

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies



April 3-5, 2008
Nashville, Tennessee



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★ Turn in completed form at the conclusion of the conference to receive AMA PRA Category 1 credit

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

On behalf of everyone involved in this conference, welcome to Nashville! Historically referred to as the “Athens of the South” because of both the Parthenon and its reputation as a center of culture and education, Nashville is home to sixteen colleges and universities, including medical schools at Vanderbilt and Meharry Medical College. Along with the University of Tennessee Health Science Center, Vanderbilt University School of Medicine and Meharry Medical College are pleased to host the conference this year.

Our agenda is packed full of learning opportunities including 17 oral presentations, 11 small group discussions, 21 workshops, 20 Techville demonstrations and more than 50 poster presentations. We have two great plenary sessions lined up to provide the latest information about technology in health care including Dr. Daniel R. Masys’ opening plenary session titled, ‘Drinking from a Firehose: Educational Strategies and Technologies in an Era Where There is Too Much to Learn’ and a panel of expert speakers representing various ways technology is advancing medical education. Key speakers for the luncheon include Joshua Denny, Seth Maxwell, Jim Powlus and Cynthia Russell. The outstanding program is due to the efforts of our submitters, reviewers, committee members, and presenters! We send a special thank you to each of you.

Not to be missed are the Welcome Reception at the Country Music Hall of Fame® and Museum, the tour of Vanderbilt’s Center for Experiential Learning and Assessment, and the tour of the Meharry Medical College and Fisk University campuses that also includes a walking tour of Meharry’s Clay Simpson Skills Assessment Center.

Welcome and enjoy your visit to Nashville!



Charlene M. Dewey, MD, MEd, FACP
Vanderbilt University School of Medicine
2008 Program Chair

Welcome to Music City!

Nashville is a vibrant, engaging city known proudly as "Music City, U.S.A." From serving as home to the nation's largest Kurdish population to being named America's friendliest city for three years in a row, Nashville is a metropolitan place that proudly exudes all of the charm and hospitality one expects from a Southern capital.

The city was settled in 1779 and permanently became the state capital in 1843. The city proper is 533 square miles with a population of nearly 570,000. The Metropolitan Statistical Area encompasses eight counties — Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson and Wilson — and has a population of 1.23 million.

Nashville typically enjoys a mild and pleasant climate with only a few days of the year having either very hot or very cold conditions. Most of the city's rain is confined to the spring months, but a shower throughout the year is not unusual. Fall is a celebrated time throughout Tennessee. Visitors come from all over to see the annual changing of the leaves in mid-October. Nashville really shines throughout the winter. Although the climate is mild, winter temperatures do range from cool to cold. If a snowfall occurs, it is usually in January or February, and is seldom heavy.

Major industries include tourism, printing and publishing, technology manufacturing, music production, higher education, finance, insurance, automobile production and health care management. Nashville has been named one of the 15 best U.S. cities for work and family by *Fortune* magazine, was ranked as the number one most popular U.S. city for corporate relocations by *Expansion Management* magazine, and was named by *Forbes* magazine as one of the 25 cities most likely to have the country's highest job growth over the coming five years.





Meharry Medical College is the nation's largest private, independent historically black academic health center dedicated solely to educating minority and other health professionals. The College is particularly well known for its uniquely nurturing, highly effective educational programs; emerging preeminence in health disparities research; culturally sensitive, evidence-based health services; and significant contribution to the diversity of the nation's health professions workforce. *Diverse Issues in Higher Education's* ranking of institutions annually lists Meharry as a leading national educator of African Americans with M.D., D.D.S. degrees, and Ph.D. degrees in the biomedical sciences. To learn more about Meharry Medical College, visit www.mmc.edu.



The University of Tennessee traces its origin to the founding of Blount College in Knoxville in 1794. This small private college became a public institution in 1806 and was renamed East Tennessee University. In 1879, the legislature recognized the college as the official land grant state university, now called the University of Tennessee. In addition to the home campus at Knoxville, locations of University of Tennessee degree-granting branches include the University of Tennessee at Martin, the University of Tennessee at Chattanooga, and the University of Tennessee Health Science Center (UTHSC) at Memphis

In 1909, the Medical Departments of the University of Tennessee and the University of Nashville were consolidated to form the University of Tennessee Department of Medicine. Two years later, the UT Department of Medicine moved to Memphis and merged with the College of Physicians and Surgeons and the Memphis Hospital Medical College to become the University of Tennessee College of Medicine. Later that year, together with the Colleges of Dentistry and Pharmacy the College of Medicine formed the University of Tennessee Medical Units campus at Memphis. In the early 1970s, the College moved toward a statewide system of medical education with the establishment of clinical education centers in Knoxville, Chattanooga, Jackson, and Nashville. In 1999, the UT Medical Units campus was renamed the University of Tennessee Health Science Center. Currently the UTHSC is comprised of colleges of medicine, dentistry, pharmacy, nursing, allied health, and the graduate school of biomedical sciences.



Vanderbilt University Medical Center (VUMC) has a three-fold mission – the education of health professionals, research in medical sciences, and patient care. This mission is carried out in five primary operating units – the School of Medicine, the School of Nursing, The Vanderbilt Clinic, Vanderbilt University Hospital, and Vanderbilt Children’s Hospital, where patients receive exemplary care from physicians and nurses who are creative teachers and scholars.

The Vanderbilt University School of Medicine seeks to administer a four-year educational program toward the M.D. degree that provides students with the knowledge, skills, attitudes, and habits they will need to practice safe, effective, ethical, evidence-based, and patient-centered medicine in the 21st century. It is grounded in the principle that the health of populations can and should be related to the education of health professionals and is aligned with Vanderbilt’s overarching mission to produce leaders and scholars in medicine.

| SGEA Steering Committee | |
|--------------------------------|---|
| Past Chair | Amy Blue |
| Chair | Karen Szauter |
| Chair Elect | Carol Elam |
| UGME | Julie Walsh |
| GME | Jack Scott |
| CME | Ricky Bass |
| RIME | Kathy Kreutzer |
| Members at Large | Andria Thomas Linda Deloney (Web Liaison) Stephanie Wragg (Program Chair) |
| 2008 Course Director | Charlene Dewey |
| 2009 Course Director | Kevin Krane |
| 2010 Course Director | Sheila Crow |

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Medical Education: Balancing Learning Strategies and Technologies

Thursday, April 3rd

8:30 a.m. – 2:30 p.m. **Parthenon A**
Southern Medical Association Conference on Graduate Medical Education

9:00 a.m. – 12:00 p.m. **Acorn B**
Merc Session 1: Measuring Outcomes with Reliability and Validity

10:00 a.m. – 12:00 p.m. **Vanderbilt Campus**
CELA Tours
Shuttle departs approximately every 10 minutes. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

11:45 a.m. – 1:00 p.m. **Parthenon C/D/E**
SGEA/SMA Joint Opening Plenary Session (Lunch Provided)

1:00 p.m. – 1:15 p.m.
Break/Exhibits

1:00 p.m. – 4:00 p.m. **Acorn B**
Merc Session 2: Data Management and Preparing for the Statistical Consultation

1:00 p.m. – 4:00 p.m. **Acorn C**
AAMC CurrMIT Session

Concurrent Session 1

1:15 p.m. – 2:45 p.m. **Parthenon C**
(126) Small Group Discussion
Leading from the Middle: Skills for Academic Middle Management

1:15 p.m. – 2:45 p.m. **Parthenon D**
(174) Workshop
Peer Review of Teaching Study: Designing, Implementing, and Evaluating a National Faculty Development Program to Peer Review Teaching Based on an Observation and Feedback Process

1:15 p.m. – 2:45 p.m. **Parthenon E**
(21) Workshop
The Basics of Research in Medical Education: A Plan to Jump Start your Educational Research

2:30 p.m. – 3:00 p.m. **Vanderbilt Campus**
Set-up Time: Techville Demonstrations
Shuttle departs approximately every 10 minutes beginning at 2:30 p.m. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

3:00 p.m. – 5:00 p.m. **Vanderbilt Campus**
Techville Demonstrations
Shuttle departs approximately every 10 minutes. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

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Medical Education: Balancing Learning Strategies and Technologies

Thursday, April 3rd

3:30 p.m. – 4:00 p.m.

Set-up Time: Posters

Parthenon A/B

4:00 p.m. – 6:00 p.m.

Poster Session 1 (*Presenters will be available*)

Parthenon A/B

6:15 p.m. - 6:45 p.m.

Shuttles depart for Country Music Hall of Fame® and Museum

The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

7:00 p.m. – 8:00 p.m.

Steven Gabbe, MD, Dean of the Vanderbilt University School of Medicine presents

“The Women of Our Country”

Country Music Hall of Fame

8:00 p.m. – 9:00 p.m.

Welcome Reception. Tours Included.

Country Music Hall of Fame

9:30 p.m.

Shuttles depart for the Marriott at Vanderbilt Hotel. Catch the shuttle or visit Nashville's downtown honkytonks on your own.

Country Music Hall of Fame

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Friday, April 4th

7:00 a.m. – 6:30 p.m. **Parthenon A/B**
Posters Open

7:00 a.m. – 7:50 a.m. **Acorn A**
UME Section Meeting

7:00 a.m. – 7:50 a.m. **Acorn B**
GME Section Meeting

7:00 a.m. – 7:50 a.m. **Parthenon D**
CME Section Meeting

7:00 a.m. – 7:50 a.m. **Parthenon E**
RIME Section Meeting

7:30 a.m. – 8:00 a.m. **Parthenon C**
Breakfast with Wayne Riley, MD, President & CEO of Meharry Medical College and Robert Shreve, EdD, Associate Dean for Medical Education, University of Tennessee College of Medicine

Concurrent Session 2

8:00 a.m. – 9:30 a.m. **Acorn A**
(22) Workshop
Teaching Cultural Sensitivity

8:00 a.m. – 9:30 a.m. **Acorn B**
(26) Workshop
Leadership is Everyone's Business

8:00 a.m. – 9:30 a.m. **Acorn C**
(30) Workshop
Exploring Transformational Leadership Development for Medical Students

8:00 a.m. – 9:30 a.m. **Parthenon C**
(162) Oral Presentation
Improved Performance on the In-Training Examination and Culture Change Using a Comprehensive and Intrusive Advising Approach

(170) Oral Presentation
Assessment of Clinical Decision Making Skills using a Novel Computer-simulated Standardized Patient Case Management System

(32) Oral Presentation
Do Audiovisual Clips Enhance Retention of Lecture Material and Improve Attitudes about Learning?

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Friday, April 4th

8:00 a.m. – 9:30 a.m.

Parthenon D

(96) Oral Presentation

The Use of NBME Basic Science Self-Assessment Exams in Preparation for USMLE Step 1

(37) Oral Presentation

What is the Difference in First Year Medical Students' Exam Performance in Biochemistry Under a Traditional vs. Pass/Fail Grading System?

(43) Oral Presentation

The Prevalence and Focus of Medical Education Fellowship Programs across North America

8:00 a.m. – 9:30 a.m.

Parthenon E

(107) Oral Presentation

A Qualitative Study of Educational Portfolios on a Medicine Clerkship

(123) Oral Presentation

Assessing Professionalism in Medical School Applicants

(47) Oral Presentation

Teaching Residents and Faculty to Teach: Design, Implementation, and Ongoing Evaluation

9:30 a.m. – 9:40 a.m.

Break/Exhibits/Posters

Concurrent Session 3

9:40 a.m. – 11:10 a.m.

Acorn A

(20) Workshop

Teaching the Competencies while Rounding: Using a Case-Based Approach

9:40 a.m. – 11:10 a.m.

Acorn B

(58) Workshop

No! Not Another Boring Lecture: Using Educational Theory as Basis for Different Alternative Methods of Teaching

9:40 a.m. – 11:10 a.m.

Acorn C

(173) Small Group Discussion

Teaching Awards at Medical Schools: A Conversation about Intended and Unintended Consequences

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Medical Education: Balancing Learning Strategies and Technologies

Friday, April 4th

9:40 a.m. – 11:10 a.m.

Parthenon C

(24) Oral Presentation
Measuring the Medical Knowledge Competency

(10) Oral Presentation
Assessment of Podcasting as a Delivery Mode for Teaching Note-Taking to First Year Medical Students

(166) Oral Presentation
Does the Sex of the Patient Influence Student Approach to the Heart Examination?

