcome of the course. The assessment of learning and the course itself was aligned with the ACGME milestones.

Discussion

Setting expectations early on in training is instrumental in supporting a culture of open communication and trust in a residency program. Objective and subjective evaluations showed that this course has value in providing fundamental knowledge and resources for new trainees while meeting several of the ACGME Milestones.

IRB Determination: waived

Disclosures: none

4. Developing and applying a longitudinal clinical reasoning curriculum across all four years of training at the University of Vermont Larner College of Medicine

Dennis Beatty, MD; Ashleigh Peterson, BS

Category: Innovation

Background

Clinical reasoning, including making accurate diagnoses, is a skill set that is paramount to becoming a good physician. However, very little formal training of this important skill existed at our medical school, and students were expected to learn these skills passively. Important work by Croskerry, Cutrer, Bowen and others have elucidated the cognitive processes behind clinical reasoning, and we believe these skills can be formally taught, reinforced, and deliberately practiced, beginning in the first year of training. Objective is to develop and implement a framework for teaching clinical reasoning skills, using consistent methods and terminology, across all four years of the medical school curriculum.

Methods

Introduced first-year students to the basic processes and terminology of the clinical reasoning process, within Doctoring Skills course. Identified multiple sessions in each course in subsequent years where reasoning skills can be inserted, implemented, and deliberately practiced. Includes formatting case-based learning sessions and building Illness scripts. Taught clinical reasoning process and teaching strategies to faculty at multiple levels. Reviewed and expanded knowledge of clinical reasoning process to students entering Clerkships. An online survey asking about student knowledge of and comfort with the various clinical reasoning skills was administered to each class (co2019 -co2022) prior to onset of Clerkships (spring of second year). Statistical analysis was performed with Python using Kruskall-Wallis and Mann-Whitney U tests

Results

Compared to the class of 2019, the classes of 2020 ($p=0.006$) and 2021 ($p=0.0007$) felt better trained to formulate a differential diagnosis and that they had more practice in doing so ($p=0.064$ for 2020 and $p=0.0007$ for 2021). All subsequent classes felt that their use of illness scripts had increased compared to the class of 2019 ($p=6.5*10\text{-}5$ for 2020, $p=1.9*10\text{-}5$ for 2021, and $p=0.0006$ for 2022). The classes of 2021 ($p=0.004$) and 2022 ($p=0.003$) reported that they used problem representations significantly more than the control group.

Discussion

After following a longitudinal clinical reasoning curriculum, there was significant improvement in the students' opinions that they had adequate training and practice in strategies to help formulate an accurate differential diagnosis, employ illness scripts, and use problem representations in their clinical encounters. Future plans include continuing to expand these interventions in the Clerkship and Acting Internship levels and assessing Clinical Skills Exam scores at all levels.

Previous display at AMA's ChangeMedEd, Sept 2021

Disclosures: None

5. Completing Accolades on Course Evaluations—can a simple prompt improve medical student well-being?

Abigail Belser, BA; Heather Giguere, BA; Leigh Ann Holterman, PhD; Nathalie Feldman, MD

Category: Innovation/Qualitative Research

Background

A prompt was added to course/clerkship evaluations querying LCOM students about professional role models, "Please identify one individual who demonstrated exemplary professionalism and respectful behavior during the course." Our previous work demonstrated that accolades positively impact the receiver - we are exploring whether they also benefit the writer. This prompt provides an opportunity for students to reflect on something positive and express gratitude. Medical students benefit from reflection through thinking about their own values/beliefs in relation to their experiences, which is crucial for professional identity formation. Expressing gratitude can increase joy, interest, life satisfaction, and positive affect, and improve overall well-being and resiliency. The goal is to determine whether accolades impact the writer. We hypothesize that positive impacts would result from the opportunity for reflection and gratitude.

Methods

To date, we have completed two focus groups of 4-6 students, utilizing a semi-structured interview with 8 questions about experiences writing accolades. Groups were audio-recorded and transcribed. Thematic analysis was completed as outlined by Braun and Clarke4. We include preliminary findings below, with finalized results in January after additional focus groups.

