



COMSEP

Better Health for All Patients
Through Pediatric Education

2016

Annual Meeting

*The Spirit of Exploration:
New Frontiers in Medical Education*

April 6-9, 2016

Hilton St. Louis at the Ballpark
St. Louis, MO



www.comsep.org

2016 Annual Meeting ♦ St. Louis, MO

Welcome to St. Louis: the gateway to the west and embodiment of the spirit of discovery. In 1804 Louis and Clark left St. Louis and began their epic journey to the Pacific Ocean. They returned with unique and previously undiscovered wonders of the American West, opening endless possibilities for the growing United States. In a similar spirit, Charles Lindbergh forged the new era of flight with his trans-Atlantic flight and musical pioneers such as Miles Davis & Chuck Berry redefined music of the 20th century. St. Louis has definitely shown us how much we can accomplish if we set our imaginations free.

The Spirit of Exploration: New Frontiers in Medical Education is a perfect meeting theme for this city and a tribute to the innovative drive of COMSEP members. Our meeting provides the space for this international group of inspiring educators to work together and chart the next steps in medical student education. We have expanded the ways to make personal connections with other members through our Opportunities for Collaboration and Creativity, Networking Lunches and Project Groups. These activities provide members time to interact with COMSEP program leaders and our valued collaborators to learn more about opportunities to get involved. Our Welcoming Committee was formed to bring new members into our community to contribute, innovate and have fun. If you are new to COMSEP, please connect with them and your COMSEP mentor.



Our taskforces are the creative core of the organization and include Learning Technology, Research and Scholarship, Assessment and Evaluation, Curriculum, and Faculty Development. We also have a vibrant Administrators Group dedicated to the professional and personal development of our valued colleagues. Each of these groups is open to anyone at the meeting to work on issues in medical student education by creating innovative collaborative solutions. COMSEP members move between groups, focus on one area or facilitate collaborative efforts, depending on their own professional interests.

Our workshops, scholarly presentations and the Miller-Sarkin Lecture are the cornerstones of our meeting. The amazing workshops this year span the landscape of educational innovation from the pre-conference workshop for new clerkship directors to how to enhance your faculty development programs, effectively engage students and disseminate your educational work. The poster session on April 7 and the research presentations on April 8 highlight our member's innovative scholarly work. We are fortunate that Lewis First, MD will be the 2016 Miller-Sarkin Lecturer. Dr. First embodies creativity in all aspects of his work: as an educator, writer, thought-leader and mentor. He will shine the spotlight on creativity and combine it with humanism and passion for what each of us does for medical student education and COMSEP during his keynote presentation in ways that will inspire and challenge us.

The wonderful teams at our host schools- St. Louis University and Washington University have made this meeting a reality. Drs. Jamie Sutherland & Marta King (St. Louis University) and Colleen Wallace & Middy Estabrook (Washington University) worked with the COMSEP Program Committee to create a meeting full of opportunities to learn, share and enjoy each other. As pediatricians, we know play is a highly creative process, and their choice of the City Museum for our dinner on April 8 is sure to unlock your inner child. Please thank them for their hospitality as you see them; they have put the delights of St. Louis at our fingertips.

Finally, I am thankful beyond words for the exceptional work of the COMSEP members and everyone at Degnon Associates (especially Christy and Laura) throughout the year. Part of the reason COMSEP continues to grow is due to our wonderful management team and this meeting wouldn't happen without their passion and attention to detail.

Sherilyn Smith, MD
COMSEP President (2015-2017)

COMSEP Executive Committee

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Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Institute for the Advancement of Human Behavior (IAHB) and COMSEP. IAHB is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

IAHB designates this live activity for a maximum of 19.25 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2016 Annual Meeting ♦ St. Louis, MO

Program Schedule

Wednesday, April 6, 2016

12:00–5:00pm	Registration	Grand Foyer
8:00am–12:30pm	PUPDOC meeting	Grand Suite 3
1:00–5:00pm	CLIPP Board Meeting	Broadway
1:00–5:00pm	Pre-Conference Workshops (<i>see page 11 for workshop descriptions</i>)	
	Pre-Conference Workshop 1	Gateway I
	The ABCs of Medical Student Education: Fundamentals for Pediatric Educators (New Clerkship Directors Workshop)	
	Pre-Conference Workshop 2	Gateway II
	Clerkship Administrator Certification Workshop	
	Pre-Conference Workshop 3	Gateway III
	Collecting Validity Evidence: A Hands On Workshop for Your Instrument of Choice	
	Pre-Conference Workshop 4	Gateway IV
	Get Ready to Pounce on Opportunities and Handle Challenges: Setting Your Educational Team Up for Success	
	Pre-Conference Workshop 5	Gateway V
	Lights, Camera, Action! Directing a Blockbuster Workshop	
5:00–9:00pm	Executive Committee Meeting	Grand Suite 1 & 2

Thursday, April 7, 2016

6:30am–5:00pm	Registration	Grand Foyer
7:00–8:00am	Continental Breakfast.....	Grand Foyer & Salon ABCD
8:00–10:30am	Welcome and Annual Update (<i>see page 9 for agenda</i>)	Salon ABCD
8:00am–7:30pm	Posters on Display	Grand Foyer & Arch View Foyer
10:30–11:45am	Poster Viewing / Break.....	Grand Foyer & Arch View Foyer
10:30–11:45am	Collaboration & Creativity Forum/Break <i>Come and talk with Task Force and program leaders about what is going on in COMSEP. Get your questions answered and find opportunities to collaborate and get involved.</i>	
	Task Forces:	Grand Foyer & Arch View Foyer
	<i>All Task Forces have posters & will have Task Force leaders present to answer questions</i>	
	Program leaders:	Grand Suite
	<i>ACE; Pedialink for Medical Students, MedU/CLIPP; APA SIG; Pediatric Monthly Feature; COMSEP mentoring program; grant program; annual survey; journal club</i>	
10:30–11:45am	Administrators' General Session	Gateway III
11:45am–1:00pm	Networking Lunch	Arch View Ballroom

2016 Annual Meeting ♦ St. Louis, MO

1:00–3:00pm	Workshop Session One (<i>see page 13 for workshop descriptions</i>)
	1. Strategic Planning for the M4 Year: Creating a Competent Student Prepared for Pediatric Residency Gateway I
	2. Conducting Workshops For and By Clerkship Administrators: Ingredients for Success Gateway II
	3. Innovation to Dissemination: Selecting Outcome Measures to Translate Educational Innovations into Scholarship Gateway III
	4. Teach and Assess Clinical Reasoning Using Practical, Validated Written and Oral Case Presentation Rubrics: P-HAPEE and PBEAR Gateway IV
	5. We've Identified the Problem! Developing a Pre-Clinical Pediatric Curriculum Gateway V
	6. Effective Speaking 101: How to Avoid the "Deadly Power-Point" Salon G
	7. Going Beyond Good Job and Performed as Expected: How to Give Meaningful Competency Based Feedback and Evaluation to Learners Grand Suite 1&2
	8. Teaching EBM on the Pediatric Clerkship: An Active Learning Model Salon E
	9. Ready for Launch: Taking Flipped Classroom from Buzzword to Blast-Off Salon F
3:00–3:30pm	Poster Viewing/Break Grand Foyer & Arch View Foyer
3:30–5:00pm	Miller Sarkin Fun Run/Walk Meet in Hotel Lobby <i>If you engage in this exercise or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself. Please meet in the hotel lobby by 3:45 for bus transportation to the Fun Run</i>
	Dancing Broadway <i>Running not your thing? Join other COMSEP members for dance lessons.</i>
5:30–7:00pm	Poster Reception Grand Foyer & Arch View Foyer
7:00–9:00pm	Grant Program Meeting Laclede

Friday, April 8, 2016

6:30am–5:00pm	Registration Grand Foyer
7:00–8:00am	Continental Breakfast Arch View Ballroom
	Task Force Leader Breakfast Grand Suite 3
8:00–10:00am	General Session Salons ABCD
	Grant Awardee Announcements
	Poster Awards Announcement
	2016 Miller Sarkin Lecture: Lewis First, MD, University of Vermont Drs. Richard T. Sarkin and Steven Miller both served as leaders of COMSEP in the early 2000's. Through their teachings and life example, Rich and Steve demonstrated integrity, expertise, compassion, service, and most

2016 Annual Meeting ♦ St. Louis, MO

of all – humanism. These two inspiring individuals were sadly taken from us in a tragic airplane accident on October 19, 2004 en route to the Kirksville College of Osteopathic Medicine where they had been scheduled to present a workshop on Humanism in Medicine for the Arnold Gold Foundation. The memory of Richard Sarkin and Steven Miller shines bright within COMSEP and other organizations. Honoring the tremendous contribution Steve and Rich had to COMSEP as an organization, as well as members of COMSEP individually, the Miller-Sarkin lecture is an invited lectureship held each year at the COMSEP annual meeting. Rich and Steve are also remembered through the Academic Pediatric Association's Miller-Sarkin Mentoring Award, the Richard T. Sarkin Foundation, the Richard T. Sarkin Award at the State University of New York at Buffalo, and the Steven Z. Miller, MD Medical Education Day and Fellowship at Columbia University.

We are delighted that Lewis First, MD professor and Chair of Pediatrics at the University of Vermont is the 2016 Miller Sarkin Lecturer. Dr. First is a nationally recognized educational innovator, teacher, mentor and thought leader in pediatrics. As the recipient of the Joseph W. St. Geme, Jr. Leadership Award, The Robert J Glaser Distinguished Teacher Award, The National Education Award from the AAP as well as the Academic Pediatrics Association Miller Sarkin Mentoring Award, Lewis is the perfect person to inspire COMSEP members as we explore the frontiers of medical education.

10:00–10:15am	Break	Grand Foyer
10:15am–12:15pm	Task Force Meetings (<i>see page 9 for task force agenda</i>)	
	Curriculum Task Force Session.....	Gateway II
	Evaluation Task Force Session.....	Gateway I
	Faculty Development Task Force Session	Gateway III
	Learning Technology Task Force Session	Gateway IV
	Research & Scholarship Task Force Session	Gateway V
12:30–1:45pm	Research Platform Presentation/Lunch	Salons ABCD
	<i>see page 24 for a listing of Platform Presentations</i>	
2:00–4:00pm	Workshop Session Two	
	<i>See page 16 for workshop descriptions</i>	
	10. Towards an iPad-based Curriculum for Pediatric Student Education: Apps and Beyond.....	Gateway I
	11. Promoting Clinical Reasoning: A Developmental Approach	Gateway II
	12. Key Habits of Successful Medical Educators	Gateway III
	13. What Does That Mean? Writing Letters of Recommendation for Residency Applicants	Gateway IV
	14. You Can Teach That – CLIPP Can Help	Gateway V
	15. Incorporating the Fundamentals of Health Care Value into Daily Practice.....	Salon G
	16. Parents are the Best Teachers: Teaching Family Centered Care Together with Family Faculty Members.....	Salon F
	17. Practicing Medicine in The Gray: The Debate-Style Format as a Novel Approach to Teaching Evidence-Based Practice in Controversial Areas of Medicine.....	Salon E
	18. Medical Students 101 - It Takes a Village: A Director-Administrator Collaborative Workshop to Help Maximize Support for Your Students.....	Grand Suite 1&2

2016 Annual Meeting ♦ St. Louis, MO

6:00–10:00pm Dinner and Dancing at the St. Louis City Museum (*must have ticket to attend*)
Buses will depart the hotel beginning at 5:30.
 Housed in the 600,000 square-foot former International Shoe Company, the museum is an eclectic mixture of children’s playground, funhouse, surrealistic pavilion, and architectural marvel made out of unique, found objects. Music will be provided by the Pennsylvania Slim Blues Band.