9:40 a.m. – 11:10 a.m.

Parthenon D

(144) Oral Presentation
Student Perceptions of Residents, Attendings, and their Own Cultural Competency: How Do They Compare?

(155) Oral Presentation
A Simulation-Based Training Program Using Landmark Identification and Ultrasound Guidance to Improve the Safety of Subclavian Central Venous Catheter Insertion in Critically Ill Patients

(161) Oral Presentation
Are Student Ratings of Faculty Instruction Sufficient? A Comparison of Trained Observer and Students Ratings in a Second-Year Basic Science Course

9:40 a.m. – 11:10 a.m.

Parthenon E

(77) Oral Presentation
The Use of Real-Time Mannequin-Based Simulation for Training Medical Students in the Delivery of Care to the Unstable Patient

(83) Oral Presentation
Assessing Competency in the Third Year Clerkship: Are We Competent?

(84) Oral Presentation
A Randomized Study of Feedback on Student Write-ups Using an Electronic Portfolio

11:10 a.m. – 11:30 a.m.

Break/Exhibits/Posters

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Friday, April 4th

11:30 a.m. – 1:00 p.m.

Luncheon & Panel Discussion
Technology in Health Care – Across the Continuum

Parthenon C/D/E

1:00 p.m. – 1:30 p.m.

Break/Exhibits/Posters

Concurrent Session 4

1:30 p.m. – 3:00 p.m.

(121) Small Group Discussion
Pursuing Professionalism: Developing, Implementing and Maintaining Professionalism Programs at Four Texas Medical Schools

Acorn A

1:30 p.m. – 3:00 p.m.

(135) Workshop
Look, Listen, and Teach: Accelerating the Acquisition of Basic Cardiac Auscultation Skills Using Multiple Learning Modalities and Deliberate Practice

Acorn B

1:30 p.m. – 3:00 p.m.

(97) Small Group Discussion
Interprofessional Education: What Is It and How Can We Get It Started?

Acorn C

1:30 p.m. – 3:00 p.m.

(46) Workshop
Navigating the Institutional Review Board (IRB) Process with Medical Education Research

Parthenon C

1:30 p.m. – 3:00 p.m.

(41) Workshop
Setting A Personal Career Direction

Parthenon D

1:30 p.m. – 3:00 p.m.

(142) Small Group Discussion
Identification, Prevention, Intervention: Strategies to Serve

Parthenon E

1:30 p.m. – 4:30 p.m.

CELA Tours
Shuttle departs approximately every 10 minutes. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

Vanderbilt Campus

3:00 p.m. – 3:15 p.m.

Break/Exhibits/Posters

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Friday, April 4th

Concurrent Session 5

3:15 p.m. – 4:45 p.m.

Acorn A

(105) Small Group Discussion

Developing Learner Competence in Complementary and Alternative Medicine/Integrative Medicine: An Overview of Innovative Curricula and Resources

3:15 p.m. – 4:45 p.m.

Acorn B

(106) Workshop

Computer-assisted Instruction Tools that Impact Medical Education: Experience with Designing, Developing, Implementing, Funding, and Marketing these Pedagogical Tools

3:15 p.m. – 4:45 p.m.

Acorn C

(125) Small Group Discussion

Developing Professionalism in Medical Education: Constructs, Strategies and Assessments

3:15 p.m. – 4:45 p.m.

Parthenon C

(92) Small Group Discussion

Complex Uses for SPs: Can Standardized Patients Be Trained to Portray Physicians-in-Training, Patients from Diverse Backgrounds, and Patients with Mental Illness?

3:15 p.m. – 4:45 p.m.

Parthenon D

(44) Workshop

Can a Medical Educator Really Be A Playwright? Using Research-based Theatrical Techniques in Medical Education

3:15 p.m. – 4:45 p.m.

Parthenon E

(65) Workshop

Moving from Pedagogy to Andragogy: Improving Teaching and Learning for Adults

3:15 p.m. – 4:45 p.m.

Vanderbilt Campus (407 Light Hall)

(151) Workshop

Evidence-Based Drug Information

Shuttle service available. Ride the CELA Tour/Techville shuttle which departs approximately every 10 minutes. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

4:00 p.m. – 6:00 p.m.

Vanderbilt Campus

Techville Demonstrations

Shuttle departs approximately every 10 minutes. The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

5:00 p.m. – 6:00 p.m.

Parthenon A/B

Poster Session 2 (*Presenters will be available*)

6:00 p.m.

Meharry Campus

Shuttle departs for Meharry Medical College tour and wine & cheese reception

The shuttle stop is located in the back of the hotel near the Acorn Ballroom.

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Saturday, April 5th

7:00 a.m. – 8:00 a.m.

Breakfast Round Table Discussions & SIG Meetings

7:00 a.m. – 12:30 p.m.

Posters Open

Parthenon A/B

8:00 a.m. – 9:00 a.m.

SGEA Business Meeting

Parthenon C

9:00 a.m. – 11:00 a.m.

SGEA Collaborative Research Planning Group: Launching the SGEA IPE Initiative - open to all!

Please join us to hear about incentives and opportunities for collaborative research, including an opportunity to learn about and discuss our new regional project.

Parthenon E

9:00 a.m. – 9:10 a.m.

Break/Exhibits/Posters

Concurrent Session 6

9:10 a.m. – 10:40 a.m.

(119) Small Group Discussion

Assessing the Moral Judgment of Medical Students at the Start of a Four Year Professionalism Curriculum

Acorn A

9:10 a.m. – 10:40 a.m.

UME Focus Meeting

Acorn B

9:10 a.m. – 10:40 a.m.

(31) Workshop

Setting a Case Pass Mark for Performance-based Assessment

Acorn C

9:10 a.m. – 10:40 a.m.

(67) Workshop

Educational Scholarship: Maximizing Your Opportunities and Engagement

Parthenon C

9:10 a.m. – 10:40 a.m.

(175) Workshop

Cultural Competencies

Parthenon D

10:40 a.m. – 11:00 a.m.

Break/Exhibits/Posters

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Saturday, April 5th

Concurrent Session 7

11:00 a.m. – 12:30 p.m.

Acorn A

(112) Small Group Discussion

Gen-Xers, Cuspars and Millennials in the Health Professions: Resident Perspectives on the Generational Differences in Instruction and its Implications for Academic Medicine

11:00 a.m. – 12:30 p.m.

Acorn B

(78) Workshop

I Know You Can't Read This, But: Mastering the Master Slide and Other Principles of PowerPoint Presentations and Public Speaking

11:00 a.m. – 12:30 p.m.

Acorn C

(3) Small Group Discussion

Association of American Medical Colleges Data Resources: CurrMIT and the Graduation Questionnaire

11:00 a.m. – 12:30 p.m.

Parthenon C

(69) Workshop

Education Scholarship: Publishing the Products of Scholarly Work in Teaching and Education

11:00 a.m. – 12:30 p.m.

Parthenon D

(168) Workshop

Integrating Web 2.0 Technologies in Curriculum

11:00 a.m. – 12:30 p.m.

Parthenon E

(61) Workshop

Anatomy: A Traditionally Taught Course Enhanced Nontraditionally: Learning Strategies and Technologies for Active Learning

12:00 p.m. - 12:30 p.m.

Parthenon A/B

Take down posters

12:30 p.m.

Conference Ajourns

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Welcome Reception

No visit to Music City USA would be complete without a stop at the Country Music Hall of Fame® and Museum. Join us on Thursday evening.

6:15 p.m. – 6:45 p.m.

Shuttles depart from the SGEA Shuttle Stop. Exit the building using the glass doors located near the Acorn Ballroom.

7:00 p.m.

Steven Gabbe, MD, Dean of Vanderbilt University School of Medicine will present “The Women of Our Country” followed by a reception. Tours of the Country Music Hall of Fame® and Museum will be available during this time. Tours are self-guided and interactive.

9:30 p.m.

Shuttles will return to the Marriott Hotel at Vanderbilt. Catch the shuttle or visit Nashville’s honkytonks on your own.

CELA

Visit Vanderbilt University School of Medicine’s **Center for Experiential Learning and Assessment** (CELA). Medical Research Building IV, 3rd & 4th Floors

CELA was created to provide an educationally rich environment for training healthcare professionals to practice safe, effective and compassion clinical care. CELA is dedicated to the use of simulations to fulfill its mission. It is informed by the best practices of teaching and clinical practice and grounded in theory-based research.

Self-Guided Walking Tours Available

Thursday (10:00 a.m. – 12:00 p.m.) & Friday (1:30 p.m. – 4:30 p.m.)

Shuttle Service Available

Techville

Welcome to Techville!! Here technology reigns. Located on the Vanderbilt School of Medicine campus in Medical Research Building IV, just outside of CELA and the newly created Office for Teaching and Learning in Medicine, Techville has 20 different demonstrations of various educational materials and technologies that enhance learning and teaching in medical education.

Techville Open

Thursday (3:00 p.m. – 5:00 p.m.) & Friday (4:00 p.m. – 6:00 p.m.)

Shuttle Service Available

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Meharry Medical College

Take a driving tour of Meharry Medical College and Fisk University campuses. Enjoy a wine and cheese reception and walking tour of Meharry's Clay Simpson Skills Assessment Center.

The shuttle departs at 6:00 p.m. on Friday from the SGEA Shuttle Stop. Exit the building using the glass doors located near the Acorn Ballroom.

If you would like to go on the tour and did not pre-register, please visit the conference registration desk.

SGEA Shuttle Stop

The shuttle stop is located behind the hotel. Exit the building using the glass doors located near the Acorn Ballroom. All shuttles will depart and return from this location.

Save the Date

Mark your calendar for the 2009 SGEA Conference to be held April 2-4, 2009 in New Orleans, Louisiana.

Visit www.cme.tulane.edu or call 504.998.5466 for more information.

Plenary Sessions

Thursday, April 3rd (11:45 a.m. – 1:00 p.m.)

Parthenon C/D/E

Lunch provided

Publishing Opportunities with *Southern Medical Journal*

Paula Oliver Pell, MD, FACS, President, Southern Medical Association

Drinking from a Firehose: Educational Strategies and Technologies in an Era Where There is Too Much to Learn

Daniel R. Masys, MD
Professor and Chair of Biomedical Informatics
Vanderbilt University School of Medicine



Friday, April 4th (11:30 a.m. – 1:00 p.m.)

Parthenon C/D/E

Lunch provided

Highlights from Vanderbilt University Medical School

Bonnie Miller, MD, Associate Dean for Undergraduate Medical Education

Technology in Health Care – Across the Continuum

Joshua Denny, MD

Assistant Professor of Biomedical Informatics
Vanderbilt University School of Medicine

Seth W. Maxwell

Senior Staff Specialist Analyst/Programmer
Wake Forest University School of Medicine

Jim Powlus

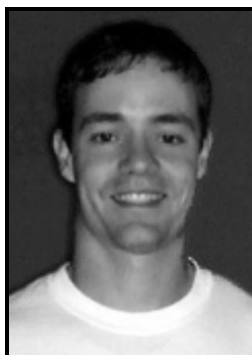
Vice President of Information Technology
Meharry Medical College

Cynthia K. Russell, PhD, RN

Professor
University of Tennessee Health Science Center



Denny



Maxwell



Powlus



Russell

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Thank You

We wish to thank the following companies for their support of this educational activity:

- **B-line Medical**
- **EMS**
- **Limbs and Things**
- **Pfizer**
- **Southern Medical Association**
- **Vanderbilt University School of Medicine
Office of the Dean**

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Exhibitors

AAMC CurrMIT

The AAMC Curriculum Management and Information Tool (CurrMIT) is a password-protected, online database that offers a full array of support services designed to help medical schools manage and report on their curriculum. CurrMIT is designed for use by associate deans for medical education, curriculum managers, faculty and medical education researchers.

For more information, visit www.aamc.org/meded/curric, email helpcurrmit@aamc.org or call 202.828.0982.

AAMC GQ

The Medical School Graduation Questionnaire (GQ) is administered annually for fourth-year medical students, ensuring their input into important medical education issues both at their institutions and nationally. Since its inception, the results of the GQ have assisted the association and medical schools in setting priorities and program and policy development.

For more information, visit www.aamc.org/data/gq, email gg@aamc.org or call 202.828.0960.