Results

Preliminary themes include: Lack of transparency regarding course evaluations, as well as survey fatigue; confusion surrounding the definition of "professionalism"; appreciation for the opportunity to write something positive. Reflecting on an "exemplar of professionalism" is a positive experience; recognized people included those who "stood out", demonstrated respectful/inclusive behaviors, and handled difficult situations gracefully.

Discussion

Students reported sharing appreciation is a positive experience that is associated with elevated mood. Further research is needed to determine any direct impacts on overall well-being and resiliency. To address student confusion, periodic reminders via email could be useful, which may increase engagement with the accolades process. Overall, we conclude collecting accolades impacts the writer positively.

IRB Determination: IRB Approved

Disclosures: None

6. Performance Improvement: QR Utilized Education for Residents

Wendell Bliss, MD; Dan Ackil, DO; Tabitha Ford, MD

Category: Innovation

Background

The Performance Improvement: QR Utilized Education for Residents study aims to target education for procedures that present high risk, but are performed infrequently, termed high acuity, low occurrence tasks. These skills may be practiced in simulated environments more frequently than they are seen in clinical practice, but unfortunately, abilities decline quickly after training, and procedural errors may result in significant physical, emotional, and financial harm to patients. We hypothesize that just in time training with rapid access to preselected high quality procedural instructions through a quick response code link, will improve EM resident time to procedure and performance of HALO tasks.

Methods

We will perform a multi-institutional randomized controlled trial to assess the impact of QR code linked JITT on EM resident time to procedure and performance of HALO procedures. Each session will include two residents performing two selected HALO procedures in a simulation setting, Blakemore placement and trans venous pacing. Each group is composed of a single junior resident (PGY1 or PGY2) paired with a relatively senior resident (PGY2 PGY4). The junior resident will be responsible for performing the procedure under the guidance the senior resident. Electronic devices will be provided to participants during the session for the purpose of accessing information. The control group will have access to standard internet resources, the intervention group will receive a QR code with preselected instructional video as well as procedural smart card with step-by-step instructions. End points will be assessed with time to completion of procedure as well as validated procedural checklists.

7. A Systemic Approach to Reducing Systemic Bias: Improving Accessibility of Pre-Clinical Curriculum Materials at the Larner College of Medicine

Matthew Bresler; Karina Lopez; Julia O'Connor; Cara Simone

Category: Innovations

Background

The Curriculum Team within the Office of Medical Education strives to cultivate an inclusive learning environment by collaborating with faculty and students to remove barriers for participants with disabilities. Based on general student feedback, specific student accommodations, and staff expertise, we identified existing barriers to students' ability to access materials in the pre-clinical curriculum. The Curriculum Team Instructional Designers (IDs), in consultation with the Medical Student Services Team (MSST) and UVM's Office of Student Accessibility Services (SAS), developed a plan to review materials before release to students. Prior to implementation, the IDs completed trainings on creating and modifying common file types to maximize accessibility and shared the process with course directors.

Methods

During each pre-clinical course, IDs contact faculty requesting final materials the Monday prior to the week of the session. Upon receiving materials, IDs review files using Web Content Accessibility Guidelines (WCAG), with the following priorities: 1) provide files that are accessible to all current students based on academic accommodations (provided by MSST/SAS); 2) Utilize a Universal Design for Learning (UDL) approach to make content accessible to all participants.

Examples of modifications include adding captions to videos, changing colors/contrast to improve access for people with color vision deficiencies, and ensuring compatibility of materials with screen reading software. IDs share proposed changes with faculty, and then send them final copies of materials to ensure changes carry forward to the following year. IDs track each session to maintain an inventory of changes and the need to reiterate the process.

Results

Qualitative survey data that appraises content accessibility for pre-clinical students is pending, and we have planned student and faculty focus groups.

Discussion

We have prioritized monitoring accessibility on an annual basis and will work to address the ongoing challenges related to earlier notification of accommodations and timely delivery of materials.

Disclosures: None

8. Cadaver-Based Imaging in the Anatomy Lab

William D. Brown, MS3; Ryan R. Walsh, MD; Abigail Hielscher, PhD

Category: N/A

Background

Identifying normal and abnormal anatomy on cross sectional imaging is a necessary component of medical education. With early and continued exposure to imaging across the medical curriculum, students develop better appreciation for disease processes, anatomical relationships and function. While first year medical students have exposure to imaging in the Foundations of Clinical Sciences course, this component of our curriculum could be enhanced. This project was intended to improve students' anatomical knowledge and preparation for clerkship through use of scanned cadaveric images within a basic picture archiving computed system (PACS).