Saturday, April 9, 2016

6:30am–5:00pm	Registration	Grand Foyer
7:00–8:00am	Executive Committee Meeting	Grand Suite 1 & 2
	Continental Breakfast.....	Arch View Ballroom
8:00–9:30am	Task Force Meetings/Project Groups	
	Curriculum Task Force	Gateway II
	Evaluation Task Force	Salon G
	Faculty Development Task Force	Grand Suite 1&2
	Learning Technology Task Force	Salon E
	Research & Scholarship Task Force.....	Salon F
	Administrators.....	Gateway III
	Unmatched Student Working Group	Gateway I
	Community Preceptor Working Group	Gateway IV
9:30–10:00am	Break	Grand Foyer
10:00am–12:00pm	Workshop Session Three (<i>see page 20 for workshop descriptions</i>)	
	19. A Successful Clerkship: Take One for the Team	Gateway II
	20. Using Objective Structured Clinical and Teaching Exercises (OSCEs and OSTEs) to Improve Faculty Teaching Skills	Gateway I
	21. New Frontiers in Medical Education: Planting Seeds of Resilience and Wellness into the Pediatric Clerkship Curriculum.....	Gateway III
	22. What’s a LIC and How Do We CLICK?	Salon F
	23. “Come on Down”: How to Develop, Implement, and Tailor an Exciting Game Show Program for Your Learners.....	Gateway V
	24. Designing Simulation Exercises for Sub-interns.....	Salon G
	25. Valuing Perspectives: Practical Strategies for Incorporating and Sustaining Humanism in Educational Programs.....	Grand Suite 1&2
	26. Choose Your Own Adventure: Give Your Students Less and They Will Do More With Virtual Patients	Salon E
	27. It Takes A Village: How to Successfully Incorporate Community Pediatricians into the Pediatric Clerkship	Gateway IV
12:15–1:30pm	Networking Lunch/Closing Ceremonies.....	Salons ABCD

General Session and Welcome Agenda

Thursday, April 7

8:00-10:30am ~ *Salon ABCD*

- Introductory Comments
- Meeting overview and welcome from Host Committee
- COMSEP history & organizational structure
- COMSEP highlights for 2015-16
- COMSEP Financial Report
- Task Force, Program, and Activity Reports
 - Taskforces
 - Administrators group
 - Mentoring Program
 - Journal Club
 - Pediatrics – Monthly Feature
 - COMSEP Survey Committee
- COMSEP Elections & Awards
- Educational Innovations: AAMC EPA project and EPAC
- President's Address

Taskforce Meeting Agenda

Friday, April 8

10:15am–12:15pm

Curriculum Task Force ~ *Gateway II*

- Brief update on current projects: COMSEP Clinical Cases, Illness Scripts as Point of Care Tools, Pre-clerkship curriculum, High-Value Care, EPAs for Students Entering Pediatric Residency, and EPA 4 Prescription Writing
- Brainstorm New Ideas
- Small group project work

Evaluation Task Force ~ *Gateway I*

- Group Introductions
- Share updates about previous projects
 - Evaluation Tools Library project
 - Workshop on Forward Feeding
- Brainstorming about new projects/workshop submissions
- Identify topics for small group work on Saturday

Faculty Development Task Force ~ *Gateway III*

- Welcome/Introduction/Purpose
- Group activity
- Updates on current projects: Welcoming committee; Networking Lunch; T4: Traveling to Teach Teachers; Open Source FD Videos; Part IV MOC opportunity; FDTF website; New member packet; M4 affinity group; Community Preceptor FD; Scholarship; Workshop selection process; New leader recruitment
- Generation of New ideas!

Learning Technology Task Force ~ *Gateway IV*

- Presentations of emerging technology and applications for use in pediatric education
- Informal discussions of WAGs (Websites, Apps and Gadgets)
- Brainstorm project ideas

Research and Scholarship Task Force ~ *Gateway V*

- Updates on Task Force projects and workshops
- Review of abstract review process
- Discuss poster review and solicit volunteers
- Plan 2017 workshops

Task Force and Working Group Meeting Agendas

Saturday, April 9

8:00–9:30am

Curriculum Task Force ~ *Gateway II*

- Workshop ideas for COMSEP 2017/fostering collaboration
- Small group work on existing and/or new projects
- Report out with goals beyond COMSEP 2016

Evaluation Task Force ~ *Salon G*

- Small group work on projects identified on Friday
- Wrap up/Identify point people for continuing work through the year

Faculty Development Task Force ~ *Grand Suite 1&2*

- Gather applications for leadership position, T4 program
- Working meeting time (need to identify group leaders; may include but not limited to the groups listed below)
 - o M4 affinity group
 - o T4
 - o MOC activity
 - o Website enhancement
 - o Workshop selection process for 2017 meeting
 - o Small group breakouts to plan 2017 workshops
 - o Community preceptors (concurrent COMSEP activity – TF representation)
 - o Unmatched student support (concurrent COMSEP activity – TF representation)

Learning Technology Task Force ~ *Salon E*

- Brainstorm workshop topics
- Discuss website and support
- Assemble group for developing app for annual meetings

Research & Scholarship Task Force ~ *Salon F*

- Working session on any projects as well as work on workshops identified during first meeting

Community Preceptor Working Group ~ *Gateway III*

- Present preliminary data from Survey to Department Chairs to get thoughts/reaction from clerkship directors
- Present preliminary data from Gary Beck's project surveying community preceptors about what motivates them to teach (if they are willing to share)
- Discuss participant's reactions and thoughts about next steps

Unmatched Student Working Group ~ *Gateway I*

- Review background/methods of survey about unmatched students in pediatrics
- Review preliminary data
- Plan next steps for dissemination and future work

Pre-Conference Workshop

Wednesday, April 6, 2015, 1:00-5:00pm

PRE-CONFERENCE WORKSHOP 1: THE ABCS OF MEDICAL STUDENT EDUCATION: FUNDAMENTALS FOR PEDIATRIC EDUCATORS (NEW CLERKSHIP DIRECTORS WORKSHOP)

Lavjay Butani, MD, MACM, University of California Davis, Sacramento, CA, Adam Weinstein, MD, Geisel School of Medicine at Dartmouth, Lebanon, NH, Alicia S. Freedy, MD, VCU School of Medicine Inova Campus, Falls Church, VA, April O. Buchanan, MD, University of South Carolina School of Medicine Greenville, Greenville, SC

Objectives: At the end of the workshop, participants should be better able to: 1) Describe strategies to incorporate innovative instructional strategies and approaches into their educational environment 2) Develop a plan for their own professional growth and scholarship 3) Discuss how to best manage the educational enterprise and meet accreditation guidelines

Methods and Content: Experienced educational leaders will engage workshop participants in an active exploration of how to make the curriculum innovative and use best practices in the teaching and assessment of learners, while simultaneously meeting accreditation and institutional requirements. Strategies on how to address challenges that may arise during the administration of a clerkship/Sub-I, including working with problem learners will be discussed. Lastly, the workshop will focus on the professional growth and development of educators to facilitate the cultivation of educational leaders who can be change agents within their institutions and outside, to promote the value of teaching and learning. Participants will work in small groups and large group discussions to exchange ideas during key portions of the workshop. Brief didactic sessions will be interspersed throughout to lay the foundation for active learning and to reinforce key concepts. If you are attending a COMSEP meeting for the first time, this workshop is a perfect introduction to medical student education and COMSEP. Please join us for an informative, real world, and FUN workshop designed to give you a jump-start and help you succeed in your new role.

PRE-CONFERENCE WORKSHOP 2: CLERKSHIP ADMINISTRATOR CERTIFICATION WORKSHOP

Gretchen Shawver, Stanford University, Palo Alto, CA, Donnita Pelser, BA, University of Kansas, Wichita, Wichita, KS

Rationale: This certificate program builds upon the premise that professionalism is an approach to ones work rather than a job level of position description. Most clerkship coordinators/administrators have the opportunity to go beyond their basic job description. The Clerkship Administrator Certificate Program is composed of a three-part workshop that includes understanding leadership roles, personal goals, emotional intelligence, institutional standards, and a career enhancement project. Participants must attend all workshops and complete their career enhancement project to be certified.

Objectives: WORKSHOP 1: CHARTING A COURSE: At the conclusion of this workshop, you will:

1. Articulate your personal mission; 2. Correlate your passions with your mission; 3. Understand the relationship of your personal mission, vision and values. WORKSHOP 2: EXPANDING THE REALM: At the conclusion of this workshop, you will: 1. Identify the level at which you are a leader in medical education; 2. Correlate your mission with the core purpose of your clerkship; 3. Understand the importance of emotional intelligence and its role in leadership; 4. Develop strategies for using emotional intelligence to achieve desired outcomes in critical conversations. WORKSHOP 3: PROJECT DEVELOPMENT: At the conclusion of this workshop, you will: 1. Develop a draft proposal for a future professional conference; 2. identify potential colleagues to collaborate on future projects; 3. Gain confidence in submitting and presenting future project abstracts.

Methods and Content: WORKSHOP 1: CHARTING A COURSE Understanding the dichotomy of the institutional culture with your personal mission and values is a key factor in being able to successfully achieve personal and organizational goals. WORKSHOP 2: EXPANDING THE REALM: Curriculum administrators bring skills from a wide spectrum of specialties and experiences. Understanding how these strengths contribute to expertise enhances your work. Using ones particular strengths to build and enhance relationships is fundamental to success in this field. Articulating course goals and the expectations placed on students, residents and faculty, as well as approaching issues pertaining to confidential or sensitive issues in a professional manner necessitates utilization of advanced communication skills. WORKSHOP 3: PROJECT DEVELOPMENT: Using the information provided in Workshops 1 and 2, participants will gain skills to discuss, develop, and draft project abstracts for submission at a future COMSEP meeting or other professional conference.

PRE-CONFERENCE WORKSHOP 3: COLLECTING VALIDITY EVIDENCE: A HANDS ON WORKSHOP FOR YOUR INSTRUMENT OF CHOICE

Caroline Paul, MD, University of Wisconsin School of Medicine, Madison, WI, Mary E M. Rocha, MD, MPH, Baylor College of Medicine, Houston, TX, Amal M. Khidir, MD, MBBS, FAAP, Weill Cornell Medical College in Qatar, Doha, Qatar, Gary L. Beck Dallaghan, PhD, University of Nebraska College of Medicine, Omaha, NE, Jean A. Petershack, MD, UTHSCSA, San Antonio, TX, TJ Jirasevijinda, MD, Weill Cornell Medical College, New York, NY, Michael S. Ryan, MD, MEd, Virginia Commonwealth University, Richmond, VA, Patricia D. Quigley, MD, MME, All Children's Hospital, St. Petersburg, FL, Meg Keeley, MD, University of Virginia School of Medicine, Charlottesville, VA, Janice L. Hanson, PhD, University of Colorado School of Medicine, Aurora, CO, Linda R. Tewksbury, MD, NYU School of Medicine, New York, NY, Joseph A. Jackson, MD, Duke University, Durham, NC

Rationale: Many medical educators lack the skill set to develop or select instruments with validity evidence. They lack the how to. This interactive workshop aims to equip participants with the skills needed for a systematic approach to designing an instrument of their own to demonstrate evidence of validity.

Objectives: 1. Demonstrate the steps to gather validity evidence for medical education instruments 2. Analyze evidence of validity for existing medical education instruments 3. Develop a plan to apply domains of validity to an instrument of the participant's choosing

Methods and Content: The workshop begins with an overview of validity as defined by Messick (1989) and the APA Standards (2014) and then offers a novel conceptual model to make the abstract nature of validity more accessible and to highlight the iterative nature of collecting validity evidence. Participants will work individually and in pairs to clarify the construct for their instrument. Next, a series of mini-didactics followed by individual work and pair-sharing allows participants to apply new skills in validity domains to their selected instrument. Examples of validity evidence in the domains of content, response process, internal structure and relationship to other variables are presented to make these concepts more concrete. After each mini-didactic, participants use a worksheet to outline specific steps to collect validity evidence in the corresponding domain for their selected instrument. Expert facilitators consult with participants during these exercises. Finally, the issue of consequential validity will be considered and explored with participants' own instruments. The session concludes with a report out to the large group, a summary of pearls from the audience, and anticipated next steps. Participants should bring a selected instrument whether one of current use, consideration for use, development for future use, or a specific topic for an instrument they plan to develop. Participants will take home a step-by-step guide on collecting validity evidence for an instrument and will gain skills to further develop and appraise an instrument for validity evidence to take back to their own institutions for implementation. (We have attached our timeline in the Co-Leader information section)

PRE-CONFERENCE WORKSHOP 4: GET READY TO POUNCE ON OPPORTUNITIES AND HANDLE CHALLENGES: SETTING YOUR EDUCATIONAL TEAM UP FOR SUCCESS.