B-LINE MEDICAL

B-Line Medical's SimBridge™ and SimCapture™ solutions have been selected by dozens of top medical education institutions as the most advanced, comprehensive and easiest to use solution for managing simulation and Clinical Skills training centers. Through its sophisticated web-based architecture, SimBridge™ and SimCapture™ address the complex set of challenges presented by small and large simulation facilities: automated testing, assessment and video capture, simulator data integration, debriefing, and portfolio assembly.

From the affordable and portable SimCapture™ to the powerful and highly automated SimBridge™, B-Line Medical solutions maximize resources, allowing faculty and staff to focus on student and curriculum development. For more information, visit www.blinemedical.com.



Two key points we are hearing repeatedly from customers is the value of being able to integrate teaching objectives with cutting-edge software and hardware in a seamless workflow. Such technology not only helps in graduating better skilled healthcare professionals but also allows institutions to manage time and resources more efficiently.

Education Management Solutions (EMS) has been the leader in clinical skills training and evaluation systems since 1998. Our suite of products demonstrates leadership in providing cutting-edge audio-video systems and performance evaluation software for clinical skills and medical simulation center training environments. Easily track, train, evaluate, record, bookmark, remediate, debrief, quantify, score, report, set-up scenario sessions, schedule, and control lab inventory. Increase testing accuracy while saving time and resources with EMS solutions. What's more, our secure, easy-to-use, web-based applications can be adapted to your specific needs.

EMS provides a *total integrated solution* for a wired-room set-up or a mobile system for use in a class room, hallway, or in a hospital ward.

For more information, stop by our booth, call toll-free 877-EMS-5050, or visit www.EMS-works.com.



Limbs & Things works hard to be your sole source for medical training models and medical simulators, providing medical education task training models for critical care, diagnostic skills, venipuncture, surgical simulation, Ob/Gyn, suturing, minor surgery, soft tissue injection, vascular surgery and many other medical simulation subjects.

Our models have been specifically designed for 'hands-on' structured and staged clinical, surgical and medical skills training. They offer variations in anatomy, and provide for increasing levels of technical and procedural difficulty, meeting the needs of educators and trainees.

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Medical Education Scholarship Awards (MESA)

The SGEA Medical Education Scholarship Award (MESA) professional development program was established in 2003 to promote and recognize achievements in educational scholarship demonstrated by active members of the SGEA from SGEA member schools.

The goal of the MESA is to encourage, recognize, and reward promising teaching scholars, achievements in educational scholarship, and distinguished careers in medical education scholarship within the active membership of the SGEA.

This year, to increase recognition of quality scholarly work, SGEA has added awards for Outstanding Poster for a Trainee, and Outstanding Poster for a Professional Medical Educator. Awards for nominated presentations at this conference will be announced at the SGEA Business Meeting at the fall AAMC Conference in San Antonio, Texas.

Thank you to all MESA participants and reviewers!

2007 Presentation Award Recipients (from the 2007 SGEA conference)

Promising Medical Educator Scholarship Award

Pradip Patel, MD, University of Louisville School of Medicine

"PDA Use in Medical Education: A Pilot Study of Medical Student, Resident, and Patient Perceptions"

Co-authors: Ruth Greenberg, PhD; Karen Miller, PhD; Mary Carter, MD, PhD & Craig Ziegler, MS

Outstanding Presentation Award

Co-Authors Heather Harrell, MD, and James Lynch, MD, University of Florida School of Medicine; Melissa Fischer and Erip Alper, University of Massachusetts Medical School; Adam Cifu, MD, and Krista Johnson, MD, University of Chicago Pritzker School of Medicine

"Incorporating Reflection into Medical Education: Strategies, Pitfalls and Future Directions"

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

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The executive steering committee would like to recognize the time and talent of the program committee members listed above. This course would not have come together without the help of these committed individuals. Thank you!!

2008 SGEA Annual Conference

Medical Education: Balancing Learning Strategies and Technologies

Objectives

After participating in this CME activity, participants should be able to:

- describe and discuss recent advances in teaching, assessing, and learning in the continuum of medical education
- identify and discuss recently identified opportunities for improvement in teaching and assessing in the continuum of medical education
- examine and revise as appropriate approaches to teaching and assessment in the continuum of medical education
- discuss anticipated learning outcomes when revised teaching and assessment approaches are used in the continuum of medical education

Target Audience

This program is designed for faculty, residents, and students of medical schools, teaching hospitals, and academic and professional societies located primarily in the southeastern United States.

Accreditation Statement

Vanderbilt University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Vanderbilt University School of Medicine designates this educational activity for a maximum of 22 *AMA PRA Category 1 credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To request credit for this activity, please complete the Documentation of Attendance form located on the back page of this book.

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It is the policy of Vanderbilt University School of Medicine not to discriminate against any person on the basis of disabilities. If you feel you need services or auxiliary aids mentioned in the ADA in order to fully participate in this continuing education activity, please visit the conference registration desk.

Disclosure

It is the policy of Vanderbilt University School of Medicine that participants in CME activities be made aware of any affiliation or financial interest that may affect the speaker's presentation(s). Each speaker has completed and signed a conflict of interest statement. The faculty members' relationships will be disclosed to the audience.

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Accepted Abstracts

Oral Presentations

(10) Assessment of Podcasting as a Delivery Mode for Teaching Note-Taking to First-Year Medical Students

Betsy Jones, EdD - Texas Tech University Health Sciences Center School of Medicine

An expanding body of medical knowledge requires that medical education take advantage of non-traditional training modalities, such as podcasts. Investigators at Texas Tech University Health Sciences Center School of Medicine developed a podcast curriculum to teach note-writing to first-year students, and assessed it through two phases. Results suggest that students enjoyed the podcasts and appreciated having access to them, and that listening to podcasts generally improved students' ability to write a complete patient note during a graded OSCE activity.

(24) Measuring the Medical Knowledge Competency

Ralitsa Akins, MD, PhD; Kristinmae Claros, BA; & Gilbert Handal, MD
Texas Tech University Health Sciences Center School of Medicine

We hypothesized that medical knowledge has two components: "bedside" component and "book" component, where the "bedside" knowledge is related to interpersonal communication skills and does not predict performance on standardized tests. Statistical analyses were performed using 806 evaluations of 31 residents. Results suggested that residents' knowledge is interrelated with other competencies, and faculty evaluations of "bedside" knowledge are strongly related to residents' communication skills. Differentiating between "book" and "bedside" knowledge enables programs to enhance the quality of resident assessment.

(32) Do Audiovisual Clips Enhance Retention of Lecture Material and Improve Attitudes about Learning?

Robert Averbuch, MD – University of Florida College of Medicine

A number of illustrative audiovisual clips were added to lectures in the first year Human Behavior course at the University of Florida College of Medicine. To examine the effects on long-term retention, students were retested on the material during their third-year psychiatry clerkship. Preliminary results demonstrate a statistically significant difference in performance on the video versus non-video related items. Students also completed a post-course questionnaire in which attitudes about the learning value of video were overwhelmingly positive.

(37) What is the Difference in First Year Medical Students' Exam Performance in Biochemistry Under a Traditional vs. Pass/Fail Grading System?

Joy Lesnick, PhD; Sally Santen, MD; & Neil Osheroff, PhD
Vanderbilt University School of Medicine

There was concern that replacement of a traditional grading system with a pass/fail system would alter students' performance on examinations. This study addresses the question of whether exam scores fell after the pass/fail system was instituted. Controlling for year and exams, students in the traditional grading system scored 4.0 percentage points higher on the Final Exam as compared to pass/fail students ($p < 0.5$). There is evidence that final exam scores dropped since instituting the pass/fail system.

Oral Presentations

(43) The Prevalence and Focus of Medical Education Fellowship Programs across North America

Nancy Searle, PhD - Baylor College of Medicine
Britta Thompson, PhD, MS - Baylor College of Medicine
Larry Gruppen, PhD – University of Michigan Medical School
Charles J. Hatem, MD – Harvard Medical School

Medical institutions have established medical education fellowships to equip faculty to meet the challenge of constant educational change and to empower faculty to assume programmatic leadership roles in medical education. A national survey of medical schools in North America (n=146) was conducted to determine the prevalence and focus of these programs. One hundred thirty-four schools (91.8%) responded; 62 (46.3%) reported having educational fellowships. The primary focus by 50% or more of the programs included teaching skills and scholarly dissemination.

(47) Teaching Residents and Faculty to Teach: Design, Implementation, and Ongoing Evaluation

Michael Ostapchuk, MD, MEd; Karen Hughes Miller, PhD; & Pradip Patel, MD
University of Louisville School of Medicine

As is common to many postsecondary professional programs, medical education includes a curious lapse. Although residents and faculty are expected to be effective teachers to their students, we rarely have any formal training in adult education. The University of Louisville School of Medicine is now implementing and evaluating a series of teaching workshops to remedy that situation. Results are positive thus far, and we believe this will be an effective replicable model.

(77) The Use of Real-Time Mannequin-Based Simulation for Training Medical Students in the Delivery of Care to the Unstable Patient

Matthew McEvoy, MD, Donna Kern, Frances Lee, John Walker, Greg Beall, & John Schaefer
Medical University of South Carolina

To examine the effects of medical simulation on student performance of ACLS skills, a course was implemented called 'The Approach to the Unstable Patient.' This course involves evaluating, diagnosing, and treating patients in acute cardiopulmonary distress, but not failure. There was significant improvement from the first to the second simulation session in the time to completion of primary and secondary ACLS surveys of an unstable patient, with diagnosis-directed treatment beginning 90 seconds faster on average.

(83) Assessing Competency in the Third Year Clerkship: Are we Competent?

Deepa Kamath, MD – University of Florida College of Medicine

Our clerkship's competency-based assessment tool remains problematic despite multiple revisions. We therefore performed a qualitative research study using student and faculty focus groups to gather input on the tool and guide future revisions. Preliminary analysis revealed remarkable overlaps between the groups. Both groups suggested increasing from a 4-point to a 7-point scale and both recommended faculty training. Students identified more problems with the evaluation process while faculty noted more positives of the current tool.

Oral Presentations

(84) A Randomized Study of Feedback on Student Write-ups Using an Electronic Portfolio

Anderson Spickard, III, MD, MS – Vanderbilt University School of Medicine

On medical clerkships, feedback on student write-ups is inconsistent and infrequent. We randomized students to receive feedback on write-ups by usual methods (handing paper copies of notes to mentors) or via the Portfolio system, which automatically collects all students' notes into a personal web page accessible to teachers. The detail and frequency of feedback provided to students, and the quality of the notes written by students were higher in the Portfolio group.

(96) The use of NBME Basic Science Self-Assessment Exams in Preparation for USMLE Step 1

Diane Biskobing, MD - Virginia Commonwealth University School of Medicine

Virginia Commonwealth University School of Medicine recommended in 2007 that students preparing for USMLE Step 1 take NBME self-assessment (SA) tests. Data from students who took 4 SAs during USMLE preparation was included. The ability of SAs to predict USMLE outcome was analyzed. All SAs correlated with class quartile and USMLE score. Regression analysis found SA 3 and class quartile to be highly predictive of USMLE score. The NBME SAs are a useful tool for USMLE preparation.

(107) A Qualitative Study of Educational Portfolios on a Medicine Clerkship

Heather E. Harrell, MD - University of Florida College of Medicine

We conducted focus groups with 4th year medical students to characterize their reactions to a portfolio experience during the medicine clerkship. Major themes of the portfolio's purpose were Tool, Learning, and Teaching. Of the major sub-themes, grasp of reflection-in-learning, focus on organizational features rather than documentation, and less focus on grading led to positive portfolio experiences. While the converse led to negative views. This provides insight into students' variable reactions to the portfolio.

(123) Assessing Professionalism in Medical School Applicants.

Beth Bailey, PhD - University of Virginia School of Medicine
Jim Martindale, PhD - University of Virginia School of Medicine
Carol Elam, EdD - University of Kentucky College of Medicine
Ruth Greenberg, PhD - University of Louisville School of Medicine

One way of assuring professional behavior in doctors is to ensure that only those students who are likely to behave professionally are *admitted* to medical school. The purpose of this study is to evaluate the usefulness of an instrument to evaluate the professional bearing of applicants at the time of the medical school interview.