Methods

CT scans of one cadaver were performed at the UVM Radiology Department with axial, coronal, and sagittal reconstructions from head to pelvis uploaded on Pacsbin, a web-based radiology teaching platform. Additional de-identified contrast enhanced images from living patients were also uploaded. Images were then labeled and annotated according to the students' checklists. Students had internet access to Pacsbin and used iPads during lab. Students were instructed how to access and use Pacsbin.

Results

Informal feedback shows that while most students have used Pacsbin and view favorably, many have not placed much emphasis on this as a learning tool.

Discussion

While we are in the early stages of this project, one goal was to make the imaging tool accessible in and out of lab. It is likely that the lack of student emphasis on this learning tool is related to the images not being tested in lab. As such, this project will be improved through assessments including interactive quizzes, exams, and introduction of the software earlier on in the curriculum. We also plan to solicit student feedback to optimize learning moving forward. In the future, we aim to scan all 10 cadavers, allowing students to identify structures on images from their own cadaver and validate their findings through dissection.

9. Who's Speaking? Gender Equity in Grand Rounds Presentations

Sally Clark; Faith Genereux; Rebecca Evans, MD; Irene Sue; Anna Quinlan; Bridget Marroquin, MD

Category: N/A

Background

Women have comprised nearly 50% of medical school graduates for more than two decades. Nevertheless, underrepresentation of women continues in academic medicine, especially in upper ranks. Women comprise 41% of full-time faculty at U.S. medical schools; however, they fill a greater proportion of lower-rank positions: 59% of instructors, 48% of assistant professors, 40% of associate professors, 27% of full professors, and 18% of departmental chairs. Presenting at grand rounds (GR) is an important career-promoting activity. GR speakers are considered experts and visiting professor opportunity leads to dissemination of expertise and professional networking. This study was conducted for the purpose of determining trends in gender representation at the Larner College of Medicine (LCOM).

Methods

After IRB approval, we obtained departmental faculty data from the University of Vermont Office of Institutional Research and the GR speaker data from the Office of Continuing Medical and Interprofessional Education. The data was analyzed using mixed-effects linear regression model. Additionally, the departments were divided into two dichotomous groups: those departments with <40% female faculty and those with >40% female faculty.

Results

Over the study timeframe (2017-2021), there was 0.7% annual increase in female representation in clinical departments (p=.0007) as well as 1.9% annual increase in female GR speakers (p=.008). Those departments with underrepresentation of female faculty (<40%) were more likely to have overrepresentation as GR speakers.

Conclusions

LCOM clinical departments show favorable trends towards increasing female presence among faculty as well as GR speakers. There is a trend toward overrepresentation of women GR speakers in departments historically underrepresented by women.

Note: This project utilizes binary gender terms (i.e. female/male, woman/man). Current literature and data sets use similar binary terms. The authors recognize these terms, although common in culture, medicine, and science, do not accurately represent the experience of those who identify outside these binary terms.

10. Closing the Medical Student Perioperative Skill Gap with Interprofessional Education

Emi Eakin; Nathalie Feldman, MD

Category: Quality Improvement

Background

The operating room has long been a hot spot for medical student reports of mistreatment at UVMMC, matching well-studied trends of surgery learning environment concerns across the country. At the Larner College of Medicine, the Learning Environment and Professionalism (LEAP) Committee tracked reports of mistreatment and found that within the class of 2021, 13% of students reported concerns with the Surgery rotation and 17% of students reported concerns with the Ob/Gyn rotation at UVMMC, compared to an average of 4.8% reporting concerns across all other non-surgical clerkship rotations. Prior studies have shown that an "induction curriculum," to the operating room consisting of either lecture or simulation significantly improves behavior, self-report, and knowledge. This study aims to extend this principle to an interprofessional education model that involves standardized entry into the OR before starting surgical rotations.