Susan L. Bannister, MD, MEd, University of Calgary, Calgary, AB, Michael A. Barone, MD, Johns Hopkins, Baltimore, MD, Robert A. Dudas, MD, All Children's Hospital Johns Hopkins Medicine, St Petersburg, FL, David A. Keegan, MD, University of Calgary, Calgary, AB

Rationale: All undergraduate and clerkship programs need to be ready to both pounce on opportunities and handle challenges that come their way. In order to accomplish both of these things, programs and their leaders need to build their team, line up resources, stay connected with stakeholders, and develop leadership skills.

Objectives: At the end of this interactive session, participants will be able to: (1) describe key elements of an educational programs strategic readiness, (2) audit their own programs readiness to pounce on opportunities and handle challenges, (3) develop a concrete action plan to build and maintain strategic readiness for educational initiatives.

Methods and Content: In this highly interactive session, participants will engage in a variety of large group activities (didactic teaching, discussion, questions and answers), as well as focused work on their own and peer consultations. The workshop will be focused on developing and maintaining Strategic Readiness for the numerous opportunities and challenges faced by clerkship directors, such as changes in leadership, accreditation, resource reduction, and institutional requirements. The premise of this workshop is that Opportunities will come. Get ready to pounce. Challenges will come. Get ready to handle them. Participants will inventory their available resources and identify ways to further develop their team, align resources with needs, get connected and become an even more effective leader. Participants will leave with clear, customized direction on how to get their teams ready for both opportunities and challenges. Facilitators will engage in peer consultations and small group discussions. Customized materials for the program strategic evaluation as well as resource identification for gaps will be provided. Additionally, a strategic capacity development map will assist participants in developing their plan.

PRE-CONFERENCE WORKSHOP 5: LIGHTS, CAMERA, ACTION! DIRECTING A BLOCKBUSTER WORKSHOP.

Kenya A. McNeal-Trice, MD, University of North Carolina School of Medicine, Chapel Hill, NC, Robert P. Drucker, MD, Duke University School of Medicine, Durham, NC, Nicholas Potisek, MD, Wake Forest University School of Medicine, Winston-Salem, NC, Jennifer Koestler, MD, New York Medical College, Valhalla, NY

Rationale: Talented medical educators often utilize workshops as a means to disseminate innovations in teaching and assessment. In addition, interactive workshops are an effective means to provide skills essential to faculty development. Acceptance of workshop proposals for national meetings has become a peer-reviewed and increasingly competitive process. Developing a successful plan to deliver an effective workshop presentation is a vital skill for medical educators and leads to a productive career in academic medicine.

Objectives: 1) Discuss how to recruit a collaborative group of diverse workshop facilitators 2) Review the necessary steps for submitting a successful workshop abstract or proposal 3) Identify skills needed to plan an interactive workshop 4) Develop activities that will engage attendees and promote an interactive workshop 5) Discuss resources available to evaluate the effectiveness of a workshop

Methods and Content: Educators representing leaders in medical student education and graduate medical education will lead this workshop. Facilitators will guide participants in ways to recognize topics likely to attract attendees and then identify mechanisms to recruit a team who can best achieve the objectives of that workshop. Engaging workshop participants, facilitators will review the key components for a successful workshop proposal and identify the common missteps to avoid while developing a proposal. Participants will then work in small groups based on mutual academic interests, and led by a facilitator sharing that interest, to develop an outline of an interactive workshop and identify activities to engage the audience. These will be shared with the large group with an opportunity for feedback. Facilitators will then discuss the resources available to evaluate a workshop after completion and how to assess the results of evaluations. Participants will leave the workshop with a toolkit for developing and facilitating successful workshops using mentorship from within COMSEP and other academic leaders nationally.

Workshop Descriptions

Thursday, April 7, 2016, 1:00-3:00pm

WORKSHOP 1: STRATEGIC PLANNING FOR THE M4 YEAR: CREATING A COMPETENT STUDENT PREPARED FOR PEDIATRIC RESIDENCY

April O. Buchanan, MD, Amanda G. Hartke, MD, MPH, University of South Carolina School of Medicine Greenville, Greenville, SC, Lisa E. Leggio, MD, Medical College of Georgia, Augusta, GA, Kenya A. McNeal-Trice, MD, University of North Carolina School of Medicine, Chapel Hill, NC

Rationale: With the publication of the COMSEP APPD subinternship curriculum in 2010, the emersion of boot camps and individualized learning plans (ILPs) for M4 students, and the release of the AAMC Entrustable Professional Activities (EPAs) in 2014, M4 directors in pediatric education are faced with an abundance of information but no clear plan for implementation. This workshop will focus on the curriculum across the M4 year including course recommendations, longitudinal learning themes, and tracking and assessment of clinical skills.

Objectives: 1) Appraise current resources available for M4 planning 2) Design a strategic curriculum map for M4 students pursuing pediatric residency 3) Formulate a plan for assessment of clinical skills in the M4 year

Methods and Content: The workshop will begin with small group brainstorming about recommended rotations for the 4th year to create an M4 menu for students. One school will share their map currently in place using a 34 week fourth year. This discussion will be followed by a brief didactic to review available COMSEP and AAMC resources for the M4 year curriculum including the subinternship curriculum, learning activities, EPAs, and ILPs. Experience in implementing these resources will be shared. Working in small groups, participants will discuss M4 goal setting, including important longitudinal themes to best prepare students for pediatric residency. There will be directed discussion around attainment and assessment of clinical skills. Small groups will share their recommendations and facilitators will help solidify common themes and methods for tracking. The plan developed by the group will be formalized and shared with attendees after the workshop. Interested individuals will be asked to continue their participation, supported by the Curriculum Task Force, to develop an M4 strategic plan and longitudinal tracking report for M4 students which can be shared with residency program directors.

WORKSHOP 2: CONDUCTING WORKSHOPS FOR AND BY CLERKSHIP ADMINISTRATORS: INGREDIENTS FOR SUCCESS

Janet E. Fischel, PhD, Stony Brook University School of Medicine and Stony Brook Children's Hospital, Stony Brook, NY, Marlo M. Eakes Meyer, MA, University of Virginia, Charlottesville, VA, Janet Ruggiero, Stony Brook University School of Medicine and Stony Brook Children's Hospital, Stony Brook, NY, Sherilyn Smith, MD, University of Washington, Seattle, WA

Rationale: The implementation of an excellent workshop can be both rewarding and challenging. Essential elements for success include: a) submitting a high quality abstract; b) careful planning; c) excellent teaching strategies; d) conveying valuable information and e) active participation of attendees. This workshop for COMSEP administrators is planned to assist those interested in advancing their skills in leading outstanding workshops or other training sessions.

Objectives: This workshop on workshops aims to facilitate COMSEP clerkship administrators who are planning and conducting workshops that are highly informative, participatory, engaging and memorable. By the end of the session, participants will be able to: 1) outline the necessary steps for workshop development; 2) list teaching strategies to engage participants; 3) list strategies to manage workshop flow effectively; and 4) sketch a draft for a future workshop.

Methods and Content: A spectrum of topics will be covered, from the smallest details (e.g., checklists for planning, seating, adhering to timelines), to broader issues (communication skills, engaging participants, group dynamics, what to do when things go wrong). Participants will practice newly introduced workshoping skills contextualized in topics pertinent to COMSEP administrators, such as handling sensitive communications, helping students in need, collaborations and relationships, professionalism, developing infrastructure for accreditation-relevant data, or maximizing evaluation compliance. The session will include a set of brief didactics, small group problem-solving, and full group participation. In keeping with the 2016 meeting theme: The Spirit of Exploration: New Frontiers in Medical Education, we will explore potential expansion of the administrator's roles in facilitating pediatric medical education. Success will be evaluated in the session by two criteria: 1) participant satisfaction, and 2) realization of the aims set for achievement. We invite newcomers and seasoned workshop leaders to join in.

WORKSHOP 3: INNOVATION TO DISSEMINATION: SELECTING OUTCOME MEASURES TO TRANSLATE EDUCATIONAL INNOVATIONS INTO SCHOLARSHIP

Michael S. Ryan, MD, MEd, Virginia Commonwealth University, Richmond, VA, Ian Chua, MD, Children's National Medical Center, Washington, DC, Caroline R. Paul, MD, University of Wisconsin School of Medicine and Public Health, Madison, WI, Gary L. Beck Dallaghan, PhD, University of Nebraska College of Medicine, Omaha, NE, Joseph Gigante, MD, Vanderbilt University, Nashville, TN, Patricia D. Quigley, MD, MME, All Children's Hospital, St. Petersburg, FL, Lynn J. Hernan, MD, Paul L. Foster School of Medicine TTUHSC El Paso, El Paso, TX

Rationale: Curricular innovations are invaluable to the improvement of medical education programs and thus, their dissemination to broader audiences is imperative. However, medical educators often struggle translating innovative ideas to scholarly pursuits due to a lack of experience or expertise in selecting outcome measures which demonstrate significant impact (Chen, 2004). The purpose of this interactive workshop is to assist innovative educators in developing a research strategy to investigate the efficacy of their innovations at the highest level possible.

Objectives: By the conclusion of this workshop, the Pediatric educator will be able to: 1. Describe the value in identifying outcome measures for educational innovations 2. Identify an educational innovation he/she has developed which could be disseminated 3. Develop a preliminary research question which relates to his/her innovation 4. Outline the key components to effective outcome measures 5. Select outcome measure(s) related to his/her innovation that will prime research for more successful dissemination

Methods and Content: Overview: The session will begin with a large group discussion highlighting the value of considering outcomes early in educational research design. Kirkpatrick's levels of evaluation and examples from the medical education literature will be provided to illustrate a framework for selecting optimal measures. Participants will then work in small groups to identify outcome measures relevant to an innovation they have developed or are considering. Facilitators will provide guidance to participants throughout small group work. The session will conclude with a "scavenger hunt" in which facilitators will demonstrate resources (e.g. MedEdPORTAL DREAM) for selecting assessment instruments with validity evidence. Timed Agenda: Introductions (Clock - 5 min) Previous experience with dissemination: Large group discussion (Clock- 10 min). Overview of outcome measures in medical education research: Large group discussion (Clock- 30 min). Identification of innovation: Small group discussion (Clock- 40 min). Development of research question: Small group discussion (Clock- 60 min). Linking research question to outcome measures: Large and small group discussion (Clock- 100 min). Scavenger hunt for assessment instruments: Large group discussion (Clock- 110 min). Conclusion/Next Steps (Clock- 120 min)

WORKSHOP 4: TEACH AND ASSESS CLINICAL REASONING USING PRACTICAL, VALIDATED WRITTEN AND ORAL CASE PRESENTATION RUBRICS: P-HAPEE AND PBEAR

Marta A. King, MD, MEd, Saint Louis University School of Medicine, St. Louis, MO, Lavjay Butani, MD, MACM, University of California Davis, Sacramento, CA, Heidi Sandige, MD, MA, Sidra Medical and Research Center / Weill Cornell Medical College in Qatar, Doha, Mary Ottolini, MD, MPH, Children's National Health System, Washington, DC, Mary E. M. Rocha, MD, MPH, Baylor College of Medicine, Houston, TX, Alison V. Holmes, MD, MPH, Geisel School of Medicine at Dartmouth, Lebanon, NH

Rationale: The written history and physical exam (H&P) and bedside oral case presentation encompass numerous medical education competencies. Despite the importance placed on written and oral communication and large number of H&Ps and presentations required of students, structured formative or summative assessment is rare. Failure to provide frequent, uniform, reliable feedback hampers student understanding of expectations and learning trajectory. Students are frequently confused as to the format and detail desired in the written note versus oral presentation. To address this deficiency, pediatric educators from multiple institutions collaboratively drafted best-practice guidelines, validated assessment tools (P-HAPEE and PBEAR), and developed curricula to teach written and oral communication skills based on clinical reasoning principles.