Oral Presentations

(144) Student Perceptions of Residents, Attendings, and their Own Cultural Competency: How do they compare?

Britta Thompson, PhD, MS – Baylor College of Medicine
Sonia J. Crandall, PhD, MS - Wake Forest University School of Medicine
Paul Haidet - DeBakey VAMC and Baylor College of Medicine

The purpose of our study was to measure medical students' perceptions of the cultural attitudes and skills of themselves and their teachers. Medical students at two medical colleges (n=250) rated the cultural attitudes and skills of themselves, their residents and attendings using two validated instruments. Our results indicated differences in students' ratings between themselves and their residents. Our results suggest further study is needed to explore the curricular implications of our findings.

(155) A Simulation-based Training Program Using Landmark Identification and Ultrasound Guidance to Improve the Safety of Subclavian Central Venous Catheter Insertion in Critically Ill Patients

Lawrence Lottenberg, MD – University of Florida College of Medicine

The multiple indications for central venous catheters (CVCs) include resuscitation of critically ill traumatically injured patients, hemodynamic monitoring and maintenance including nutrition, vasoactive medication, and IV access. While these catheters can be life saving they are also associated with significant risks.

This study will evaluate a new training program, with the goal of reducing complications associated with subclavian catheter insertion, for surgery, anesthesia, and emergency medicine residents in an academic Level I trauma center.

(161) Are Student Ratings of Faculty Instruction Sufficient? A Comparison of Trained Observer and Students Ratings in a Second-Year Basic Science Course

Terry Stratton, PhD – University of Kentucky College of Medicine

Using groups of trained educational observers, this study compared the evaluations of 10 basic science lecturers with traditional student ratings. While inter-rater agreement varied somewhat among the former, no significant correlation was found between the rank-orderings of the two rating sets. Thus, the two groups may be responding to different cues, and student ratings – while useful in some applications – may be limited in their abilities to validly inform faculty development efforts in a QA framework.

(162) Improved Performance on the In-Training Examination and Culture Change Using a Comprehensive and Intrusive Advising Approach

Jen Koch, MD; Barb Casper, MD; Nancy Kubiak, MD; Mary Carter, MD, PhD; and Emily Carr
University of Louisville School of Medicine

We instituted a comprehensive approach to resident learning involving a structured system of intrusive advising, along with assigned readings and quizzes. The results include improved scores on the in-training examination, higher board passage rate, and improved quantity and quality of applicants to our residency program. We postulate that the intrusive advising approach, augmented by a reading and testing program, may improve performance of learners and the educational culture in graduate medical education.

Oral Presentations

(166) Does the Sex of the Patient Influence Student Approach to the Heart Examination?

Karen Szauter, MD - University of Texas Medical School at Galveston

Observation of our fourth year medical students raised concerns about their approach to the cardiac exam, specifically in female patients. We reviewed recording of 184 students performing a cardiac exam on both a male and female patient in a high stakes examination setting. In nearly half the encounters students performed incomplete examinations, and incomplete auscultation was more common on female patients. We will discuss potential reasons for our findings.

(170) Assessment of Clinical Decision Making Skills Using a Novel Computer-simulated Standardized Patient Case Management System

David Segal, PhD - University of Central Florida College of Medicine

Clinical cases were presented in three modalities: written, online, and virtual character simulations and assessed for improvements in students' critical thinking skills. The most significant improvement was observed in the virtual patient cases which incorporated basic science objectives for more integrative learning, clinical decision-making activities, and cultural/psychosocial competencies. Reflective individual and group decision-making skills were enhanced. Student perceptions were that the cases were realistic, clinically relevant, and more enjoyable than traditional classroom instruction.

Small Group Discussion

(3) Small Group Session: Association of American Medical Colleges Data Resources: CurrMIT and the Graduation Questionnaire

Jason Cantow, MS, MBA & Hameed Ahmed, MS, PMP
Association of American Medical Colleges

Since 1978, the AAMC has administered the Graduation Questionnaire (GQ) to fourth-year medical students, ensuring their input into important medical education issues both at their institutions and nationally.

Since 1999 the AAMC has been providing the Curriculum Management and Information Tool (CurrMIT). CurrMIT is an online database that helps medical schools manage and report on their curriculum. This session will provide an overview of the GQ and CurrMIT systems and identify how educators and administrators might best utilize these valuable resources.

(92) Complex Uses for SPs: Can Standardized Patients Be Trained to Portray Physicians-in-Training, Patients from Diverse Backgrounds, and Patients with Mental Illness?

Charles Kodner, MD; Gina Wesley, PhD; & Scott Heflin
University of Louisville School of Medicine

Standardized patients (SPs) are used routinely for physical examination skills and patient interviewing. More complex SP cases could target topics such as cultural diversity, faculty development, or mental health training, but developing and training these cases is challenging. Small group discussion participants will explore these challenges, and consider the use of complex SP cases at their own schools.

(97) Interprofessional Education: What Is It and How Can We Get It Started?

Amy V. Blue, PhD - Medical University of South Carolina
Susan Gerik, MD - University of Texas Medical School at Galveston
James Ballard, MS – University of Kentucky School of Medicine

Interprofessional education and practice are increasingly called upon in medical education. During this small group discussion, participants will:

- a) learn about interprofessional education as a concept and its rationale
- b) discuss challenges to implementing interprofessional learning and associated strategies to overcome these
- c) learn of interprofessional education examples
- d) reflect on approaches to introduce or improve interprofessional education at their own institution.

(105) Developing Learner Competence in Complementary and Alternative Medicine/Integrative Medicine: An Overview of Innovative Curricula and Resources

Roy Elam, MD – Vanderbilt University School of Medicine
Michelle L. Bailey, MD, FAAP – Duke University Medical School
Susan Gaylord, PhD – University of North Carolina at Chapel Hill

The purpose of this session is to update academic deans and faculty on novel approaches and resources in Integrative Medicine/CAM through discussions between the audience and faculty representatives from the Consortium for Academic Health Centers for Integrative Medicine (CAHCIM). Participants will have the opportunity to engage in active dialogue with participants and receive a resource list of CAHCIM schools, IM faculty experts, and curriculum materials. Upon conclusion, participants will have increased access to information and reputable resources that can strengthen IM/CAM curriculum integration in their own institution.

Small Group Discussion

(112) Gen-Xers, Cuspars and Millennials in the Health Professions: Resident Perspectives on the Generational Differences in Instruction and its Implications for Academic Medicine

Erin E. Fullerton, MD; Beatrice A. Boateng, PhD; Lea Mabry, MEd; & Anna Moses, MEd
University of Arkansas for Medical Sciences

The multigenerational population in medical schools offers challenges for instruction. This discussion will address medical student and resident perspectives on the generational differences involved in instruction and its implications for academic medicine. How can faculty from different generations adjust their instructional practices to meet the needs of the multigenerational classroom? It is hoped that participants will gain insight into the challenges of multigenerational instruction.

(119) Assessing the Moral Judgment of Medical Students at the Start of a Four-year Professionalism Curriculum

Kirk Smith, MD, PhD; Jason Glenn, PhD; & Sandra Riegle, PhD
University of Texas Medical School at Galveston

Utilizing the DIT-2 to assess the degree of ethical erosion or growth in the 2011 cohort of medical students, the authors have embarked on a longitudinal study to examine the efficacy of an ethics-focus in our University's medical curriculum. The test was administered to first year medical students, on a volunteer basis, and will be compared to score results after re-administration of same during the fourth year. Factors contributing to the results will be addressed.

(121) Pursuing Professionalism: Developing, Implementing and Maintaining Professionalism Programs at Four Texas Medical Schools

Anne Gill, DrPH, MS, RN - Baylor College of Medicine
Kate Fallon, MD - Texas A&M Health Sciences Center
Rebecca Lunstroth, JD - University of Texas Medical School at Houston
Karen Szauter, MD - University of Texas Medical School at Galveston
Julie Kutac, MA – University of Texas Medical School

Medical educators are responding to a national call to review and reassess the teaching and evaluation of medical professionalism. Awareness of possible contributing and detracting factors may facilitate the process of developing and implementing new professionalism programs. Using Appreciative Inquiry as a conceptual framework, this small group discussion is designed to address common concerns related to the development, implementation, and management of professionalism programs. Lessons learned from the discussants may help inform other institutions about potential issues related to their own professionalism initiatives.

(125) Developing Professionalism in Medical Education: Constructs, Strategies and Assessments

Ellen Lavelle, PhD & Beatrice Boateng, PhD
University of Arkansas for Medical Sciences

Professionalism is generally thought to be a critical dimension in both the delivery of health care as well as in medical education. However, despite the growing emphasis in the literature, clear definitions of professionalism as well as of its many components are not well articulated. Along the same line, measuring professional behaviors and attitudes remains a challenge. This interactive session will briefly consider the developing definitions of the construct of professionalism in medical education, and then move to a discussion of how medical schools can foster professional attitudes and behaviors. Participants will share their experiences and ideas.

Small Group Discussion

(126) Leading from the Middle: Skills for Academic Middle Management

Sebastian Alston, MD – Florida State University College of Medicine
Carol Elam, EdD – University of Kentucky College of Medicine
Ann Frye, PhD – University of Texas Medical School at Galveston
Beth Nelson, MD - Baylor College of Medicine
David Steele, PhD – Texas Tech University Health Sciences Center at El Paso

John Kotter defines leadership as coping with change and management as coping with complexity. Assistant, Associate Deans and Directors of educational units are involved in decisions that are politically charged or resource limited. They are expected to both lead and manage in varying amounts depending on the situation and the environment. Representatives from 5 schools will share experiences in different phases of middle management. Small groups further define the issues, share resources and desired skill development.

(142) Identification, Prevention, Intervention: Strategies to Serve

Sally Santen, MD - Vanderbilt University School of Medicine
Yolanda Haywood, MD - George Washington University
Angie Payne Wetzel, MEd - Virginia Commonwealth University
Dennis Hoban, EdD - Virginia Commonwealth University

Discussion of students with academic difficulty or at-risk for academic difficulty can be approached in three frames. First can at-risk students be identified? Second, is it possible to institute prevention strategies to prevent academic difficulty? Finally, once students are in academic difficulty what are the approaches to remediate these students? This workshop will stimulate a discussion around these issues.

(173) Teaching Awards at Medical Schools: A Conversation About Intended and Unintended Consequences

Sheila W. Chauvin, MEd, PhD – Louisiana State University School of Medicine at New Orleans
Sheila M. Crow, PhD – University of Oklahoma School of Medicine
Ruth Greenberg, PhD – University of Louisville School of Medicine
John Littlefield, PhD - University of Texas Health Science Center at San Antonio
Elizabeth Nelson, MD – Baylor College of Medicine

Teaching awards have existed at medical schools for many years. A modest literature exists, mostly outside of medicine, about the relative impact of different types of awards. With the recent growth of the teaching academy movement and the ongoing conversation on the scholarship of teaching, the need to explore the nature of teaching awards and their impact on recipients and institutions is needed. This discussion will focus on the kinds of teaching awards currently used at medical schools, their intended and unintended effects, and the kinds of investigations that might inform our understanding of this important tool for recognizing teaching excellence.

(Saturday Extra Session) UGME Discussion: What's Happening in the Clinical Years?

Julie B. Walsh-Covarrubias, MEd, EdD - University of Alabama at Birmingham
Kevin Krane, MD - Tulane University School of Medicine
Gary Rosenfeld, PhD - University of Texas Health Science Center at Houston
Beth Nelson, MD - Baylor College of Medicine
Heather E. Harrell, MD - University of Florida College of Medicine

Workshops

(20) Teaching the Competencies while Rounding: Using a Case-based Approach

Charlene Dewey, MD, MEd, FACP; Harriette Scarpero, MD; & Doris Quinn, PhD
Vanderbilt University School of Medicine

Residents are care givers of patients in both the inpatient/outpatient settings. Teaching faculty is responsible for preparing residents for their role within the health care system. The ACGME describes two competencies that are often challenging for residents to learn and for faculty to teach: systems-based practice and practice-based learning & improvement. This workshop will focus on both competencies using cases to heighten awareness, improve knowledge and enhance participants' ability to teach them.