Methods

To evaluate the impact on students, a 20-question operating room basic skill evaluation was created to be administered following the induction curriculum and prior to entry into the learning environment. A 24-question survey was also created to compare students' feelings of mistreatment in the OR after completion of their operative rotations, which will be administered to students receiving all formats of the induction curriculum. The overall trends in reports of mistreatment will be continually evaluated as students enter the learning environment after the induction curriculum. Ultimately, we hope to use this data to identify the most effective induction curriculum to the OR so that future medical students are prepared to be successful team members in providing high quality patient care in the operating room.

This project is IRB exempt and the authors have no disclosures. The project is generously funded by the 2021 Teaching Academy Curriculum Development and Educational Scholarship Award.

11. Resident Education on Dissociative Identity Disorder: A National Survey

Adam Fakhri, BS; Judith Lewis, MD

Category: Research

Background

Dissociative Identity Disorder (DID) is uniquely challenging to teach in residency programs given its controversial status. Since the DSM-III in the 1980's, DID has been included in our official taxonomy, however the perception of DID amongst psychiatrists has not changed significantly over the last 40 years. Clinical staff can have widely disparate views of both the existence and the etiology of the disorder, and these conflicting views are often not discussed openly. The aim of this study is to understand the spectrum of pedagogical approaches to DID in psychiatry residency programs.

Methods

A 12-item anonymous survey was sent through RedCap to general program directors in the United States with the goal of understanding how DID training is approached at each institution.

Results

A total of 41 program directors participated in the survey with a response rate of 15% across a wide geographic distribution and size. Most program directors (63%) answered that they believe DID is a valid clinical diagnosis. Only 7% of program directors were not taught about DID during their own training, and yet 22% of the 41 programs do not teach residents about DID in didactic seminars and 27% do not teach about DID on clinical rotations.

Discussion

While the empirical literature on DID is expanding, it is important to both quantify and describe the challenges of DID education in residency programs nation-wide. Comments provided by 29 respondents will be grouped according to themes. For future directions, it would be interesting to survey psychiatry residents about their educational experience directly.

This work was presented in a poster format on Sept 10, 2021 at a virtual conference hosted by the Association for Academic Psychiatrists.

12. Evaluating a Brief Cognitive-Behavioral Therapy Curriculum for Primary Care Internal Medicine Residents: A Pilot Study

Emily Greenberger, MD; Julia Terman

Category: Innovations

Background

While psychotherapy has a proven benefit in treating mental health disorders, there are many barriers to starting and/or continuing psychotherapy (Cuijpers et al 2014). A patient's primary care provider (PCP) is often the first place a patient may turn, but PCPs are not trained in psychotherapy (Dorflinger et al 2016). The strongest evidence base is for Cognitive-Behavioral Therapy (CBT), which offers specific goals and exercises (Cuijpers et al 2016, A-Tjak et al 2015). While some investigators have trialed teaching CBT to PCPs over multi-day workshops, there are no published curricula distilling these principles down to a simplified toolkit of worksheets (Dorflinger et al 2016).

Methods

We designed and implemented a curriculum for primary care internal medicine residents scripting several CBT skills in the form of worksheets to use with patients. Following a brief didactic covering the evidence base for psychotherapy, we presented three worksheet modules, each teaching one specific skill to address behaviors, feelings, and thoughts respectively. Investigators role-played the skills, and then the residents role-played in pairs. Surveys assessing attitudes towards psychotherapy and satisfaction with the materials were completed pre and post teaching and again at three months. We used a 5-point Likert scale (5 indicated strongly agree) and analyzed data using Microsoft Excel.

Results

Seven internal medicine residents attended the workshop and completed the surveys. Immediately following the workshop, residents reported the materials were easy to understand, and they felt more comfortable explaining to patients what to expect in evidence-based psychotherapy (*M*= 4.71 [0.49], 4.29 [0.76] respectively). Comfort level explaining evidence-based psychotherapy to patients therefore increased from 2.86 [0.69] to 4.29 [0.76] pre- and post-workshop, and this was maintained at three months (M=4.00 [0.53]).

Discussion

Our study is limited by low sample size and one extra response in our three-month follow-up data. Future research is needed to evaluate patient attitudes towards these materials, and the curriculum's effects on mood and referrals to psychotherapy.