Objectives: 1. Explore ways of using written history and physical exams (H&Ps) and oral case presentations to assess clinical reasoning, medical documentation, and communication competencies 2. Use validated Pediatric History and Physical Exam Evaluation (P-HAPEE) and Problem Representation Background Evidence Analysis Recommendations (PBEAR) rubrics to assess written and oral case presentations 3. Propose strategies for implementing both rubrics in your own practice, clinical teaching, and/or clerkship

Methods and Content: In this interactive workshop, we will use a train the trainer model to introduce written H&P and oral case presentation curricula and assessment tools. We will share practical tips for best practice instruction and assessment using small group activities, buzz-groups, facilitated discussions, video clips, and games. Participants will use the P-HAPEE and PBEAR rubrics to score written H&Ps and oral case presentations and work in groups to brainstorm implementation ideas across the medical education continuum. We will share links to the written H&P and oral case presentation curricula toolboxes of ready-to-use rubrics, handouts, scored H&Ps and oral case presentation videos, clinical reasoning exercises, and facilitator guides. Participants will complete an action plan and leave the workshop ready to implement written H&P and oral case presentation assessment in their own practice, clinical teaching, and/or clerkship.

WORKSHOP 5: WE'VE IDENTIFIED THE PROBLEM! DEVELOPING A PRE-CLINICAL PEDIATRIC CURRICULUM

Melissa Held, MD, Connecticut Children's Medical Center, Hartford, Connecticut, Michele E. Long, MD, UCSF, San Francisco, CA, Blair S. Hammond, MD, Icahn School of Medicine, Mount Sinai, Larchmont, NY, Kathleen A. Gibbs, MD, Icahn School of Medicine at Mount Sinai, New York, NY, Adam R. Weinstein, MD, Geisel School of Medicine at Dartmouth, Lebanon, NH, Jamilah Grant-Guimaraes, MD, Cohen Children's Medical Center of NY, New Hyde Park, NY

Rationale: Medical student exposure to pediatric patients, knowledge and skills in the preclinical years has historically been limited. Many medical schools are currently revising their curriculum to include more pre-clerkship clinical experiences. Through a series of interactive exercises, this workshop will introduce participants to Kerns six steps for curriculum development and apply the Curriculum Task Forces research on pre-clinical experiences as a model for developing a pediatric pre-clinical curriculum.

Objectives: 1. Design curricula using Kerns six steps for curriculum development 2. Develop pre-clinical pediatric learning objectives for COMSEP discussion and potential endorsement 3. Share a toolbox of pediatric preclinical educational strategies 4. Discuss how to create buy-in for new curricula at an institutional level

Methods and Content: Workshop leaders will begin with an overview of Kerns six steps of curriculum development and to exemplify the needs assessment step, share research completed to date revealing a prevalent student perception of low preparedness for their pediatric clerkship. Next, presenters will lead a large group discussion on creating learning objectives, using development of preclinical pediatric curriculum

objectives as a model. In small groups participants will discuss educational strategies that could fulfill those objectives. with a subsequent large group discussion of ideas and creation of a toolbox of activities This will be followed by a brief didactic regarding the assessment step in curriculum development and small followed by large group discussion of which assessment activities can be utilized for the preclinical pediatric curriculum. The workshop will end with discussion on getting buy-in from home institutions, identifying barriers with potential solutions, and methods to engage stakeholders. During this workshop, participants will complete a worksheet structured around Kerns six steps to structure a curriculum and leave the workshop with strategies to implement new curricula at their home institution.

WORKSHOP 6: EFFECTIVE SPEAKING 101: HOW TO AVOID THE “DEADLY POWER-POINT”

Anne B. Warwick, MD, Uniformed Services University Department of Pediatrics, Bethesda, MD, Caroline R. Paul, MD, University of Wisconsin, Madison, WI, Joseph A. Jackson, MD, Duke, Durham, NC, Anton M. Alerte, MD, University of Connecticut, Farmington, CT, Amal Khidir, MD, MBBS, FAAP, Weill Cornell Medical College in Qatar, Doha, Qatar

Rationale: Oral presentations (talks) are part of the foundation for teaching and disseminating academic scholarship, both at ones home institution and to broader audiences at academic meetings. However, learning how to create a talk that is both audibly and visually effective is rarely taught in a formal way. Rather, this is often achieved through trial and error, or as an indirect benefit of mentorship. This workshop will help presenters of all levels from fledgling academician to seasoned educator hone their speaking skills and develop clear, engaging visual aids to accompany their talk.

Objectives: Objectives: 1. Evaluate talks for effectiveness, with emphasis on presentation style and visual clarity 2. Discuss effective approaches to the variations in style and content required for different types of talks: longer (e.g., grand rounds, plenary sessions) and shorter (e.g., oral platform) 3. Practice organizing a presentation, designing visual aids (e.g., power-point slides), and delivering the message

Methods and Content: We will employ a combination of didactics and group discussion, with the majority of the time being spent in facilitated smaller group working sessions. We will cover basics of presentation organization with emphasis on the audience, time limits, and venue for content, as well as design and graphics of the visual aids by critiquing and rating (abstract and slides from previously accepted talks), creating drafts of potential talks (topics may be brought by participants), and exploring ways to engage the audience as well as describe one's work effectively. A suggested time line follows: (5 min) introduction of team and topic (10 min) introduction of participants (10 min) Exercise 1: Small group: What kind of talk? What is your topic? What do you need? (30 min) Exercise 2: Small group: How to prepare your PPT (10min) Group reports and discussion (10 min) Interactive didactics with role play: How to present? (20 min) Exercise 3: Small group: Role play a presentation (5 min) Wrap up and evaluation Depending on the size of the group, an opportunity for video recording and playback can be used for more effective review and feedback.

WORKSHOP 7: GOING BEYOND GOOD JOB AND PERFORMED AS EXPECTED: HOW TO GIVE MEANINGFUL COMPETENCY BASED FEEDBACK AND EVALUATION TO LEARNERS

Alison V. Holmes, MD, MPH, Dartmouth, Lebanon, NH, Christopher Peltier, MD, University of Cincinnati School of Medicine, Cincinnati, OH, Joseph Gigante, MD, Vanderbilt University School of Medicine, Nashville, TN

Objectives: In this workshop we will compare and contrast feedback and evaluation, examine the Ask-Tell-Ask model of feedback and the PRIME framework for writing narrative evaluations, and practice delivering effective competency-based feedback and writing narrative evaluations.

Methods and Content: Feedback and evaluation are critical to improving the performance of trainees in all clinical settings. In this interactive workshop we will discuss the definition of feedback and how it differs from evaluation. Barriers to faculty giving feedback will be examined, and strategies in overcoming such barriers will be shared and explored. We will contrast and compare the Feedback Sandwich and the Ask-Tell-Ask models of feedback. Attention will be placed on giving constructive, actionable feedback to millennial learners. Using video vignettes, attendees will practice giving feedback to learners on issues within a competency framework. Attendees will then reflect on a recent evaluation they have written or received, and we will discuss difficulties in writing and in teaching how to write meaningful narrative evaluations. The PRIME+ framework will be introduced as a structure for learner observation and for writing meaningful summative evaluations both effectively and efficiently. Attendees will practice writing a summative evaluation of a recent learner using the PRIME+ framework, and work on how to teach this method to other faculty. The workshop facilitators are all experienced in running faculty development sessions on teaching their clinical faculty peers how to give feedback and how to write effective, meaningful, descriptive evaluations efficiently. We will share our strategies and tools, and facilitate how workshop attendees could lead similar sessions to train fellow clinical educators at their home institutions. The last portion of the workshop involves a guided exercise in groups of 2 to 4, where participants will plan how to disseminate what they have learned back in their medical schools and departments.

WORKSHOP 8: TEACHING EBM ON THE PEDIATRIC CLERKSHIP: AN ACTIVE LEARNING MODEL

Patricia G. McBurney, MD, Emily A. Brennan, MSLIS, David M. Mills, MD, Melinda C. Slider, BS, Sherron M. Jackson, MD, Medical University of South Carolina, Charleston, SC

Rationale: At the Medical University of South Carolina, we have established an efficient, effective method to train over 160 third-year medical students/year in the appraisal and application of medical literature during their pediatric clerkship.(1) This subcourse motivates students to develop active learning skills which are crucial for success as a modern physician.

Objectives: Through this workshop, participants will:

1. Participate in a mock EBM (Evidence-Based Medicine) subcourse that teaches EBM theory and skills, active learning, and peer feedback.
2. Acquire strategies of developing strong EBM preceptors at their own institutions, fostering faculty and resident EBM skills, and creating a positive culture for EBM integration into clinical practice.
3. Brainstorm how to translate this subcourse for different clerkship sizes, for long-distance learners, and in various clinical settings.

Methods and Content: Workshop participants will enroll in an abbreviated version of the student subcourse. During the workshop, participants will first play the role of clerkship students, and work together to frame clinical questions in PICO(TT) format from a given written scenario, develop search strategies, and appraise the evidence. Participants will then play the role of medical student, resident, or attending physician. A group of “students” will present their patient scenario, clinical question stimulated by this encounter, search strategy, and appraisal, while “peers,” “residents” and “attending physicians” provide feedback. The patient scenario is real and selected by the students on the actual EBM subcourse; however, it will be provided for this workshop. All participants will hone their peer feedback skills through the use of competency-based feedback worksheets. These workshop activities will generate discussion on how to translate this subcourse to different clerkships than the one modeled (MUSC). Presenters will lead discussions on challenges such as enhancing faculty and resident skills and attitudes. (1) McBurney P, Knoll M, Hulse T, Jackson S. Evidence-based Medicine Subcourse to the Pediatric Clerkship. MedEdPORTAL Publications; 2014. Available from: <https://www.mededportal.org/publication/9936> http://dx.doi.org/10.15766/mep_2374-8265.9936

WORKSHOP 9: READY FOR LAUNCH: TAKING FLIPPED CLASSROOM FROM BUZZWORD TO BLASTOFF

Philip J. Malouf, MD, Touro University College of Osteopathic Medicine, Vallejo, CA, Amalia Guardiola, MD, University of Texas Health Science Center at Houston, Houston, TX, Glen A. Medellin, MD, University of Texas Health Science Center at San Antonio, San Antonio, TX, William A. Mills, MD, MPH, University of North Carolina School of Medicine, Chapel Hill, NC

Rationale: Medical students respond well to active, engaged educational environments. The flipped classroom model has been shown to be an effective method for this type of learning. Participants will use this workshop to transform their own teaching material into a flipped classroom module. Through this process, participants will answer the following burning questions. What constitutes flip-able content? How do I flip a traditional PowerPoint lecture? Can small group content for clerkship students be flipped? Can I flip bedside teaching? Participants will discover what content is ideal to flip and will explore recent literature on the flipped classroom in medical education. They will practice methods for converting foundational material to videos and other pre-classwork formats. Groups of participants will brainstorm application activities to help with retention of the flipped content. In the end, participants will leave the workshop with an actionable plan for producing and implementing a flipped classroom module for medical students. By exposure to other groups modules, participants will experience flipped learning in several contexts and levels of training.

Objectives: Participants in the workshop will learn to: 1. Describe flipped classroom teaching 2. Identify material that is best considered core concepts versus application of concepts 3. Convert material taught in traditional formats to a flipped classroom setting 4. Identify resources to develop teaching modules for their own clerkships.

Methods and Content: Schedule (by minute): 1–10: Introduction of participants and experiences with flipped classroom teaching. 11–20: Brief literature review of the flipped classroom method. 21–25: Introduce flipped classroom development worksheet and give example of its use. 26–35: In groups/pairs, participants identify material to teach as a flipped classroom module. They identify core concepts and learning objectives. 36–45: Presentation on strategies for creating video/whiteboard lectures to deliver foundational content. Presenters share examples. 46–65: Groups strategize methods to deliver foundational content for their modules. 66–75: Presentation on types of application exercises and principles for their development. Presenters share examples. 76–100: Groups outline 1–2 application exercises for their modules. 101–115: Groups present their modules. 116–120: Conclusions and wrap-up.