(21) The Basics of Research in Medical Education: A Plan to Jump Start your Educational Research

Charlene Dewey, MD, MEd, FACP – Vanderbilt University School of Medicine
Emil Petrusa, PhD – Vanderbilt University School of Medicine
Nancy Searle, EdD – Baylor College of Medicine

Many junior faculty members in academic medicine have no formal training in conducting educational research unless they have had other advanced training (PhD, MEd, or MPH). Yet many are expected to teach and conduct evaluations of their teaching. In general we need more faculty members trained in educational research to help advance the mission of education within our institutions. This workshop is an introductory level of conducting educational research and advancing program evaluation.

(22) Teaching Cultural Sensitivity

Ralitsa Akins, MD, PhD; Gilbert Handal, MD; & Sitratullah Maiyegun, MD, PGY-3
Texas Tech University Health Sciences Center

A culturally-sensitive approach to patient care may improve the physician-patient relationship. After presentation of cultural diversity theory, workshop participants will engage in small group discussions of real-life cases. Small-group discussions will be facilitated by the presenters. The workshop will conclude with sharing of major points related to the case discussions and delivery of culturally-sensitive patient care. As the patient demographics become more diversified, using culturally competent approach can improve quality of patient care.

(26) Leadership is Everyone's Business

Pat F. Bass III, MD, MS, MPH - Louisiana State University Health Science Center

Educational institutions need effective leaders at every level, but often do little to enhance the leadership skills of students, residents, or faculty. This workshop introduces Kouzes' and Posner's leadership model, allows self-assessment of personal strengths and weaknesses within the model, and will help participants create a plan for self-development in leadership.

(30) Exploring Transformational Leadership Development for Medical Students

Emil R. Petrusa, PhD – Vanderbilt University School of Medicine

Although many medical schools assert they prepare “leaders and scholars,” few have formal experiences for leadership development. After an overview of leadership development, we will present concepts of transformation leadership focusing on “internal” attributes of leaders. Participants will have an opportunity to experience a small sample of learning activities designed to evoke attributes of transformational leadership. We will hypothesize benefits of medical students' personal transformation to identify important outcomes of such development.

Workshops

(31) Setting a Case Pass Mark for Performance-based Assessment

Emil R. Petrusa, PhD & Sally Santen, MD
Vanderbilt University School of Medicine

Performance-based assessments are used widely for medical students and residents. A defensible pass mark is important for determining consequences for learners and programs. After an overview of approaches, participants will set a pass mark for an SP-based case and an oral exam case using a “critical actions” approach. The Hofstee approach for a test-wise pass mark will be demonstrated. Implications of pass marks will be demonstrated with actual data. Strategies for establishing validity of these pass marks will be discussed.

(41) Setting A Personal Career Direction

Fred A. McCurdy, MD, PhD, MBA - Texas Tech University Health Sciences Center at Amarillo
Sheila W. Chauvin, MEd, PhD - Louisiana State University School of Medicine

Being an effective educational leader requires complete knowledge about who you are, what you value, and your personal career direction. It also requires you to be able to inspire those around you who are looking to you for leadership, how they can achieve their own personal goals as well as the goals of the organization; to engage in personal strategic planning. This workshop will give you the tools to begin this process.

(44) Can a Medical Educator really be a Playwright? Using Research-based Theatrical Techniques in Medical Education

Oma Morey, PhD - University of Texas Medical School at Galveston

Researcher/educators are increasingly using research-based theatrical techniques ranging from full-length plays to short interactive scenes in medical education. However, many research/educators do not have experience in writing a dramatic playscript. Using a model based on phenomenology and theatre theory, this workshop will show researcher/educators one way to move from a narrative interview transcript to theatrical dialogue and action without compromising the integrity of the data. Participants will practice writing dialog using the model.

(46) Navigating the Institutional Review Board (IRB) Process with Medical Education Research

Laurence M. Solberg, MD – Vanderbilt University School of Medicine
Lauren B. Solberg, MTS - Vanderbilt University Law School

This workshop will teach researchers conducting medical education research about federal regulations guiding IRB review of education research studies. Workshop participants will learn rules of thumb for determining when an education research project requires IRB review. Participants will compare examples of successful and unsuccessful IRB applications for medical education research studies to learn techniques for making a successful submission. We will also discuss ways in which researchers can develop a positive rapport with the IRB.

Workshops

(58) No! Not Another Boring Lecture: Using Educational Theory as Basis for Different Alternative Methods of Teaching Workshop

Sally Santen, MD & Robin Hemphill, MD, MPH
Vanderbilt University School of Medicine

This interactive session will incorporate cognitive theories as a basis for the introduction to alternative and innovative methods of teaching. Participants will learn through experiences using other methods of teaching including team learning, problem-based learning, jig-saw small groups, role plays, dyad reflection, assessment centered learning, and "Jeopardy". After the session, participants will be able to employ new tools specific to their teaching environment and understand some of the foundations of cognitive adult learning theory.

(61) Anatomy: A Traditionally Taught Course Enhanced Nontraditionally: Learning Strategies and Technologies for Active Learning

Kathy Gibbs, MEd, MS; Eldridge Johnson, PhD; Rebecca Saulters, MS; & Andrea Payne, MS
University of Tennessee Health Science Center

Anatomy is a vital course in the health science environment. Learning can be enhanced from traditional teaching methods of lecture and lab experience. This workshop will introduce three Anatomy software programs, the methods used in applying the software programs for active learning, and the results of an anonymous student survey. Attendees will view the three software programs and the active learning strategies applied to the anatomy courses.

(65) Moving from Pedagogy to Andragogy: Improving Teaching and Learning for Adults

Tom Waldrep, MEd; Jennie C. Ariail, PhD; Tom G. Smith, PhD; Shannon Richards-Slaughter, PhD;
& Lisa Kerr, PhD
Medical University of South Carolina

Medical educators wonder how effective their teaching is. Rarely are they given the opportunity to inform their teaching with educational theory. This workshop presents a contrast between pedagogy and andragogy - teaching children and teaching adults. After learning basic attributes of child and adult learning, workshop participants will select an educational venue of interest, join with like-minded participants, and begin to develop ways they might change or develop one or two educational initiatives on their campuses.

(67) Educational Scholarship: Maximizing Your Opportunities and Engagement

Sheila W. Chauvin, MEd, PhD - Louisiana State University School of Medicine at New Orleans
Charlene M. Dewey, MD, MEd, FACP - Vanderbilt University School of Medicine
Sonia Crandall, PhD, MS - Wake Forest University School of Medicine
Robby Reynolds - Association of American Medical Colleges

Within the past decade or so, considerable attention and efforts have been devoted to enhancing faculty members' achievements in scholarly teaching and educational scholarship. Participants in this workshop will enhance their understanding of key concepts and recent developments pertaining to educational scholarship, apply scholarship criteria to their teaching and education activities, and develop a plan for future development and publication.

Workshops

(69) Educational Scholarship: Publishing the Products of Scholarly Work in Teaching and Education

Sheila W. Chauvin, MEd, PhD - Louisiana State University School of Medicine at New Orleans

Charlene M. Dewey, MD, MEd, FACP - Vanderbilt University School of Medicine

Sonia Crandall, PhD, MS - Wake Forest University School of Medicine

Robby Reynolds - Association of American Medical Colleges

Within the past decade or so, considerable attention and efforts have been devoted to enhancing faculty members' achievements in scholarly teaching and educational scholarship. Until recently, publications for peer-reviewed dissemination of enduring educational materials were limited. Participants in this workshop will learn about various publications for educational resources and examine in depth how to prepare and submit their educational materials to one of these publications, MedEdPORTAL.

(78) I Know You Can't Read This, but: Mastering the Master Slide and Other Principles of PowerPoint Presentations and Public Speaking

Margaret Tarpley, MLS – Vanderbilt University School of Medicine

Knowledge of the basic PowerPoint features as well as public speaking essentials is required for effective communication and teaching. This workshop demonstrates PowerPoint features (e.g., Master Slide, background, font, templates, file compression) for producing legible, effective slides. The basic principles of public speaking will be explained: be prepared; know the audience; be understandable; and hold the audience's interest. For persons with laptops, the workshop will offer hands-on opportunities to practice with the basic PowerPoint features.

(106) Developing Computer-assisted Instruction (CAI) Tools that Impact Medical Education

H. Wayne Lambert, PhD - University of Louisville School of Medicine

Benjamin P. Rosenbaum, BS - Vanderbilt University School of Medicine

Noelle Granger, PhD - University of North Carolina at Chapel Hill

Medical educators have implemented computer-assisted instruction (CAI) applications to meet the demands of their technology savvy students, to present alternative study tools, and to compensate for decreased contact hours. This small group session, run by two medical educators and a technology expert, will discuss designing and implementation of CAI applications, improving the functionality, adaptability, and interactivity of existing CAI tools, communicating properly with technical experts, acquiring funding for these projects, and marketing these educational tools.

(135) Look, Listen, and Teach: Accelerating the Acquisition of Basic Cardiac Auscultation Skills Using Multiple Learning Modalities and Deliberate Practice

Waldon Garriss, III, MD, MS; Sandra A. Moutsios, MD; & Emil Petrusa, PhD

Vanderbilt University School of Medicine

This is a case-based workshop to teach case-based cardiac auscultation skills. Group learning will occur via stethoscope-like infrared receivers that transmit the same heart sound to multiple learners. We will add images of the accompanying phonocardiograms to the auditory information to demonstrate the value of multiple modality learning. Participants will observe the results of multi-modal deliberate practice learning by comparing pre-test and post-test performance.

Workshops

(151) Evidence-Based Drug Information

Martha Earl, MSLS, AHIP; Brenda Green, MLS, AHIP; & Sandy Oelschlegel, MLIS
University of Tennessee Health Science Center

Drug representatives, television commercials, thousands of journal articles - how do we find the best evidence drug information fast? Are we searching PubMed in frustration? Are we practicing medicine with Google? This session will allow participants to become familiar with how to ask the question; identify which information sources to consult first; and analyze an article to find out if it really says what the authors assert.

(168) Integrating Web 2.0 Technologies in Curriculum

Craig W. Clarkson, MD; Jeanne C. Samuel, MAED; & Annie J. Daniel, PhD
Tulane University School of Medicine

Many of us have heard about web 2.0, RSS, wikis, podcasts, and blogs. These technologies are now core components in many popular course management systems. This workshop will provide an opportunity for you to learn what these technologies are and the pedagogical benefits of integrating them into your curriculum. You will have an opportunity to discover web 2.0 resources and draft a lesson using them. Each participant will be given a manual of web 2.0 resources and guidelines for creating interactive lessons using web 2.0 technologies.

(174) Peer Review of Teaching Study: Designing, Implementing, and Evaluating a National Faculty Development Program to Peer Review Teaching Based on an Observation and Feedback Process

Janet P. Hafler, EdD - Tufts University School of Medicine
Wayne T. McCormack, PhD - University of Florida College of Medicine
Elisa Zenn, MD – University of Florida College of Medicine
Maryellen Gusic, MD – Penn State College of Medicine

We will review the literature on the use/impact of peer review and describe a national project that includes a study to design, implement and evaluate a national peer review of teaching program based on observations and feedback. The workshop will include a small group interactive session with participants completing the assessment tool provided while observing a vignette; discussion of next steps for the project; and recruitment of faculty to participate in the study.

(175) Cultural Competencies

Susan DeRiemer, PhD – Meharry Medical College

One of the hardest parts of cultural competence is recognizing one's own cultural biases, internalized assumptions, and stereotypes. In this session, participants will work through a set of short (10-40 min.) exercises that can be incorporated into a cultural competence curriculum in a variety of ways. The strengths and limitations of each will be addressed. Participants should be prepared for a session that is both fun and challenging.

Poster Presentations

(14) Pre-Med Forum: A Podcasting Initiative for Pre-Medical Students

Betsy Jones, EdD - Texas Tech University Health Sciences Center School of Medicine

To assess the effectiveness of using podcasts to provide teaching content to students enrolled in two summer pre-medical preparation programs, we prepared and published 13 podcast episodes in three modules— anatomy, writing a personal statement, and pre-med preparation. Study subjects completed pre- and post-tests including cognitive questions and evaluations of podcasting as a teaching tool. Analysis revealed that the number of episodes students listened to affected cognitive scores and that students valued podcasts if they perceived them to be personally useful.