*This work was presented at the Generalists in Medical Education Annual Conference Nov 3, 2021

Table 1: Primary Care Resident Brief CBT Curriculum Pre, Post, and 3-month follow-up Survey Results (n=7 residents)

*Eight responses were reported for 3-month follow-up. See discussion for limitations.

Survey question	Agreement on a 1-5 Likert Scale (5=Strongly Agree)		
	Pre-training	Post-training	3-month post-training
Pre-training			
I think psychotherapy is valuable for patients with mental health illness	4.57 (0.53)		
I know the different types of psychotherapy and their evidence base	2.57 (0.98)		
I have a good understanding of the philosophy and/or principles of CBT	3.14 (0.69)		3.88 (0.35)*
I feel comfortable explaining to patients what to expect in evidence-based psychotherapy	2.86 (0.69)	4.29 (0.76)	4.00 (0.53)*
Other Post-training questions			
These materials were easy to understand		4.71 (0.49)	
I enjoyed learning these materials		4.43 (0.53)	
After learning these materials, I am more likely to stress the importance of psychotherapy		4.29 (0.49)	
I am more likely to refer patients for evidence-based psychotherapy		4.29 (0.49)	
Other 3-month follow-up questions			
I have referred more patients to psychotherapy since learning these materials			3.14 (0.69)*

References:

- A-Tjak et al. 2015. A meta-analysis of acceptance and commitment therapy for clinically relevant mental and physical health problems. Psychother Psychosom 84:30-36.
- Cuijpers et al 2014. Adding Psychotherapy to antidepressant medication in depression and anxiety disorders: a meta-analysis. World Psychiatry 13:1; 56-67
- Cuijpers et al 2016. How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. World Psychiatry 15:245-258.
- Dorflinger et al 2016. Training primary care physicians in cognitive behavioral therapy: a review of the literature. Patient Education and Counseling. 99: 1285-1292.

13. Evaluation of Growth in Perceived Clinical Genetics Competency among Primary Care Providers Participating in Genomic Population Health Screening

Christina A. Hansen, BA; Aaron W. Reiter, MD; Robert S. Wildin, MD

Category: N/A

Background

Genomic information is increasingly important to patient centered clinical care and within the rapidly evolving landscape of precision medicine. As stewards of preventative and anticipatory care, primary care providers (PCPs) are ideally positioned to lead the implementation of genomic medicine into routine clinical practice. The University of Vermont Health Network (UVMHN) recently implemented "The Genomic DNA Test" pilot program in select family medicine practices, offering adults with any health status sequencing for more than four-hundred genes with known relevance to personal health risk and recessive carrier status. Many PCPs report difficulty with integrating genomic medicine into their clinical practice and in counselling patients about genetic testing. To pre-emptively address potential educational deficits, the UVM Health Network pilot program provides PCPs with a comprehensive test orientation program prior to onboarding. The present study sought to evaluate the adequacy of the pilot program's educational offerings, and to assess the program's impact on individual PCP confidence in navigating genetic testing as part of their clinical practice. Additionally, respondents were invited to provide comments on individual experiences and suggestions for program improvement in future stages.

Methods

This quality improvement study utilized an anonymous, voluntary, web-based, cross-sectional survey developed by a multidisciplinary team that included medical geneticists, genetic counselors, and primary care physicians. The survey evaluated three topics: current engagement and growth in perceived clinical genetics competency, utility of existing program educational resources, and ideas for educational improvement. Experiences rated on a 5-point scale included: program and implementation activities, patient-oriented educational materials (animated video and written patient information), provider-oriented education materials (training sessions, on-boarding videos) and informal consultation, the Genomic Medicine Action Plan ("GMAP") messaging document, performing laboratory's reports, and informal provider-to-provider discussions. Draft questions were reviewed for clarity and functionality by three PCPs from two practices and the final survey was adapted accordingly. PCPs currently participating in the Genomic DNA Test program were recruited to complete the final survey via email invitation in July 2021, and received two email reminders. The survey closed to respondents in August 2021 after a 3-week period.