Friday, April 8, 2016, 2:00-4:00pm

WORKSHOP 10: TOWARDS AN IPAD-BASED CURRICULUM FOR PEDIATRIC STUDENT EDUCATION: APPS AND BEYOND

Richard Hobbs, MD, University of North Carolina, Chapel Hill, NC, Robert Dudas, MD, All Children's Hospital Johns Hopkins Medicine, St. Petersburg, FL, Meghan Treitz, MD, University of Colorado, Aurora, CO, Christopher Bergsman, MD, OUWB SOM, Royal Oak, MI, William Mills, MD, UNC, Chapel Hill, NC, Jeanine Ronan, MD, Perelman School of Medicine, Philadelphia, PA, Noel Carrasco, MD, School of Osteopathic Medicine in Arizona, Mesa, AZ, Jason Owens, MPA, University of Colorado, Aurora, CO

Rationale: Many institutions have used tablets and apps to aid in the instruction of pediatrics to medical students. What we aim to present in this workshop is an example of how tablets, iPads specifically, can be used to unify the important elements of the clerkship in one space and in one device. The use of the device and apps themselves can also be intimidating and another goal of this workshop is to expose participants to some of these apps in a hands-on fashion.

Objectives: 1) Demonstrate how to harness iPads to create a cohesive tool that supports student education in multiple domains, including clerkship administration, patient care, bedside learning, patient education, and shelf preparation. 2) Model how to teach with the tablet by highlighting key apps in detail. 3) Discuss technological and practical considerations of implementing a tablet-based curriculum.

Methods and Content: This workshop is designed to demonstrate how a tablet may be used to unify the many domains involved in teaching pediatrics to medical students. Using apps, web-based platforms, and other tools, the tablets can be harnessed to provide the structure for an entire pediatric clerkship. Workshop leaders will demonstrate how this tablet-based curriculum has been implemented successfully at

the University of North Carolina, covering the areas of clerkship administration, patient care, bedside learning, patient education, and shelf preparation. Successes, challenges, and practical considerations of iPad implementation will also be addressed. For those interested in seeing the technology and apps in action, workshop leaders will also demonstrate key educational tools through interactive sessions and round table discussions. Participants will also receive handouts of the most useful technologies, presenter information, and a worksheet to facilitate ways in which technology may be used at one's home institution.

WORKSHOP 11: PROMOTING CLINICAL REASONING: A DEVELOPMENTAL APPROACH

Jonathan Gold, MD, Michigan State University, East Lansing, MI

Rationale: Inexperienced medical students often see data gathering and clinical reasoning as two separate, unrelated tasks, while experienced clinicians use them in an integrated fashion. Medical educators clearly value the development of clinical reasoning skills in their students, yet these skills do not always receive explicit attention in the curriculum. A variety of tools exist that can help develop the clinical reasoning skills for medical students at a number of levels.

Objectives: By the end of the workshop participants will be able to (1) describe core clinical reasoning concepts: hypothesis-driven data-gathering, iterative differential diagnosis formation, problem representation, and second-hand reasoning, (2) practice a variety of tools to help learners develop these component skills of the clinical reasoning process, and (3) develop a curricular plan to incorporate these tools into medical school curricula for both a typically developing medical student and a struggling student.

Methods and Content: After a brief introduction to the core concepts participants will work in small groups to discuss their current approaches to clinical reasoning education and barriers to their use. They will then be introduced to five clinical reasoning instructional tools---a differential diagnosis aid (DiffInE), a point-of care illness script tool (PedScripts) an interactive online tool (CLIPP Advanced Organizers and Short Cases), a summary statement feedback tool and rubric, and a case analysis tool (CLIPP CAT). Participants will have an opportunity to practice each tool. With the aid of facilitators, participants will develop written plans to implement one or more of these tools at their home institutions for students with a range of curricular needs. Facilitators will follow up after the conference to assess the progress of implementation and offer assistance as needed.

WORKSHOP 12: KEY HABITS OF SUCCESSFUL MEDICAL EDUCATORS

Susan L. Bannister, MD, David A. Keegan, MD, University of Calgary, Calgary, Alberta

Rationale: Medical educators, and COMSEP members in particular, have a challenging job. They lead educational programs from design to evaluation, handle learner concerns and challenges, and still need to achieve academic success. In this workshop, we will illuminate the key habits that successful medical educators demonstrate. These habits come from the literature, discussions at promotion and merit committees, and insights from academic leaders. This workshop should set up medical educators for success well. As a participant at a recent offering of this workshop provided as feedback, "This session was the single most informative talk I have heard in the area of Medical Education. The session helped me to self-reflect on my own goals in my career, and philosophies on teaching and education."

Objectives: By the end of this session, you will be able to: 1) articulate your career goal(s) as a medical educator, 2) describe key habits that enable success for medical educators, and 3) determine your own educator career growth areas.

Methods and Content: In this highly interactive workshop, participants will explore the key habits of successful medical educators. Participants will each be provided with a map tool which will enable them to develop their individual success plans. Throughout the workshop, participants will discuss issues related to educator success. The workshop will conclude with paired peer consultations on educator success topics of their choice.

WORKSHOP 13: YOU CAN TEACH THAT - CLIPP CAN HELP

Michael Dell, MD, Case Western Reserve University, Cleveland, OH, Elizabeth Stuart, MD, Stanford University, Palo Alto, CA, Robin English, MD, LSU, New Orleans, LA, Mark Fergeson, MD, University of Oklahoma, Oklahoma City, OK, Melissa Held, MD, University Connecticut, Hartford, CT, Glen Medellin, MD, UT San Antonio, San Antonio, TX, Carrie Phillipi, MD, Oregon Health Science University, Portland, OR, Stephen Tinguely, MD, University North Dakota, Fargo, ND

Rationale: Background: Clinician educators are increasingly challenged to reconcile time for teaching with the demand for clinical productivity. Instructional strategies that devote teacher/learner contact hours to application of knowledge and development of clinical skills allow clinician educators to teach at the top of their license. Online resources that guide students independent study may facilitate such strategies. CLIPP is an online resource currently utilized at 150 medical schools in North America. The core resource within CLIPP is a set of virtual patient cases which comprehensively covers the COMSEP curriculum; these cases have undergone several revisions and enhancements within the past 3 years. In addition, CLIPP has evolved to include a number of skill development modules as well as complementary courses on important curricular themes.

Objectives: Objectives: By the end of the workshop, participants will be able to (1) describe important enhancements to the CLIPP virtual patient cases; (2) describe supplemental teaching resources available within CLIPP; (3) identify learning objectives targeted by these resources; (4) design curricular integration strategies to address educational needs at their home institutions.

Methods and Content: Methods: After a brief introduction to the library of instructional tools available within CLIPP, participants will work in facilitated small groups to explore the utility of these tools. Discussion will focus on groups of learners (e.g. novice clinical learners, students with

remediation needs); clinical skills (e.g. oral presentations, clinical reasoning); and curricular topics (e.g. child development, high-value care, cultural competency). Participants will identify strengths and limitations of these tools and design plans for implementation within their own curricula.

WORKSHOP 14: INCORPORATING THE FUNDAMENTALS OF HEALTH CARE VALUE INTO DAILY PRACTICE

James Stallworth, MD, University of South Carolina School of Medicine-Columbia, Columbia, SC, Sara Lindsey, MD, University of South Carolina School of Medicine- Columbia, Columbia, SC, Natalie Hogan, MD, Mercer University School of Medicine-Savannah, Savannah, GA Edward K. Clark, MD, Mercer University School of Medicine-Macon, Macon, GA

Objectives: 1. Describe current concepts in health care value 2. Review projects and publications that highlight health care value from a teaching perspective 3. Demonstrate how the “parsimonious diagnosis game” can help learners better understand health care value 4. Provide participants with an educational tool to teach the fundamentals of health care value at their home institution

Methods and Content: Background: Health Care Value is a new hot topic that is at the core of health care system change. Therefore it is important for the current medical students to understand that health outcomes are to some degree measured not only by the outcome alone but also by achieved goals per dollar spent. Methods: (Objectives 1 and 2) The workshop presentation will be grounded in articles, *Bending the Curve* and *Teachable Moments* and the book *Overtreatment, Why Medicine is Making us Sicker* by Brownlee, and will provide the framework for value. Initially the presentation will be didactic to empower the participants to be versed in the fundamentals of health care value and its lingo such as technology creep. 30 minutes (Objective 3 and 4)

Working in interactive small groups, participants will be given patient scenarios that cover a myriad of clinical cases. Additionally they will be given spending accounts applicable to each clinical case. Each group led by one of the facilitators will then engage in lively discussion with the audience of the pros/cons and benefits/risks, etc. of money spent relative to the health care value received. Ultimately, the participant will be able to teach learners the fallacies of over testing, yet have them clearly understand the value in obtaining certain diagnostic studies. Each participant will be given a packet of cases with a cost analysis for their educational toolkit. 1 hour and 15 minutes Summary: By the end of the workshop, the participants will have a better understanding of health care value, tools to use in practice, and a way to implement this in their clerkship. 15 minutes

WORKSHOP 15: WHAT DOES THAT MEAN? WRITING LETTERS OF RECOMMENDATION FOR RESIDENCY APPLICANTS

Soo Y. Kim, MD, Loma Linda University School of Medicine, Loma Linda, CA, Molly Rideout, MD, University of Vermont College of Medicine, Burlington, VT, William Raszka, MD, University of Vermont College of Medicine, Burlington, VT

Rationale: Letters of Recommendation (LOR) are an important part of a student's application for residency training. Residency program directors report that LOR are a critical factor both in selecting applicants to interview and for ranking candidates for the Match. While clerkship directors and other undergraduate medical educators are often asked to write LOR, many are unsure of the most important learner attributes to address, the language that should be used to describe the learner, or other critical components. The purpose of this workshop is to review the critical components to include in LOR and practice writing a letter that is accurate, honest, and supportive.

Objectives: 1. Review the purpose of LOR for residency applications and how they are utilized by program directors 2. Describe key components of LOR 3. Compare and contrast examples of strong and weak LOR 4. Identify barriers to writing an effective and meaningful LOR 5. Create a template for writing LOR and practice writing a letter that is accurate, honest, and easily understood

Methods and Content: In an open discussion, participants will review their own experience writing LOR for residency applicants. In a large group exercise, participants will then discuss the purpose of LOR, how LOR are used by Program Directors, key attributes of applicants to be included in LOR, and other critical components of LOR. Participants will then break into small groups to review published LOR. After comparing and contrasting the strengths and weaknesses of different LOR, participants will make editing suggestions. Each individual participant will then write a letter of recommendation using elements learned in the workshop. Participants will engage in a pair and share exercise to discuss their LOR and determine if the reader has the same image of the applicant as the writer. Following a review of the challenges experienced writing LOR during the workshop participants will develop an individual action plan to use in writing LOR at their home institutions.

WORKSHOP 16: PARENTS ARE THE BEST TEACHERS: TEACHING FAMILY CENTERED CARE TOGETHER WITH FAMILY FACULTY MEMBERS

Alison V. Holmes, MD, MPH, Adam R. Weinstein, MD, Steven Chapman, MD, Dartmouth, Lebanon, NH, Molly Rideout, MD, University of Vermont College of Medicine, Burlington, VT, William Raszka, MD, University of Vermont College of Medicine, Burlington, VT

Objectives: Objectives of the workshop are to assess current models for incorporating family members as medical educators in a family centered care model, design learning activities for parents to serve as teachers for pediatric trainees across the continuum, and to formulate plans for developing or improving family faculty and patient as teacher programs at the participants' home institutions

Methods and Content: Pediatric educators in all specialties seek to instruct medical students, residents and fellows in patient and family centered care. Incorporating parents as teachers in multiple parts of pediatric curricula is an engaging way to nurture humanistic qualities in pediatric trainees, qualities that might otherwise diminish during the course of training programs. Developing relationships with and collaborating with

a team of family faculty can augment existing learning activities including reflective writing exercises, seminar sessions, rotations in community settings, and in classroom teaching--even during pre-clinical years. In this interactive workshop, we will explore a variety of successful family faculty programs and assist participants in developing or augmenting family faculty programs at their own training programs.