(19) Integrating Informationists in GME Collaborative Working Groups

Abby Holt, MLIS; Mary L. Ryan, MLIS, MPH; & Carol Thrush, EdD
University of Arkansas for Medical Sciences

(23) Measuring The Medical Knowledge Competency

Ralitsa Akins, MD, PhD; Kristinmae Claros, BA; & Gilbert Handal, MD
Texas Tech University Health Sciences Center School of Medicine

We hypothesized that medical knowledge has two components: “bedside” component and “book” component, where the “bedside” knowledge is related to interpersonal communication skills and does not predict performance on standardized tests. Statistical analyses were performed using 806 evaluations of 31 residents. Results suggested that residents’ knowledge is interrelated with other competencies, and faculty evaluations of “bedside” knowledge are strongly related to residents’ communication skills. Differentiating between “book” and “bedside” knowledge enables programs to enhance the quality of resident assessment.

(25) Improving Obesity Management In Pediatrics Residency Program

Ralitsa Akins, MD, PhD; Pratibha Shirsat, MD; Sitratullah Maiyegun, MD, PL-3; & Naima Frewan, MD, PL-1
Texas Tech University Health Sciences Center School of Medicine

Prevalence of obesity among children has become an alarming health concern in the United States. We created the Obesity Management Checklist and used resident peer review of charts to promote childhood obesity management among pediatric residents. Between January and September 2007, a total of 271 charts were reviewed. Since the introduction of the Obesity Management Checklist, the compliant management for pediatric patients diagnosed with obesity increased from 13% in January to 63% in September.

(27) One Year Later: Has the New Curriculum Affected the Teaching of Cultural Awareness and Competence at the University of Miami Miller School of Medicine Regional Campus?

Arash Esmailzadegan, Jason Mallow, & Stephanie Wragg, PhD
University of Miami Miller School of Medicine at Florida Atlantic University

The opportunities for teaching and learning issues of cultural competence are challenging at the Regional Campus by virtue of the patient demographics of the volunteer preceptor practices. A student-driven project will present student perceptions of the teaching cultural competence in the new curriculum and will offer recommendations for its continued updating since implementation in 2007 at the Regional Campus.

Poster Presentations

(34) Fostering New Cultures at the Regional Campus: Introduction to the Medical Profession as a 3-week Course in Year 1

Garnet Peter, MD - University of Miami Miller School of Medicine at Florida Atlantic University

(38) Millennial and Generation X Medical Students: A Comparison of Personality Differences by Gender

Carol L. Elam, EdD; Nicole J Borges, PhD; R. Stephen Manuel, PhD; & Bonnie J. Jones, PhD
University of Kentucky College of Medicine

Generation X and Millennial students comprise the majority of students enrolled in medical schools. The study was designed to explore personality differences *by gender* between Generation X and Millennial cohorts. Referencing results from administrations of the 16PF to medical students over a sixteen-year period, we found that both male and female Millennials scored significantly higher on Reasoning, Emotional Stability, Social Boldness, Openness to Change, and Perfectionism subscales compared to Generation X males and females.

(40) Bringing about Change in Structure and Culture: The Pipeline Initiatives Project

Carol L. Elam, EdD; Jane Harrison, Vicki Henderson, Kairise Conwell, Peter Berres, Marilyn Underwood, & Jay Perman
University of Kentucky College of Medicine

This poster describes a comprehensive, University-wide approach to building a pipeline of underrepresented students entering undergraduate programs to pursue a health sciences education. Synergies resulting from this effort enhance the inclusiveness in the educational environment across the institution.

(42) Ophthalmology Resident Learning Styles and Temperaments and their Relationship to Standardized Testing Scores and Evaluations

Sonal Tuli, MD - University of Florida College of Medicine

Ophthalmology residents' learning styles (LS) and temperaments (TS) were determined and related to scores on the yearly in-service examinations, board examinations and faculty evaluations. The percentage of the most common and least common LS and TS were both significantly different from published population data. The average in-service scores were significantly higher for Rational TS compared to Guardian TS. Although other trends were seen, they were not statistically significant.

(49) The Institution of Work Hour Restrictions on Residency Programs

Douglas Hale, MD, FACS - University of Florida College of Medicine

Residency work hour restrictions have reduced the amount of time available for didactics during duty hours. Our program instituted a web-based core educational curriculum to encourage residents to study from home during their time off. Resident on-line activity was tracked and reported regularly to encourage compliance. Analysis demonstrates that neither the time spent using the curriculum nor performance on tutorial post tests was associated with performance on the American Board of Surgery In-training Examination.

Poster Presentations

(51) A Committee to Support Educational Scholarship

Karen Szauter, MD & Ann Frye, PhD
University of Texas Medical School at Galveston

The Educational Research Committee has two primary missions: (1) sponsoring broad-reaching activities to enhance and support medical education research on our campus and (2) reviewing educational research proposals for the Curriculum Committee. We describe the committee activities and outcomes as a model for other institutions interested in promoting educational scholarship.

(52) Basic and Clinical Science Problems Course: A Student Evaluation

Julienne Kirk, PharmD; Barbara Gorney, James C. Johnson, Peter B. Smith, J. Charles Eldridge
Wake Forest University School of Medicine

Student evaluation is an essential component of medical curriculum assessment. In an effort to design effective strategies for small group facilitated learning, a survey was developed to solicit student feedback. Content areas of the survey included view of cases and facilitators, course design, grading policy, and student readiness. Response rate was 91% (103 out of 113). We will show the results graphically from this survey and student's perspective of this course as part of professional development.

(56) The Reliability of a 360-Degree Professionalism Assessment Instrument

Sheila Crow, PhD - University of Oklahoma College of Medicine

This poster session describes the testing of a 360-degree Professionalism Assessment Instrument to assess the professional behaviors of first year medical students. A 7-item rating instrument was used to collect feedback on medical students' professionalism from multiple sources in their educational environment. Data analyses indicated strong internal consistency. Results from this study are an encouraging first step toward the development of a reliable scale that measures professionalism within the environment of undergraduate medical education.

(57) Virtual IV Simulation in Medical Education

Brenda L. Seago, MLS, MA; Elizabeth Marlowe, MEd; and Diane Biskobing, MD
Virginia Commonwealth University School of Medicine

Medical students requested more training and experience with clinical procedures. One of the procedures identified was that of inserting an IV. Two Virtual IV workstations in the Computer Based Instruction Lab were used to give 176 students the opportunity to practice IV catheterization before working with patients in the clinical environment. Data was collected from students, including level of confidence. The mean confidence levels increased significantly from the pre- to post- assessments.

(59) Does Income Generating Productivity Effect Resident and Student Teaching?

Sally Santen, MD; Joy Lesnick, PhD; & Robin Hemphill, MD, MPH
Vanderbilt University School of Medicine

Poster Presentations

(64) Physicians' Attitudes toward Smoking Cessation Practices and Patient Education

Meghan Lemke Perkins, MD & James L. Bills, EdD
Vanderbilt University School of Medicine

The purpose of this study was to survey all pediatric physicians at a major teaching hospital regarding their practices related to cigarette smoking, smoking cessation and subsequent patient education. A 14-item survey instrument was distributed to 105 pediatric faculty and residents. Among other findings, indications are that physicians fall short in helping patients and parents quit smoking. Data pointed to the need to modify practices regarding counseling and education in the routine primary care setting.

(68) Service Learning Across Learner Levels: Teams of Rural Pre-med and Medical Students Providing Free School Physicals

William Crump, MD - University of Louisville School of Medicine

Teams of preclinical medical students and rural pre-medical students provided 80 free 6th grade school physical exams in two rural HPSA sites, supervised by a family physician and led by an experienced nurse. The curriculum included training in community assessment, patient education, and age-specific history and physical examination skills. Satisfaction surveys were 95-98% positive, and the team members expressed a new appreciation for small town health department nurses and thoroughly enjoyed the experience.

(76) Use of a Comprehensive Assessment to Identify and Remediate Medical Student Clinical Skill Deficiencies: A 20-Year Experience

Michael Ainsworth, MD & Karen Szauter, MD
University of Texas Medical School at Galveston

Medical schools employ varied approaches to evaluation and remediation of students' clinical skills. We describe our school's 20-year history of using a comprehensive Year 4 examination to evaluate clinical skills, and provide feedback and remediation to students whose performance is unsatisfactory. We have sustained a substantial emphasis on faculty involvement in providing performance feedback to students and helping them with remediation of deficiencies, while maintaining high standards for student performance.

(80) Collaborative Care Pathways for Perioperative Management Contribute to Fulfillment of Graduate Medical Education Core Competencies

Melissa Kaufman, MD, PhD & Harriette M. Scarpero, MD
Vanderbilt University School of Medicine

A major initiative has been launched by the Accreditation Council for Graduate Medical Education (ACGME) to optimize the quality of house staff education employing a framework of six core competencies. Herein we present a system combining computerized pathways for perioperative management of the urologic surgery patient with easily accessible evidence based guidelines that facilitate several of the ACGME core competency missions including systems-based practice and practice-based learning.

Poster Presentations

(81) Student Self Assessment of Competency: Changes Over Time and by Level of Education

Britta M. Thompson, PhD, MS & John C. Rogers, MD, MPH, MEd
Baylor College of Medicine

Self-assessment is important to lifelong learning. The purpose of our study was to determine if students' self-assessment of competencies differed by level of education or over time. Analysis of students' competency self-assessment revealed statistically significant differences in all domains except professionalism, which was rated high throughout all levels of education and over time. Our results suggest that having students self-assess their achievement of competencies warrants further study.

(86) Fostering New Cultures at the Regional Campus: Integrated Patient Care and Physicianship Skills as 4-year Longitudinal Courses

Gauri Agarwal, MD; Julie Belkowitz, MD; Julie C. Servoss, MD; & Stephanie Wragg, PhD
University of Miami Miller School of Medicine at Florida Atlantic University

The implementation of a new curriculum delivery approach at the Regional Campus has allowed the creation of courses designed to teach in the context of the overarching curriculum theme at the Regional Campus, chronic illness and care. The courses nurture the students' desire to serve in the medical profession by providing continuity of interaction with patient panels, clinical faculty and their peers. We report on the impact of the course on students and faculty alike.

(90) Negatively Worded Questions (NWQ) in M2 Examinations: Correlations with Overall Test Performance

William Brescia, PhD; Heidi Kenaga, PhD; & Robert Shreve, EdD
University of Tennessee Health Science Center, Office of Medical Education

The effect of negatively worded questions has been discouraged by the National Board of Medical Examiners and others as being needlessly confusing and difficult to write. This study examines the effect of NWQ on second year medical students' performance on exam questions during one year. Results indicate that NWQ are not good predictors of student knowledge.

(96) The Use of NBME Basic Science Self-Assessment Exams in Preparation for USMLE Step 1

Diane Biskobing, MD - Virginia Commonwealth University School of Medicine

Virginia Commonwealth University School of Medicine recommended in 2007 that students preparing for USMLE Step 1 take NBME self-assessment (SA) tests. Data from students who took 4 SAs during USMLE preparation was included. The ability of SAs to predict USMLE outcome was analyzed. All SAs correlated with class quartile and USMLE score. Regression analysis found SA 3 and class quartile to be highly predictive of USMLE score. The NBME SAs are a useful tool for USMLE preparation.

Poster Presentations

(98) Effect of Pathology Resident and Faculty Learning Style on Resident Academic Performance

Yvette McCarter, PhD - University of Florida College of Medicine

The Kolb Learning Style Inventory (KLSI) was used to investigate if a preferred learning style exists between pathology faculty and residents and if learning style impacts resident academic performance. The KLSI and demographic questionnaires were administered and resident academic performance was measured by the pathology Resident In-Service Examination (RISE). Overall pathology faculty are more likely to be Assimilators. Residents who shared the predominant learning style of the faculty demonstrated higher RISE scores.

(99) Use of Rich Media/Podcasting to Enhance the Preclinical Learning Experience

Piotr P. Pilarski, D. Alan Johnstone, Cathleen C. Pettepher, PhD & Neil Osheroff, PhD
Vanderbilt University School of Medicine

To assess the impact of rich media/podcasting on the educational experience of first-year medical students, a study was conducted in "Molecular Foundations of Medicine," an integrated preclinical science block. Based on responses to questions in the course evaluation and a follow-up survey, we conclude that these technologies represent effective tools to assist students in studying/reviewing lecture material. Rich media/podcasts were well received by students, reduced student stress/anxiety, and did not detrimentally impact classroom attendance.