Results

Response rate was 44.4% (8/18) of PCPs currently participating in the genomic testing pilot program. Of those, half (4/8) self-identified as moderate or high enrollers having ordered The Genomic DNA Test for at least 11 patients to date. Most respondents (75%) agreed or strongly agreed that genomic testing was relevant to their clinical practice. The majority (87.5%) of PCPs felt that their knowledge of clinical

genetics topics had grown stronger during their involvement with the pilot program. An equal 87.5% reported increased confidence in offering genetic testing and in discussing common genetic results with their patients.

Among pilot program educational resources, provider-oriented instructional materials comprised of formal training sessions and video onboarding modules, were least helpful (average rating= 3.75). Providers most highly rated (4.5) the Genomic Medicine Action Plan, a concise dual patient- and provider-facing messaging document outlining next steps in care coordination following a pertinent genetic finding. Extended laboratory reports provided by the performing laboratory received a lesser average score (4.13). The fewest respondents (n=6) rated utility of provider-to-provider discussions whether among PCPs, with specialists or genetic counselors; however, those respondents that did find such discussions useful awarded an average rating of 4.00.

With regard to areas where personal knowledge had changed during program participation, a common theme in respondent comments was greater appreciation for the scope of clinical utility that genetic information can offer patients. Almost all respondents (87.5%) agreed or strongly agreed that they would benefit from additional clinical genetics training. Suggestions to address ongoing educational needs emphasized greater communication between PCPs and clinical geneticists, further training in counselling patients on genetic testing, and regular salient case-based discussions.

Discussion

Increased provider education via tailored, concise instructional materials supports PCP perceptions of competency, comfort, and confidence in providing genetic testing in the outpatient primary care setting. The care-focused Genomic Medicine Action Plan was a valuable learning tool supporting clinical genetics proficiency. PCPs who are newer to offering The Genomic DNA Test may also benefit from ongoing discussions and learning opportunities related to this emerging facet of patient care.

14. Needs assessment of quantitative public health learning materials in the Public Health Projects course

Victoria Hart, PhD; Nicole Walch; Mariana Wingood; Thomas Delaney, PhD; Jan Carney, MD, MPH

Category: Quality Improvement

Background

Effective teaching of public health science to medical students is essential to support future clinical practice and help students prepare for this content on their Step 1 board exam. However, medical students nationwide have reported disappointment with their public health curriculum, including a lack of connection of public health to clinical practice and a belief that population health science is "common sense". We conducted a needs assessment among medical students who recently completed the first-year Public Health Projects (PHP) course to understand their perception of the biostatistics and epidemiology content in that class.

Methods

Twenty-nine students responded to an electronic survey and four students participated in a focus group. Open-ended survey questions and focus group transcripts were independently coded for thematic analysis by two team members.

Results

In preparing for Step 1, respondents felt least confident in interpreting statistical tests and using the correct biostatistics methods (64% and 63% were not at all or slightly confident, respectively). One hundred percent of respondents believed that biostatistical literacy is valuable to their future career, but 32% reported that public health science is common sense and not scientific or technical. Three themes emerged from the focus group and open-ended survey questions: (1) the epidemiology and biostatistics content in PHP lacked an explicit link to the medical curriculum, (2) students without background in statistical software were at a disadvantage, and (3) more learning materials were needed in qualitative methods and survey design.

Discussion

We are developing self-directed online modules that address these needs, including direct links between the concepts and Step 1 and medical practice, no required statistical software use, and additional learning materials in qualitative methods and survey design. The modules will be evaluated by students in the Spring 2022 PHP course.

IRB: This project was determined to be exempt from IRB review under the "Not Research" determination.

Disclosures: None

15. A Systemic Approach to Reducing Systemic Bias: Reviewing and Revising Pre-Clinical Curriculum Materials at the Larner College of Medicine

Alia Johnson; Isaac de la Bruere; Michael Lawler; Krisandra Kneer; Lud Eyasu; Raj Aurora; Victor Abraham; Ashwinkumar Sooriyakumar; Bradley Blansky; Julia O'Connor; Cara Simone; Karina Lopez; Matthew Bresler; Karen Lounsbury, PhD

Category: Quality Improvement

Background

Systemic racism and bias are embedded in our society and inevitably, also present in pre-clinical material at the Larner College of Medicine. A combination of student-led proposals, instructional designer initiatives, and faculty collaborations have driven our effort to reduce biased content by developing a comprehensive process to review and revise pre-clinical course materials.