After an introductory exercise, we will review the principles of family-centered care. Participants will have an opportunity to discuss barriers to implementing teaching activities that involve patients and families. The workshop leaders will share five families as teachers examples family interviews, reflective writing, parents in the clinical classroom, home visiting, and service learning. The module introductions will include video vignettes of students and families participating in these sessions in classroom, clinical and community settings. We will provide handouts with summaries and references for use in transforming or creating family faculty programs, and together complete worksheets in small groups for session or program development ideas to work on at ones home institution.

WORKSHOP 17: PRACTICING MEDICINE IN THE GRAY: THE DEBATE-STYLE FORMAT AS A NOVEL APPROACH TO TEACHING EVIDENCE-BASED PRACTICE IN CONTROVERSIAL AREAS OF MEDICINE

Marieka Helou, MD, MPH, Clifton C. Lee, MD, FAAP, Dawn Landschoot, BA, Virginia Commonwealth University School of Medicine, Richmond, VA

Rationale: While many published evidence-based medicine (EBM) curricula train learners how to effectively critique single papers, teaching the application of such principles in a dynamic clinical environment remains challenging. We rarely practice in a world of black and white, often finding ourselves in the gray: a place in which data is often conflicting and optimal care requires a balance of the available evidence. In recognition of this issue, we developed a debate-style framework to teach Pediatrics Clerkship students how to apply EBM principles to controversial topics. Preliminary data from our pilot program highlights its feasibility with positive reception from our students.

Objectives: 1. Introduce a novel teaching method in applying EBM principles to controversial topics 2. Participate in a simulation of the debate-style curriculum from the students' perspective 3. Utilize a scoring rubric specifically designed for this curriculum

Methods and Content: A debate topic will be selected where a level of controversy exists in pediatric clinical practice. After a 10 minute introduction to the workshop, 3-5 members of the audience will be selected as judges. The remaining participants will be assigned to 2 teams, a pro and con side of the topic (max of 10 people/ team). Each team will be provided with a debate syllabus that includes the scoring rubric as well as pre-selected articles representing a thorough literature search. The teams will have 45 minutes to prepare their argument with the workshop authors acting as team facilitators. Each side will be allowed 10 minutes to state their position, followed by 5 minutes each for rebuttals and 15 minutes for questions from the audience and judges (for a total of 45 minutes for the debate). The teams will be expected to provide the most convincing case for the position assigned in the form of an oral presentation. The judges will use the rubric to determine a winner and discuss their scoring at the end of the workshop (~15 minutes for a total of 115 minutes). All materials will be provided in the form of handouts.

WORKSHOP 18: MEDICAL STUDENTS 101 - IT TAKES A VILLAGE: A DIRECTOR-ADMINISTRATOR COLLABORATIVE WORKSHOP TO HELP MAXIMIZE SUPPORT FOR YOUR STUDENTS

Lucy C. Lee, MD, Noelle Johnstone, MD, Gretchen Shawver, Stanford University School of Medicine, Palo Alto, CA, Ian Chua, MD, George Washington University School of Medicine & Health Sciences, Washington, DC

Rationale: This unique workshop is designed to help both Clerkship Directors and Administrators coordinate their understanding of the nuances of what medical students need, in order to better support them during their clerkship. Typically, Directors manage the clinical questions, didactics, feedback, and evaluation of the clerkship, while Administrators manage scheduling, site placement, assignments, and logistics of tracking assessment, feedback, and evaluation. However, it is not uncommon that students will approach Administrators with questions that are directly or indirectly related to clinical care, such as documentation, clinical experiences, and challenges. In addition, Administrators have a unique role in identifying red flags and concerns about professionalism.

Objectives: The goal of this workshop is to engage and connect Directors and Administrators during fun and interactive activities in order to share ideas, bring to the surface, and better understand some of the common challenges medical students face, from both perspectives. For example, Administrators will gain confidence and understanding of commonly used pediatric acronyms and abbreviations and how they pertain to student learning and assessment (helping a student find resources to improve HEADSS assessment or H&P, or sympathizing with a student who is frustrated with FCR), while Directors will gain depth in understanding common administrative challenges, LCME-related logistics, and leave the workshop with tools to help support their Administrators assess issues such as student site placement, professionalism flags, and challenges with regard to assignments.

Methods and Content: Workshop organizers have established a collaborative clerkship, and compiled a list of best-practice tips based on end-of-clerkship student evaluations at Stanford University School of Medicine. In addition, pre-workshop surveys via respective email list-servs will help identify additional common issues and concerns as well as tips and advice from our COMSEP colleagues. Interactive activities, including a Jeopardy-style game followed by relevant discussion, will be used to engage workshop participants in a fun learning environment. Participants will be led in an individualized reflective activity to come up with challenges and goals to bring back to their home institutions, and a tool-kit with specific tips and resources will be provided to help jump-start a deeper collaboration between Directors and Administrators.

Saturday, April 9, 2016, 10:00am-12:00pm

WORKSHOP 19: A SUCCESSFUL CLERKSHIP: TAKE ONE FOR THE TEAM

Natalie Hogan, MD, Mercer University School of Medicine-Savannah Campus, Savannah, GA, Jackie Robinson, Mercer University School of Medicine - Savannah Campus, Savannah, GA

Objectives: To provide Clerkship Directors and Administrators with ways to become a more effective team that will enhance the success of the students, the clerkship and the institution as a whole by: (1) Providing tools for effective communication (2) Discussing the important of trust and teamwork in a clerkship (3) Anticipating common conflicts between the Directors and Administrators and providing tools to professionally take their working relationship to the next level. Most Clerkship Directors wear several hats within an institution, and often his/ her clerkship administrator is left to take care of things in their absent. The directors should be able to trust the administrator can take care of things not only when they are there, but also in their absence. On the other hand, the administrator must be confidence, trustworthy, and know when to get the director involved. It will show the important of team work, trust, and communication on both sides making it a win-win situation for all involved. This would be a great workshop for all clerkship directors and administrators, especially new clerkship directors and administrators.

Methods and Content: Prior to the workshop, a survey will be sent to the Clerkship Administrators for a baseline on what they feel is their role with their director and the clerkship. Following a brief introduction and power point presentation, participants would engage in small group exercises and interactive role play. We would provide handouts and wrap up with a question and answer session. Our goal is to provide the attendees with the resources to provide a more seamless and consistent leadership within their clerkship.

WORKSHOP 20: USING OBJECTIVE STRUCTURED CLINICAL AND TEACHING EXERCISES (OSCEs AND OSTES) TO IMPROVE FACULTY TEACHING SKILLS

Cindy J. Osman, MD, MS, New York University, New York, NY

Rationale: OSCEs have become a standard format for teaching and assessing clinical skills in undergraduate and graduate medical education. OSCEs and related OSTEs have also been used for faculty development, providing a significant step up from didactic presentations, allowing faculty to practice teaching skills with real time feedback. The ACGME and LCME mandate programs to help faculty improve teaching skills yet few departments utilize such simulations. This is likely related to the unique challenges of working with faculty, lack of resources, and/or lack of expertise. We have years of experience in developing and successfully implementing simulation scenarios for faculty development, including OSTEs that have been published on MedEdPORTAL.

Objectives: Participants will 1. Understand evidence supporting the use of simulation to develop faculty teaching skills. 2. Understand the principles of OSTEs and of a novel teaching OSCE format where faculty work in pairs role-playing both faculty and trainee. 3. Experience 2 simulation scenarios in multiple roles [teacher, trainee, standardized learner (SL), standardized patient (SP)]. 4. Design a simulation scenario to use at your home institution.

Methods and Content: I. The workshop begins with an introduction to the background literature on using simulation for faculty development. The presenters will then briefly share their experience developing simulation scenarios for a department-wide faculty development program. They will share the elements of their 5 case MedEdPortal curriculum on using OSTEs for faculty development. II. Participants will then have the opportunity to experience two simulation scenarios. One scenario will be a traditional OSTE, where the participants will play the roles of teacher and SL. The second scenario will be a unique teaching OSCE where one will play a teacher, one a trainee and a third the role of a SP. Following the experience, the large group will debrief the exercise, discussing reactions and potential challenges. III. Presenters will briefly discuss the necessary steps in developing simulation including designing realistic scenarios, choosing and training SLs and SPs, designing checklists, using video technology, and managing multiple stations. IV. Participants will work in small groups to design simulation scenarios for faculty, using a worksheet to carefully guide them through the necessary steps to implement them in their own institution.

WORKSHOP 21: NEW FRONTIERS IN MEDICAL EDUCATION: PLANTING SEEDS OF RESILIENCE AND WELLNESS INTO THE PEDIATRIC CLERKSHIP CURRICULUM

Albina Gogo, MD, UC Davis Medical School, Sacramento, CA, Deborah Rana, MD, UCSD School of Medicine, San Diego, CA, Marta A. King, MD, MEd, St. Louis, MO, Annamaria Church, MD, University of Tennessee- Chattanooga, Chattanooga, TN

Rationale: Meets the need for faculty development in diverse assessment methods. Meets the need for faculty development in diverse teaching methods. Provides faculty with the necessary skills to advise and counsel medical students.

Objectives: 1. Describe adaptive life strategies essential to maintaining resilience in-the-moment and long-term. 2. Draft a personal Wellness Learning Plan 3. Identify strategies for implementing the trainee resilience curriculum in their own clinical teaching and/or pediatric clerkships.

Methods and Content: Resilience is crucial in preventing burnout, depersonalization, major depression, medical errors and dissatisfaction with career choice. Resilience education is especially important in the formative period of clinical training, as medical students feel deeply about patient outcomes and need a framework for processing positive and negative experiences. However, the topic has historically not been included in most clerkship programs. To address this deficiency, members of COMSEP, AAP, APA, and APPD collaboratively developed a novel curriculum focused on promoting resilience in the face of grief and loss during pediatric training. The curriculum has undergone a vigorous peer review and is scheduled for publication by the end of 2015. In this interactive workshop we will use a train the trainer model to

introduce components of this curriculum. Using individual work, pair-share, and small and large group discussion we will practice techniques for reflection, journaling, and identifying in-the-moment and long-term strategies for resilience. Participants will leave the workshop with strategies for implementing the trainee resilience curriculum in their own clinical teaching and in their clerkships. AGENDA: 5 mins: Introductions and Review objectives. 15 mins: Overview of Resilience in the Face of Grief and Loss Curriculum (Objective 1). 10 mins: Journal concerning an emotional experience during training: Individual work, Pair-Share (Objective 1). 10 mins: Resilience in preventing burnout/ depersonalization (Objective 1). 15 mins: Resilience strategies: Small Groups (Objective 1). 15 mins: Resilience strategies: Discussion Large Group (Objective 1). 10 mins: Wellness Overview (Objective 2). 25 mins: Institutional change: becoming champions of resilience. Small Group activity followed by Large Group sharing (Objective 3). 10 mins: Draft an Individualized Wellness Plan. Individual work (Objective 2). 5 mins: Individual action plan, wrap-up, evaluations.

WORKSHOP 22: WHAT'S A LIC AND HOW DO WE CLICK?

Jesse Parr, MD, Texas A&M Health Science Center College of Medicine, Bryan, TX, Thomas J. Martin, MD, The Commonwealth Medical College, and Milton S. Hershey Penn State Children's Hospital, Scranton, PA, Chrisia Noulas, MD, New York Medical College School of Medicine, Valhalla, NY, Sarah K. Wood, ME, Charles E. Schmidt College of Medicine at Florida Atlantic University, Boca Raton, FL, Kyra A. Len, MD, University of Hawaii, Honolulu, HI, Wilbur J. Pan, MD, PhD, Rutgers-Robert Wood Johnson Medical School, New Brunswick, NJ

Rationale: Institutions which have recently instituted a Longitudinal Integrated Curriculum (LIC) struggle initially in implementing such a curriculum, which in many ways is an exploration of new frontiers in medical education. Pediatrics presents some unique challenges and we intend to provide guidance for these fledgling programs as well as allow institutions with established programs to learn from each other how to improve in meeting COMSEP and LCME guidelines and NBME/USMLE objectives.