(103) Evidence Based Medicine Training in Residency: A Survey of Urology Program Directors

Philipp Dahm, Susan F. Fesperman, Ryan M. Turpen, Glenn M. Preminger, Johannes Vieweg & Marc S. Cohen
University of Florida School of Medicine

We surveyed urology residency programs about the EBM training. Of 117 ACGME-accredited programs, 108 programs responded (92.3%). Eighty-four programs (77.8%) indicated that their curricula included EBM teaching. These programs provided a median number of 10 hours (IQR: 4.8, 25.0) of EBM teaching. Urology-specific educational materials (33.3%), a formal curriculum (24.4%) and faculty development (16.3%) were identified as main educational needs. These findings support efforts to provide additional educational resources to teach urology residents EBM related skills.

(104) Perceptions and Competence in Evidence-Based Medicine: Results from a Survey of American Urological Association Members

Philipp Dahm, Susan F. Fesperman, Rudolf W. Poolman, Mohit Bhandari, Janet Hobbie, Johannes Vieweg & Glenn M. Preminger
University of Florida School of Medicine

We performed this study to investigate the attitudes of urologists towards EBM. There was widespread agreement that practicing EBM improves patient care and urologists should be familiar with critical appraisal techniques. Only 18% of respondents indicated that they could explain the term "level of evidence". Forty-four percent and 76% of participants were unaware of PUBMED and the Cochrane Database of Systematic Reviews, respectively. The findings of this survey support increased efforts to promote an understanding of EBM among urologists.

Poster Presentations

(109) Designing Clinical Portals & WebCT: A Collaborative Initiative for Residency Education

Laura Cousineau - Medical University of South Carolina

Librarians support clinical and educational missions of medical centers through their availability to assist with the acquisition of information and materials on an "as requested" basis. We sought to integrate the librarian more fully into clinical care and clinical education in a tertiary children's hospital. We began with three clinical divisions, each with unique needs, and developed a system of web-based materials that can be managed to deliver pertinent information to specific groups of people.

(111) Implementation of Test Management Software to Improve the Quality of Student Assessment and Integrate Learning Objectives with Outcome Data

Donna Weber, PhD & Allison Walters - University of Kentucky College of Medicine

To facilitate the development of high quality exams, this project was initiated to obtain, implement, and evaluate a commercial test management software system for required second-year Pharmacology courses at the UKCOM. The initial implementation of test management software has met or exceeded most expectations. The elaboration of test item linkage to a set of standard learning objectives has been initiated. This categorization incorporates both the content outline defined by USMLE Step 1 and cognitive learning levels.

(114) Monitoring Comprehension: Outcomes of Pilot Studies to Identify Relevant Skills

Judy Garrett, PhD - University of Arkansas for Medical Sciences

Post-exam comments such as 'I thought I really knew the material,' suggest that a common reason for poor performance is that students do not realize what they don't know until after they take a test; i.e., they do not monitor their learning. Pilot studies in three colleges at the University of Arkansas for Medical Sciences suggest that two skills, condensing and visualizing relevant information, are essential to the process of monitoring learning.

(128) Bringing Life to Problem Based Learning Cases

Karen Szauter, MD & Randall Given, PhD - University of Texas Medical School at Galveston

Problem based learning is used in all of our year 1 and 2 medical school courses. Written information is provided to students in small segments, with each page adding additional information about the patient's problem to stimulate discussion and exploration of basic science issues. To enhance the human dimension of these cases, we converted two PBL scenarios into computer-based presentations with video enhancements. Student and facilitator responses to this novel format have been positive.

Poster Presentations

(130) The Pharmaceutical Awareness Group (PAG): Using Student Awareness to Shape the Relationship between Healthcare Professionals and the Pharmaceutical Industry

Neisha D'Souza, BS - University of Texas Medical School at Galveston

The Pharmaceutical Awareness Group (PAG) is a student-run organization that provides healthcare students with an opportunity to identify discuss and reflect on the potential conflicts of interest between the pharmaceutical industry and healthcare professionals. By way of lunchtime seminars, guest speakers and open discussion, PAG has provided balanced and informative programs to our campus. The group has introduced topics for discussion in the medical school curriculum, and continues to serve as a venue for discussion for students and faculty.

(131) Assessment of Residents' Skill in Recognizing and Reacting to Patients' Existential Suffering

Lee Grumbles, MD - University of Texas Medical School at Galveston

Medical Educators struggle to find ways to assess communication skills. A challenging communication skill to assess is clinical empathy. We examined internal medicine residents' clinical empathy skills during a video-recorded standardized patient encounter. Embedded in each case was a significant psychosocial stressor that impacted the patient's ability to optimally manage healthcare. Most residents recognized and acknowledged the patient's emotional state, but performance of interpersonal skills ("helping behaviors") varied greatly between the residents.

(134) Combining Standardized Patients with Mannequins in Teaching Pelvic Exams: A Preliminary Study

Michael Goodrow, Carrie Bohnert, MPA; Charles Kodner, MD; & Gina Wesley, PhD
University of Louisville School of Medicine

We incorporated the use of mannequins in teaching the female pelvic examination for the first time this year. We are examining how this improves comfort and confidence when students later perform the exam on a Standardized Patient (SP). Half of the students receive instruction with a mannequin before the SP encounter, and half afterwards. The students overwhelmingly (96%) support the inclusion of mannequins in the training, and 72% feel it should precede the SP encounter.

(136) Enhancing Understanding of Health Policy among Freshman Medical Students

Linda Sander, PhD - Meharry Medical College

There is a general consensus that medical students need to understand health policy, however, little agreement as to how and when such information should be presented. M1 students at Meharry Medical College participate in a 16-hour module including lectures, videos, small group exercises and written assignments designed to pique their interest. Upon completion students typically express their amazement at the relevance and interest of information they predicted would be dry and boring.

Poster Presentations

(138) Creating Taxonomy and Assessing Proficiency in Urodynamic Education of the Urology Resident

Harriette Scarpero, MD - Vanderbilt University School of Medicine

As of 2002, a mandate from the Accreditation Council for Graduate Medical Education (ACGME) requires the development and or implementation of new assessment techniques that address and evaluate resident performance within the core competencies. This study addressed this challenge to create a competency based curriculum and assessment method for urodynamic (UDS) teaching. The one year experience with this curriculum innovation is reported.

(139) Evidence Based Approach to a Structured Mentoring Program for Practice Based Learning and Improvement (PBLI)

Harriette Scarpero, MD - Vanderbilt University School of Medicine

An argument against competency based education (CBE) is that it is not evidence based. Educators interested in best teaching practice and educational innovation must put scholarship in CBE endeavors. We utilized an evidence based approach to establish a new program to teach practice based learning to residents and describe the creation of this curricular innovation.

(143) Identification, Prevention, Intervention: Survey of Medical Schools Strategies to Serve At-risk Students

Sally Santen, MD - Vanderbilt University School of Medicine
Yolanda Haywood, MD – The George Washington University School of Medicine
Angie Wetzel, MEd - Virginia Commonwealth University School of Medicine
Dennis Hoban, EdD - Virginia Commonwealth University School of Medicine

Medical schools matriculate students every year, and every year some students have academic difficulty. This study will survey medical school deans to determine how they identify, prevent and remediate students who have academic difficulties.

(145) Establishing a Student Tutoring Program

Angie Wetzel, MEd - Virginia Commonwealth University School of Medicine

To enhance existing academic support services, a Student Tutoring Program was established to assist academically at-risk first and second year medical students. Tutor and tutee feedback reflect satisfaction with the program, and performance data suggests the program is helping at-risk students. Continued data tracking over time will help us better understand the success of the program and its impact on student performance.

Poster Presentations

(150) Effectiveness of Web-based Seminars in Improving Knowledge and Changing Practice Related to Tuberculosis among Physicians and Nurses Taking Care of Children

Ana Alvarez, MD - University of Florida College of Medicine

A series of interactive, live Web-based seminars on the topic of pediatric tuberculosis was developed in the fall of 2007. The purpose of this study is to examine the effectiveness of this method in improving knowledge about pediatric TB, and changing practice among physicians and nurses taking care of children. The instruments include pretests and posttests assessing knowledge, a survey for self-reported changes in practice (8-10 weeks post intervention), and a satisfaction survey.

(152) Use of Podcasts in the Medical School Curriculum

Kimberlee Norwood, MA, ABD - University of Tennessee Health Science Center College of Medicine

Technology is changing the face of pedagogy and we are teaching a new type of student - self-learners. Podcasting provides an opportunity for greater lecturer-student interaction. Podcast are useful for those falling behind or for students whom English may be a second language. With lecturers that have a heavy accent, the speed of podcasts can be adjusted during review. In addition, Podcasts allow for lecturer self-assessment.

(153) The Effect of Simulation on the Likelihood of Students to Report Errors During an Acute Patient Event

Matthew McEvoy, MD - Medical University of South Carolina

To examine the effects of a medical simulation course on the likelihood of students to report errors in the care of an unstable patient. This course involves training in evaluating, diagnosing, and treating patients in acute cardiopulmonary distress. There was significant change in the student's perception of their skill level ($p < 0.001$) and in the likelihood of reporting an ongoing error in the care of an unstable patient ($p < 0.001$) prior to and after course completion.

(154) The Electronic Medical Record: A Tool for Teaching Chronic Disease Management

Nancy Clark, MEd; Paul McLeod, MD; and Curtis Stine, MD
Florida State University College of Medicine

FSU College of Medicine has incorporated the use of an electronic medical record system, SOAPware, in a third year longitudinal clinical experience to train students to utilize technology to better manage patients with chronic illness. This poster will describe this instructional activity including the objectives, logistics, benefits, and challenges of implementing such an ambitious, technology-based activity in a distributed, community-based medical school.

(156) Does a One-Day Teaching Seminar Improve Residents' Ability to be Effective Teachers?

James Dennis, MD - University of Florida College of Medicine

Teaching programs for residents are commonly utilized, yet most evaluations of these programs have been subjective and do not consider the participant's learning styles. Residents completing a one-day teaching seminar at our institution objectively demonstrated significant improvement in knowledge, which was retained over six months. Subjective evaluations were also improved and retained. All learning style (Kolb) groups improved using the active learning format, with assimilating and converging types improving the most.

Poster Presentations

(157) Description and Obtained Feedback on a Community Based Faculty Development Program: Results of a Survey

Dennis Baker, PhD; Paul McLeod, MD; Jennifer Rine, Andrea Leech, & Mollie Hill
Florida State University College of Medicine

The Florida State University COM has implemented a required and extensive faculty development program for community based preceptors who teach on required clerkships at all six regional campuses. The program focuses on teaching skills and medical informatics. This poster describes the faculty development program and displays the results of a survey administered to preceptors to help determine: (1) the value of the programs offered thus far and (2) their support for the faculty development requirements.

(159) Increasing Behavioral Science Medical Education through a Required Palliative Care Experience

Anne Gill, DrPH, MS, RN - Baylor College of Medicine

In 2004, the Institute of Medicine (IOM) identified six high priority behavioral science domains for inclusion in medical school curricula. We propose that increased training in palliative care can improve student knowledge and experience in three of those behavioral science domains, mind body interactions, patient-physician interaction, and physician role. We also suggest that a required palliative care experience may improve student's knowledge and skills in applying pain management principles.

(163) Use of Contract Learning in a Doctoring Course

David Rudy, MD - University of Kentucky College of Medicine

Doctoring courses do not lend themselves to traditional teaching or assessment. These courses mark the beginning of the transformation of a student who learns in the classroom being motivated by examinations to a life-long learner who is internally motivated by interests and the need to know for practice. Doctoring courses may be best utilizing contract learning in which students are given the opportunity to pursue interests and learning venues that best fit their needs.

(169) Reading Between the Lines: Making Sense of Medical Students' Open-ended Comments on Faculty Evaluations

Lou Ann Cooper, PhD - University of Florida College of Medicine

Student ratings of instruction during medical school have been the subject of numerous studies. This evaluation study combines quantitative data (Likert scale ratings of faculty performance) with qualitative data (students responses to open-ended questions) in an effort to provide a more complete picture for both formative and summative purposes).