Methods

For consistency, we utilized the "Checklist for Assessing Bias in Medical Education Content" developed by Dr. Amy Caruso Brown at SUNY Upstate Medical University and documented proposed changes according to type of bias. A summer student intern and teaching assistant were dedicated to retrospective review of materials, and instructional designers and student members of affinity groups prospectively applied the checklist to materials for upcoming sessions.

Results

To date, materials for six pre-clinical courses have undergone review through this process.
The outcomes of this process included the identification of 130 proposed changes with a predominance of changes related to gender identity (48%) and race (42%). Substantive changes have already been implemented and others will be applied in the next academic year. A new student course evaluation question that inquires how courses address issues of diversity, equity, and inclusion elicited a positive response to changes and provided constructive feedback for additional improvements. Along with the reduction in bias within curriculum materials, this process has facilitated thoughtful change and renewed collaboration with teaching faculty. It also has created an iterative process that assesses previous content and improves the development of new sessions.

Discussion

Despite our process and the subsequent changes that were made, we are fully aware this strategy alone is not systemically transformative. We will continue to create dialogues to improve our existing strategies and create initiatives with measurable goals as we cultivate our continuous individual and institutional goals to promote health equity through anti-biased medical education.

16. Video Review of Orthopedic Faculty/Resident Interaction in a Mock Operating Room Setting

Stephen Merena, DPM; Andrew Kaplan, MD; S. Elizabeth Ames, MD

Category: Innovation

Background

Current challenges to surgical resident training include limited resident operating room exposure, patient safety issues and pressure to maximize operating room efficiency. These challenges can erode the quality of faculty/resident interaction. Utilization of patient care video in post graduate surgical education is popular. Video based education of surgical residents has demonstrated improvement in medical knowledge. In addition, video recording has been utilized as part of surgical resident technical assessment. Video assisted resident self-assessment has been utilized to enhance learning of technical skills.

Our focus was to review video and categorize quality of orthopedic faculty and resident interaction during a technical skills training exercise. The mock operating room setting allows for a controlled environment to optimize faculty/resident interaction.

Methods

Cadaver limbs (n=9) were prepared prior to the exercise with a pathology requiring surgical treatment in a mock operating room setting. Orthopedic residents (n=9) (PGY 3-5) wore a GoPro camera during the exercise and were individually paired with orthopedic faculty. Residents were instructed to correctly diagnose the pathology and to perform the appropriate surgical procedure. Faculty were instructed to provide assistance and immediate feedback as required. The GoPro video recordings were then reviewed and different segments of specific faculty/resident interactions were categorized.

Results

The interactions between the faculty and resident dyad are dynamic. Verbal and non-verbal interactions dictated the flow of the surgical exercise and the comfort level of the individuals. Resident self-assessment behaviors were also demonstrated.

Discussion

The quality of surgical intraoperative training is dependent on the interaction between faculty and resident. In addition to video review, we are in the process of coding the transcribed interactions from each faculty/resident dyad. The results of the video review and coding data could be used for resident feedback and faculty development.

17. An Analysis of Information Resources used by Medical Students for PBL Courses

Cinduja Nathan, MS4; Alice Stokes, MLIS; Laurie Gelles, PhD; Patricia King, MD, PhD

Category: Qualitative Study

Background

Effective identification and use of high-quality information resources is critical for self-directed learning throughout the continuum of medical education and physician practice. Convergence is a problem-based learning (PBL) course at UVM Larner College of Medicine (LCOM), in which small groups of students work through clinical case problems and participate in self-directed learning. Students identify knowledge gaps, formulate "case -based" questions, seek outside resources to answer these questions and present findings to their peers. The primary objective of this project was to analyze the resources students used to research Convergence PBL case questions.

Methods

Reported resources were grouped into 8 categories: 1. Journal, 2. Textbook, 3. Medical search engine, 4. University website, NIH or other government website, medical society website, 5. Commercial medical literature abstracting site, 6. Commercial USMLE study resource, 7. Informational website for the public, and 8. Class notes.