Objectives: Background: Longitudinal Integrated Clerkships have arisen for various reasons in widely varying educational circumstances- Harvard, UCSF, WWAMI (Washington, Wyoming, Alaska, Montana, Idaho), Minnesota, South Dakota, Flinders Australia, Northern Ontario. What is a LIC? Why did they emerge? Why is this an area of interest to the LCME? Are there inherent advantages of LIC compared to traditional block clerkship programs? The objectives of this workshop are to provide novice and experienced clerkship directors with the background to understand the underpinnings and educational value of LICs; to share best practices related to the development and implementation of LICs; and to provide information to assist in determining the feasibility of implementing a LIC to those considering doing so at their location.

Methods and Content: This highly interactive workshop, will begin with a reflective critique of existing programs by presenters which will allow attendees to understand the strengths and challenges of traditional clerkship model, the rationale for the development of LICs, discuss the unique challenges and opportunities that exist when incorporating Pediatrics into a LIC, and help participants develop a set of best practices to implement a LIC at their own institution, particularly the pediatric portion. After the speakers present their own experience, participants in the workshop, in small table based groups, will discuss information shared during the workshop using structured worksheets and develop a scholarly proposal to share with entire group on how to obtain evidence to assist academic medical centers considering implementing a LIC as well as for programs assessing currently existing LICs seeking evidence of success of their programs. In addition, workshop participants will be provided with a detailed bibliography at the end of the workshop.

WORKSHOP 23: "COME ON DOWN": HOW TO DEVELOP, IMPLEMENT, AND TAILOR AN EXCITING GAME SHOW PROGRAM FOR YOUR LEARNERS

Sara M. Lauck, MD, Erica Chou, MD, Michael Weisgerber, MD, Medical College of Wisconsin, Milwaukee, WI

Rationale: Innovative learning techniques are needed to engage today's learners. Game show formats are being used as an alternative to traditional didactic lectures in medical education. Through creating versions of games such as Family Feud®, Cranium®, Pyramid®, Minute to Win It®, Weakest Link®, and many more, we have expertise that is a veritable "wheel of fortune" to share with the audience. Through hosting and studying this format, we have found that students perceive these game show sessions to be not only fun, but effective ways to learn pediatric topics. Students find the sessions to have a higher impact on their pediatric knowledge than other highly regarded teaching activities.

Objectives: By completion of this workshop attendees will be able to: - Design creative teaching sessions by adapting specific game show formats -Apply techniques to become engaging and effective hosts/facilitators - Effectively troubleshoot game show pitfalls - Implement effective game show teaching sessions.

Methods and Content: This workshop aims to provide you with the skills and excitement to design and implement your own game show sessions. First, small groups will share their teaching experiences using games and game shows with each other and with the larger group. Next, we will discuss the benefits and drawbacks of this teaching method based on current literature and share evidence from our own program. Teams will then compete in a select game show while learning strategies to achieve game show teaching success. Tips include matching learning objectives to appropriate game show formats, effective ways for hosting and facilitating game show format teaching sessions, and troubleshooting pitfalls. Example templates will be shared. Participants will then have the opportunity to utilize new skills to create their own game show teaching session and share and solicit feedback from the group. Prizes will be awarded. And that is our "final answer."

WORKSHOP 24: DESIGNING SIMULATION EXERCISES FOR SUB-INTERNS

Molly Rideout, MD, William Raszka, MD, University of Vermont, Burlington, VT

Rationale: Sub-internships (SI) are clinical rotations in which medical students assume advanced clinical care responsibilities. The COMSEP/APPD SI curriculum lists 70 core objectives over six major domains-many of which are difficult to measure in the context of daily clinical care activities. Learning activities for the SI curriculum are not specified. Simulation is a learning activity that facilitates learners meeting many types of curriculum objectives in a safe environment. The purpose of this workshop is to identify learning objectives in the SI curriculum that simulation exercises can help sub-interns meet at local institutions and help attendees develop their own simulation exercises specific for sub-interns.

Objectives: 1. Identify objectives in the COMSEP/APPD SI curriculum that can be met using simulation 2. Describe types of simulation (e.g. standardized patients, basic task trainers, high-fidelity simulators, hybrid models) that can be used to meet educational objectives 3. Design a simulation exercise outline that addresses SI curriculum objectives selected by attendees 4. Identify barriers to implementation of simulation exercises and ways to overcome those barriers

Methods and Content: In an open discussion, attendees will share the strengths and limitations of SI learning activities at their local institutions. In a large group exercise, participants will then review principles of simulation, types of simulation, and objectives that simulation can easily meet. Participants will then break into small groups to select a collection of SI objectives to address in a single simulation exercise. After a brief introduction, each group will use a validated structured template to build the outline for a simulation exercise that can be delivered at participant institutions. Participant groups will engage in a pair and share exercise to discuss individual simulation exercise outlines. In a large group exercise, participants will discuss potential barriers to implementation and strategies to overcome these barriers. After a review of successful simulation exercises designed for fourth year medical students, groups review their outline and make an action plan.

WORKSHOP 25: VALUING PERSPECTIVES: PRACTICAL STRATEGIES FOR INCORPORATING AND SUSTAINING HUMANISM IN EDUCATIONAL PROGRAMS

Jennifer Plant, MD, MEd, Lavjay Butani, MD, MACM, University of California Davis, Sacramento, CA, Michael A. Barone, MD, Johns Hopkins University SOM, Baltimore, MD

Rationale: Practicing with humanism has been central to medicine since the time of Hippocrates and has been shown to improve patient outcomes, satisfaction, and adherence to an agreed upon plan of care. Due to many challenges posed by today's health care environment, there is declining empathy among learners and missed opportunities for demonstrating empathy among practitioners. It is more essential than ever to consciously practice with humanism and to role model and teach humanistic values to our learners.

Objectives: 1. Discuss a practical framework for humanism in medicine 2. Analyze strategies to reinforce humanism in the clinical and educational settings 3. Create an action plan to promote humanism in one's environment

Methods and Content: This interactive workshop will cover many aspects of promoting humanism including both strategies embedded in patient care activities and others taught outside of a patient care setting. Participants will first engage in a discussion of humanism in order to 1) define humanism based on their experiences and 2) determine how the complex clinical and learning environment can serve to both detract and foster humanism. The presenters will then discuss and demonstrate strategies they have used to teach humanism even in a busy clinical practice environment (some will be repeated from last year, others will be new). This interactive part of the workshop will have participants working in small groups in role-play activities and to reflect on personal experience, video, fine art and narratives. Lastly, each participant will create an action plan for incorporating one aspect of humanism teaching into his/her practice or educational program with a focus on perceived barriers and plans to overcome these barriers. The materials discussed and presented and the tools provided during this workshop will not only help educators incorporate humanism into their own practice and educational settings but also to 'teach the trainers' (other faculty and learners) on how to practice and promote humanism effectively.

WORKSHOP 26: CHOOSE YOUR OWN ADVENTURE: GIVE YOUR STUDENTS LESS AND THEY WILL DO MORE WITH VIRTUAL PATIENTS

David T. Price, MD, Jordan S. Pung, M4, East Carolina University, Greenville, NC, David L. Eldridge, MD, Brody School of Medicine at East Carolina University, Greenville, NC, Siobhan O'Keefe, MB, BCh, BaO, Edward A. Johnson, MD, East Carolina University, Greenville, NC

Rationale: To be efficient, safe and effective physicians prioritize their actions during each patient encounter. Non-linear virtual patient cases teach this critical-thinking skill. The volume of learning material, time constraints and needs of learners can be bolstered by online content that approximates the intensity of bedside learning through an engaging interface. Clinical Gestalt is an Internet application created to monitor the paths and pace of our medical students while they engage non-linear virtual patients during the inpatient portion of their third-year clerkship. While non-linear cases present a challenge for authors, they provide an opportunity for students to exercise critical-thinking skills and make decisions in a safe environment.

Objectives: -List the benefits of using a virtual patient application such as Clinical Gestalt. -Engage a non-linear case as a student. -Learn how to author a non-linear case in Clinical Gestalt that will allow you to challenge your students critical thinking skills. -Explain how tracking student navigation and pace demonstrate the effectiveness of non-linear cases.

Methods and Content: As a pre-workshop assignment participants will consider a clinical case they encountered and bring their case to the workshop. The session will open the audience to assuming the role of a student and examining a case as an introduction to Clinical Gestalt. After discussion of this application and other case examples, methods of case writing will be introduced. The audience will then write their own case in small groups and share their ideas. We will discuss how data tracking regarding the clinical path and pace of our students can be utilized as an effective teaching tool. Finally we will discuss opportunities to collaborate with non-linear virtual patient cases.

WORKSHOP 27: IT TAKES A VILLAGE: HOW TO SUCCESSFULLY INCORPORATE COMMUNITY PEDIATRICIANS INTO THE PEDIATRIC CLERKSHIP

Wilbur J. Pan, MD, PhD, Pediatrics, Rutgers-Robert Wood Johnson Medical School, New Brunswick, NJ, Nicole Johnson, MD, Pediatrics, University of Calgary, Calgary, Alberta, Chris Peltier, MD, Pediatrics, University of Cincinnati, Cincinnati, OH, Deborah Rana, MD, Pediatrics, UCSD Medical School, La Jolla, CA, Sharon Sholiton, MD, Pediatrics, Rush Medical College of Rush University Medical Center, Chicago, IL

Rationale: Pediatric clerkships generally include clinical experiences in a general pediatrics outpatient setting. Although traditionally this experience can be provided by a general pediatrics division of a medical school, partnerships with community pediatricians have proven enriching to training programs by providing education to medical students out in the community. This workshop will highlight successful strategies that clerkship directors have used in recruiting, training, and retaining community pediatricians, and examine other ways that community pediatricians can participate in a pediatric clerkship.

Objectives: At the completion of this workshop, clerkship directors will: (1) be aware of the demographics, barriers, and challenges relating to community pediatricians involved in undergraduate medical education, (2) have a set of approaches useful for the recruitment of community pediatricians to the undergraduate medical education process, (3) learn strategies for faculty development and training community pediatricians for their roles within a pediatric clerkship, and (4) acquire methods to retain community pediatricians for the clerkship in years to come.

Methods and Content: Facts and figures describing involvement of community pediatricians in undergraduate medical education will be presented. Workshop faculty will briefly describe their roles in working with community pediatricians at their institutions. Strategies for each part of the process will be reviewed: recruitment, training and development, and retention. Participants will participate in breakout groups to practice managing barriers to incorporating community pediatricians in their institutions. Participants will have the opportunity to develop plans of action using case scenarios, and to present their findings to the group. The use of community pediatricians in roles other than precepting medical students in a clinic setting will be explored. The identified needs and strategies derived from the above exercises will be shared with the group as a whole.