Results

Results collected from the Class of 2023 showed that commercial USMLE study resources were used most frequently at 38% of total citations, while commercial medical literature abstracting sites were used nearly as often at 26%. The remaining categories ranged from 2-9%. In comparison, resources data collected from the Class of 2022 (prior year) showed that 33% of students used commercial USMLE study resources and 33% used commercial medical literature abstracting sites. The remaining categories ranged from 3-9%.

Discussion

The high percentage of USMLE study resources is likely related to the timing of this course just before students begin their allocated USMLE Step 1 study period. In addition, Class of 2023 did not have a librarian guided workshop unlike Class of 2022. Future follow up for Class of 2024 could evaluate the impact of additional education approaches to improve information resource selection, as well as the impact of USMLE Step 1 scoring change to pass/fail (fail (late January 2022).

Reference: "Standards for Accreditation of Medical Education Programs Leading to the MD Degree." Liaison Committee on Medical Education (LCME). https://lcme.org/publications/#Standards

18. Getting Grounded Reflection: The Reflexive Humanism Framework

Beth West

Category: Innovations

Background

The Patricia A. Tietjen, MD Teaching Academy was launched to carry out the vision of inter-professional medical education for which Dr. Tietjen passionately advocated. Dr. Tietjen is widely remembered for her ability to form deep connections with everyone she met and for being a shoe aficionado. Dr. Tietjen made the active practice of empathy -of putting herself into other peoples' shoes- a reflexive habit in her daily interactions. One goal of the Academy is to promote the humanism that Dr. Tietjen exemplified. But how can we achieve this in a systematic manner? According to Miller and Schmidt (1999), some argue that humanism cannot be taught- you either have it or you don't. They note, [F]ew clinicians can articulate how they promote humanism in their practices. They often find that, as with complex and highly learned clinical reasoning skills, they are eventually unable to explain how they know what they know. Yet it is this very unawareness of habit that exemplifies the possibility of rehearsal and learning, showing that a complex skill can move from a series of concrete steps, to a habit, and finally to an unconscious action (p.802). The Reflexive Humanism Framework is adapted from the research of Miller and Schmidt (1999). The authors note, "a humanistic physician may not always be aware of his or her habits, and a less humanistic one will need concrete ways to improve" (p.801).

Methods

We believe that applying the three steps of this simple Reflexive Humanism Framework (through the written Getting Grounded Reflections) are helping busy clinical educators reconnect with deeply personal, humanistic motivations for choosing a career in medical education. Following each live-online session of the Teaching Academy, scholars are invited to complete the "Getting Grounded Reflection"- an asynchronous space and structure for participants to use the Reflexive Humanism Framework.

19. Engaging Medical Students in Social Determinants of Health Principles via Student-Led Pedagogical Modalities

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Category: Innovation

Background

To realize the growing role of physicians as advocates who can identify and dismantle structural inequities, physicians must be properly educated on social determinants of health (SDH). Although there have been improvements in SDH education, integration of these principles into the pre-clinical curriculum has been insufficient. Students and faculty at the University of Vermont Larner College of Medicine previously established a Social Medicine Theme of the Week (SMTW) framework to help address SDH topics in the existing pre-clinical curriculum. In the SMTW, students present SDH-related topics linked to the ongoing curriculum. To make the creation and receipt of the SMTW even more instructive, student SMTW leaders have now incorporated online infographics that address the relevant SDH material with links to additional resources. These themes are published in the curriculum calendar and presented to the class by the students involved in creating the infographics.

Methods

We collected survey data to evaluate student and faculty attitudes regarding their knowledge of SDH and the SMTW. Most student respondents (82.5%) reported interacting with the SMTW and found the SMTW helpful in synthesizing SDH information. Students reported increased knowledge of SDH and a preference for the infographic modality over traditional teaching modalities. Faculty reported limited engagement with the SMTW and a variety of difficulties with integrating SDH content into their class materials.

Results

Our results suggest that student-driven interactive teaching modalities are a useful adjunct for delivering SDH curricula.

Discussion

The infographic modality distills complicated topics into digestible learning material and is easily modified to reflect evolving educational needs. Student-generated material requires continuous engagement and institutional support to effectively integrate these learning objectives into the curriculum. To ensure future physicians have an appropriate understanding of SDH, all stakeholders involved in medical education must be invested in creating and delivering robust social medicine curricula.