Platform Presentations

1. Teaching and Assessing an Element of an Entrustable Professional Activity During the Pediatric Clerkship: Prescription Writing
Mary E. Wroblewski, MD, Pediatrics, The University of Toledo, Toledo, OH, Brian P. Good, MB BCH, Pediatrics, University of Utah, Salt Lake City, UT, Jennifer B. Soep, MD, Pediatrics, University of Colorado, Aurora, CO
2. Lessons from Peer Feedback on the Pediatrics Clerkship
Adam R. Weinstein, MD, Pediatrics, Geisel School of Medicine, Lebanon, NH, Alison V. Holmes, MD, MPH, Pediatrics, Geisel School of Medicine at Dartmouth, Lebanon, NH, Melanie P. Emerson, Health Science, Gettysburg College, Gettysburg, PA, Kirsten K. Loscalzo, Undergraduate, Dartmouth College, Hanover, NH
3. Learning Opportunities for Medical Students in a Juvenile Hall Rotation: A Mixed Methods Study
Clarissa W. Fernandez-Pol, MD, Pediatric Residency, Alyssa Bogetz, MSW, School of Medicine, Arash Anoshiravani, MD, MPH, Adolescent Medicine, Stanford University, Palo Alto, CA, Elizabeth A. Stuart, MD, MEd, General Pediatrics, Stanford University, Atherton, CA
4. Use of Pediatric Illness Scripts as a Point of Care Tool for Clinical Reasoning: A Multi-Center Study
Parul Bhatia, MD, FAAP, Pediatrics, Keck School of Medicine of USC, Los Angeles, CA, Philip Malouf, MD, FAAP, Pediatrics, Touro University, Vallejo, CA, Jonathon Gold, MD, Pediatrics and Human Development, Michigan State University, College of Human Medicine, East Lansing, MI, Miriam Schechter, MD, Pediatrics, Albert Einstein College of Medicine, Bronx, NY, Julie Belkowitz, MD, Pediatrics, University of Miami Miller School of Medicine, Boca Raton, FL, Harris E. Burstin, MD, FAAP, Pediatrics, NYU School of Medicine, NY, NY, Gabriela Dixon, MD, Pediatrics, Children's National Health System, Washington, DC, James Fox, MD, FAAP, Pediatrics, Duke University SOM, Durham, NC, Kyra Len, MD, Pediatrics, University of Hawaii, Honolulu, HI, Erin McMaster, MD, Pediatrics, University of Massachusetts, Worcester, MA, Molly Rideout, MD, FAAP, Pediatrics, University of Vermont Medical Center, Burlington, VT

COMSEP Poster Themes 2016

Clerkship Experiences

1. Does Experiencing Inpatient Pediatrics First During the Pediatric Clerkship Impact Student Performance on the National Board of Medical Examiners Subject Exam? (Pelser)
2. Interprofessional Encounters on the Pediatric Clerkship (McBurney)
3. Third Year Medical Student Electronic Health Record and Computerized Provider Order Entry Use: A Survey of North American Pediatric Clerkship Directors (King)

Clinical Skills Acquisition: Teaching, Feedback, and Evaluation

4. Development and Multicenter Validation of a Written Pediatric History and Physical Exam Evaluation (P-HAPEE) Rubric (King)
5. Improving Clinical Skills through a Peer Facilitated Workshop (Flynn)
6. Guided Feedback Improves Medical Student Documentation (Royer)
7. Effect of a Web-Based Module on the Quality of Pediatric Clinical Documentation among Novice Learners (Liao)
8. Decoding the EMR for Medical Students (Nackers)
9. Feedback Quality of Structured Patient Care Observation Forms in the Third-Year Pediatric Clerkship (Reinhardt)
10. Back to Elementary School: Hands-On Pediatric Physical Exam Skills Session (Weinstein)

Transition into Residency

11. Meeting Milestones: Developing a School Wide Boot Camp (Len)
12. Trying to Predict Success in Residency: Are there Factors that Differentiate Exemplary Pediatric Interns from their Peers? (Held)
13. Are Incoming Pediatric Interns Ready to Provide Informed Consent? (Omoruyi)
14. Does a Pre-Intern Pediatric Boot Camp Increase the Confidence and Future Starting Skills of Medical Students Entering Residency? (Devon)

Innovative Curricula and Teaching Methodologies

15. Pediatric Emergency Decision Support Software to Enhance Student Learning During Medical Simulation: Initial Experience and Future Directions (Giffen)
16. The use of iPad by Medical Students to Educate Patients during the Pediatric Clerkship: A Pilot Study (Van Opstal)
17. If You Play it, they Will Come...And Learn: The Effectiveness of Using Game Show Format in Medical Student Teaching (Lauck)
18. Identifying and Addressing Missed Opportunities for Teaching the Pediatric Physical Exam: Is there a Role for Video Podcasts? (Kendall)
19. Student Perceptions of High Value Care Cases (Martinez)
20. Integrating Breastfeeding into Medical Education: A Longitudinal Approach (Price)
21. A Card is Worth a Thousand Questions: Leveraging the Power of Key Features and Semantic Qualifiers in Writing Clinical Questions (Bannister)
22. Creating and Implementing a Clinical Reasoning Workshop for the Third-Year Pediatric Clerkship (Selvaraj)
23. A Flipped Classroom and Case-Based Approach to Prepare Medical Students for Vaccine-Related Conversations with Parents (Lehman)
24. Using Reflection to Teach 3rd Year Medical Students to Distinguish Healing from Curing in Pediatric Chronic Care (Grant-Guimaraes)
25. An Interprofessional Education Program Featuring Simulated Patient Encounters for Medical, Nursing, and Pharmacy Students (Meier)

Student Knowledge and Perspectives

26. Tolerance for Ambiguity and Pediatrics Selection and Performance (Flygt)
27. Student Reflections on Vaccine Hesitancy: Being Persistent without being Pushy (Botash)
28. Medical Student Knowledge and Attitudes about Vaccines and Vaccine Preventable Diseases (Coleman)
29. Do Learners like Social Media? Investigating the use of Facebook Groups as a Supplement to a Pediatric Clerkship (Hernandez)

Faculty Interests

30. What Motivates the Community Preceptor? A Qualitative Analysis of Community-Based Pediatric Preceptors (Beck)
31. Community-Based Preceptors' Experiences Teaching Medical Students (Nichols)
32. Using Faculty Pairs to Practice Coaching Residents on Challenging Communication Skills: A Novel Objective Structured Clinical Exercise (OSCE) Format for Faculty Development (Osman)

The COMSEP Grant Program

The COMSEP Grant Program provides a unique opportunity for COMSEP members to plan and conduct educational scholarship with both funding and mentorship support. Our Grant Program promotes and supports innovative educational research focused on undergraduate pediatric education.

Please feel free to discuss project ideas with any member of the COMSEP Grant Committee during our annual COMSEP meeting in St. Louis: Janet Fischel (Chair), Lavjay Butani (Chair Elect), Susan Bannister, Michael Barone, Gary Beck, Sarah Gander, Michael Potts, Bill Raszka, Michael Ryan, Sherilyn Smith.

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Recent COMSEP Grants have studied such diverse topics as sign-out handoff communication, interprofessional education, validation of faculty evaluations of the written pediatric history and physical examination, selection of careers in Pediatrics by medical students of underrepresented minority status, skills preparation for pediatric internship, and professional identity development through participation at a medical specialty camp. The investigators, their mentors and institutional affiliations are listed below. Platform presentations, posters and publications from these studies provide us with insights and strategies to enhance pediatric medical education and faculty development as well as personal and professional satisfaction for those engaged in the research.

What Influences Underrepresented Minorities Regarding Choosing Academic Pediatrics

Gabrina Dixon, Principal Investigator & Richard T. Sarkin Foundation for Medical Education Awardee, 2015-2017

Project Mentor: Aisha Davis, Children's National Medical Center, Project Team Members: Terry Kind, Children's National Medical Center, Nikki Stewart, Howard University College of Medicine, Joseph Wright, Howard University College of Medicine

Development and Multicenter Validation of a Written Pediatric History and Physical Exam Evaluation (P-HAPEE)

Marta King, Principal Investigator & Richard T. Sarkin Foundation for Medical Education, Awardee, 2014-2016

Project Mentor: Stuart Slavin, St. Louis University School of Medicine, and co-investigators, Linda Orkin Lewin, U Maryland School of Medicine, and Carrie Phillipi, Oregon Health & Science University

Closing the Gap in Handoff Communication: Evaluating the Effects of an I-PASS Medical Student Handoff Bundle

Amy Guiot, Principal Investigator, 2013-2015

Project Mentor: Jennifer O'Toole, U Cincinnati Coll of Medicine/Cincinnati Children's Hospital Medical Center. This project includes six collaborating institutions: U Cincinnati Coll of Medicine/Cincinnati Children's Hospital Medical Center, UCSF School of Medicine/Benioff Children's Hospital, U Utah School of Medicine/Primary Children's Medical Center, Drexel U Coll of Medicine/St. Christopher's Hospital for Children, U Toronto Faculty of Medicine/Hospital for Sick Children, and Stanford U School of Medicine/Lucile Packard Hospital

Medical, Nursing and Physician Assistant Student Perspectives about Interprofessional Education (IPE)

Eve Colson Principal Investigator & Richard T. Sarkin Foundation for Medical Education Awardee, 2013-2015

Project Mentor: Janet Hafler, Yale School of Medicine

A Pediatric Specific Skills Boot Camp for 4th Year Medical Students

Jennifer L. Trainor, Principal Investigator & Richard T. Sarkin Foundation for Medical Education Awardee, 2012-2014

Project Mentors: William McGaghie/Mark Adler, Feinberg School of Medicine, Northwestern University

Professional Identity Formation Among Medical Students Who Volunteer at a Medical Specialty Camp

Jimmy Beck, Principal Investigator 2012-2014

Project Mentor: Terry Kind, Children's National Medical Center/George Washington University

Ideas

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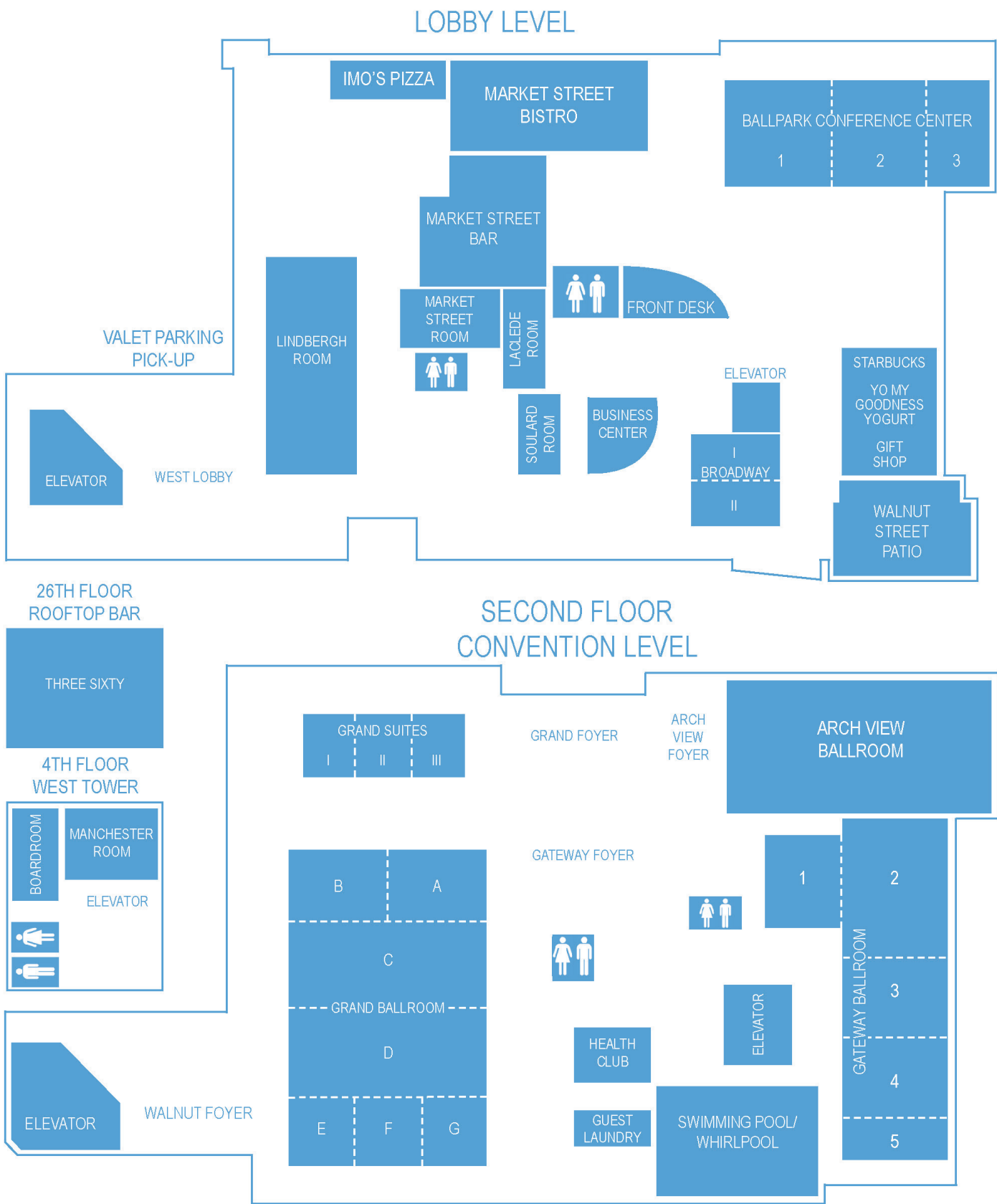
Contacts

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Wellness Strategies

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Hotel Floor Plan





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Better Health for All Patients
Through Pediatric Education

2017

Annual Meeting

March 29 - April 1
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