Poster Presentations

(171) Faculty Development and Recognition: The Keys to Building a Pro-Teaching Environment

Joan Friedland, MD, MPH; Andrew P Wilking, MD; Teri Lee Turner, MD, MPH, MEd; Nancy S. Searle, EdD & Elizabeth Nelson, MD - Baylor College of Medicine
Michael Coburn, DPM
Charlene M. Dewey, MD, MEd, FACP – Vanderbilt University School of Medicine

In 1993, there was a dearth of faculty educator development and recognition opportunities at Baylor. In addition, the P&T committee did not value educational activities of faculty in making P&T decisions. By 2003, the College offered 92 hours-per-year of workshops/activities, an educational fellowship, a Masters of Education degree program, a peer mentoring program, an academy, and a criterion-based teacher recognition program – now highly valued by the P&T committee. Our poster describes how this occurred.

(172) Medical Technology Mondays: Teaching Internal Medicine Interns Evidence-based Medicine and Information Resources

Elizabeth Marlowe, MEd & Stephanie Ann Call, MD, MSPH
Virginia Commonwealth University School of Medicine

This program for Internal Medicine interns aims to increase knowledge and skills in information technology use and information resources for evidence-based medicine. Learners demonstrate knowledge of information resources to support life-long learning, the ability to construct an appropriate clinical question based on a patient problem, the ability to obtain valid and reliable answers efficiently and effectively, and the ability to create and deliver an effective slide presentation.

Techville Demonstrations

(11) SGEA Techville Demonstration

Charlene Dewey, MD, MEd, FACP - Vanderbilt School of Medicine
MV Tejada-Simon, PhD, MEd; J Culberson, MD; NJ Ismail, MD, MEd, MPH; T Turner, MD, MEd, MPH ;
CS Patton & JA Friedland, MD, MPH

Residents spend a significant amount of time teaching, leading teams and role modeling for students; many are without formal training. With resident duty hour regulations limiting residents' time in the teaching setting, alternative teaching venues should be considered. Web-based learning tools are becoming more popular in medical education. They provide flexibility for learners and reduce geographical and temporal constraints. We created interactive, self-learning, web-based modules covering residents' knowledge, attitudes and skill in teaching and leadership.

(17) Where There's a Will, There's a Way: Developing E-learning from the Perspective of Two

Audrey H. Kuntz, EdD, MSN, RN & James L. Bills, EdD, MS
Vanderbilt University School of Medicine

Introduction: The objective was to develop a method to educate healthcare team members on effective patient handoffs in the PACU.

Methods: Live handoffs were scripted and filmed using standardized clinicians. Lectora™ was the software authoring system. Separate modules introduced handoffs, team roles and responsibilities, and overcoming communication barriers.

Results: A 45-minute interactive lesson. Modules provided learners the flexibility of viewing individual sections at workstations as time permitted.

Conclusion: Highly successful. Positive features (noted in post-training surveys) included: 1. relevance to issues involving poor communication; 2. teaching team roles/responsibilities; and 3. the realism of filmed handoff vignettes.

(28) Simulation of Lung Sounds: Improving Medical Student Diagnostic

Don Hayes, MD & Steve Kraman, MD
University of Kentucky College of Medicine

Introduction: A major component of medical education is hands on learning and training. Supplemental training with model simulation is often used as an educational tool to expand and improve learning that may not be available otherwise.

Methods: Medical students were asked to use this lung sounds simulation program and to report outcomes.

Results: Medical students used this simulation program and reported anecdotal improvement in their auscultatory skills.

Conclusion: Simulation of lung sounds appears to be a low cost supplemental teaching tool that can aid medical student education. A research project is being developed to test this scientifically.

Techville Demonstrations

(35) Development of Virtual Patient with Fixed Cranial Nerve Pathology

Juan C. Cendan, MD; Bayard Miller, MD; Wang Xiyong, Joshua A. Horton & Benjamin Lok, PhD
University of Florida College of Medicine

Introduction: The injured cranial nerve virtual patient (VP) simulator has been developed and is being tested in faculty and students for “debugging” purposes.

Methods: The VP is presented in a clinical environment. A standard physician-patient evaluation occurs.

Results: Excellent immersion is noted by both faculty and students. The evaluator is immediately engaged by the physical findings and the history. The interaction is quite natural.

Conclusion: VPs will fill a niche in medical education and testing for catastrophic or rare conditions that cannot be mimicked otherwise.

(36) Toolkit for Illustration of Procedures in Surgery (TIPS)

Juan C. Cendan, MD; Sergei Kurenov, Minh Kim, Sukitti Punak & Jorg Peters, PhD
University of Florida College of Medicine

Introduction: We have built a proof-of-concept environment and have authored an adrenalectomy illustration and teaching unit.

Methods: Faculty and residents have evaluated the system from both the teacher and learner perspectives.

Results: Subjects feel that the system holds great potential. Limitations include the ongoing need for assistance from the computer sciences personnel during the programming.

Conclusion: The current model offers an interesting option for surgical simulation that would allow site-of-use alterations currently not available from commercial simulators.

(45) Geriatric Syndrome Educational Card Sets

Laurence Solberg, MD - Vanderbilt University School of Medicine

The American population is growing older. Currently there are 40 million Americans aged 65 or older. In 2030, there will be more than 70 million. Physicians must be attuned to syndromes that are unique to geriatric patients. This demonstration reviews a new educational tool, a quick reference card set of ten common geriatric syndromes. The cards cover descriptions, evaluations, and management of these common syndromes. The cards may be used by all levels of practitioners.

(70) MedEdPORTAL Demonstration

Robby Reynolds - Association of American Medical Colleges

The Association of American Medical Colleges (AAMC) developed MedEdPORTAL (www.aamc.org/mededportal) as a free publishing venue and dissemination portal to support educators as they create on-line teaching materials, assessment tools and faculty development resources, and to ensure that their contributions are recognized by their colleagues. MedEdPORTAL is being utilized by all 143 US and Canadian AAMC member medical schools and by over 500 teaching hospitals and institutions in over 20 different countries.

Techville Demonstrations

(71) Individualized Training Methods for Standardized Patients (SP)

Josie Hasle - Meharry Medical College

Training methods based on nationally accepted standards are applied throughout the training of SPs to simulate and evaluate patient cases for each OSCE at Meharry Medical College's SP Program. In addition, all tenured SPs are required to view TVEs of themselves simulating a reassigned patient case and complete the corresponding Patient Case Checklist. The Patient Case Checklist is the list of skills to be accomplished by the student in a patient case encounter with SP simulating the role of a patient.

(75) A Wikipedia-like Resource for Integrated Curricula

J. Steven Thomas, PhD - Meharry Medical College

The current enthusiasm for "integrated curricula" often results in course materials that reference multiple readings from what are still discipline based resources. The proposed fact/concept database allows interdepartmental review of required material and setting of appropriate student study priorities.

(82) MyCaseSpace: A Computer-Simulated Interactive Patient Case Portal Which Promotes Critical Thinking Skills and Provides Decision Maps, Curriculum Mapping, and Collaborative Learning Opportunities

David Segal, PhD - University of Central Florida

MyCaseSpace was developed to create dynamic interactive CBL modules with virtual speaking and animated characters to actively engage students in several health science courses. The interactive student-driven decisions and multi-lingual, gender, racial, and facial gesture features allows the educator to assess critical thinking, cultural and linguistic-specific learning processes. Significant improvements in student decision-making, motivation, communication, and cooperative learning skills have been demonstrated.

(85) An Online, Concept-Based Database of the Medical School Curriculum and Clinical Documentation

Joshua Denny, MD & Anderson Spickard, III, MD, MS
Vanderbilt University School of Medicine

We collect all curriculum documents of the medical school and all clinical notes of students into KnowledgeMap (curricular documents) and Learning Portfolio (automatically uploaded clinical notes). The systems automatically locate any medical concept of interest in order to evaluate and monitor School goals and individual's progress. Several studies reported in the literature confirm accuracy in locating relevant concepts and usefulness in affecting learning in the busy medical training setting. Other programs and universities have adopted the KM system.

Techville Demonstrations

(88) Spot the Error: A Game to Foster Interdisciplinary Teamwork and Promote Patient Safety

John H. Armstrong, MD, FACS; Gail Avigne, RN, BA, CNOR; & JS Gravenstein, MD
University of Florida College of Medicine

Introduction: We used StudioCode to create an interactive game, "Spot the Error," to highlight select team behaviors.

Methods: Interdisciplinary OR teams (7 personnel) played the game, "Spot the Error."

Results: Participation and empowerment occurred among all team members as the game progressed over sixty minutes.

Conclusion: "Spot the Error" made the concepts of situational awareness and assertiveness for safety tangible to an interdisciplinary team in an efficient way.

(94) Providing Feedback on Student Learning in Large Classes

William Brescia, PhD; Robert Shreve, EdD; Kimberlee Norwood, MS; Arthur Geller, PhD; Vicki Park, PhD & Heidi Kenaga, PhD.
University of Tennessee Health Science Center College of Medicine

Assessing student learning in large classes can be problematic. Audience response systems allow faculty to poll students at any time during a lecture to determine levels of comprehension. After polling faculty can gauge if there is a need to review material or proceed with instruction. Faculty development is an integral part of implementation process, supporting asking of questions that assess the materials covered. Methods for using an audience response system will be demonstrated.

(100) Electronic Test Administration in Undergraduate Medical Education

William Brescia, PhD; Heidi Kenaga, PhD; & Robert Shreve, EdD
University of Tennessee Health Science Center College of Medicine

Computer-based testing creates a system where the entire process from development of questions to reporting grades to students is optimized by assessment software. Electronic assessment allows for the rapid statistical analyses of student outcomes and can be reported to faculty in various formats. This demonstration will show the entire process from the initial setup to grading of completed tests and address complexities of electronic assessment.

(102) Promoting Patient-Centered, Quality Care to Improve Patient Satisfaction using USB Thumb Drive Motivational Prompts

Susan M. McDowell, MD & Rosemarie L. Conigliaro, MD
University of Kentucky College of Medicine
Laura Lee Cundiff, Sean T. Asbury, & William R. Gombeski, Jr.
University of Kentucky HealthCare Marketing

Providing care that results in high patient satisfaction requires knowledge, skills, and attitudes that reflect the ACGME competencies. Education along with continual reinforcement is necessary to attain competency in these areas. Providing patient-centered, quality care motivational prompts via a USB thumb drive is an innovative technique to educate and promote behaviors that lead to patient satisfaction. At the University of Kentucky, Residents and Fellows in GME responded positively to using this novel technology.

Techville Demonstrations

(108) Clinical Portals: A Resource Management System for Residency Education and Patient Care

Laura K. Cousineau MLS; David J. Annibale, MD; M. Olivia Titus, MD; Sherman Paggi & David McCabe
Medical University of South Carolina

The Pediatrics Education Group worked with the Library to produce clinical and educational tools for three clinical divisions. Residency directors and a librarian set up a WebCT unit and clinical portals for three divisions. For the Peds ER, web statistics show heavy use by residents and other clinicians, and a survey indicates that the portal is preferred to Google, is perceived as reliable, trustworthy and easy to use, and has an effect on patient care.

(129) Developing Presentations Based on Instructional Design

Susan Brewer, MD & William Brescia, PhD
University of Tennessee Health Science Center College of Medicine

We will demonstrate the principles of instructional design in creating effective slide presentations. By employing visual design, we improve engagement and learning. This supports medical students' learning to understand visual information which they must later apply in medical decision making. This demonstration will examine the various design components to show information in ways that help students determine what the main idea is, lead them through the hierarchy of ideas, and reinforce the main points.

(137) Enhancing the Third Year Internal Medicine Clerkship with the Use of Ultrasound Technology

Mary Beth Poston, MD, MSCR; Caroline Powell, MD, MSCR; Davinder Lally, MD; & Nancy Richeson, MD
University of South Carolina School of Medicine

Bedside ultrasound has the potential to augment the physical examination and to improve the diagnostic accuracy of medical students and residents. This study seeks to determine whether use of bedside ultrasound improves the identification of thyroid abnormalities among third year medical students during the Internal Medicine Clerkship. Students will be examined at the end of the clerkship by the use of an objective structured scenario involving a patient with a thyroid complaint.

(165) Evidence-Based Drug Information via the Internet

Martha Earl, MSLS; Brenda Green, MLS; & Sandy Oelschlegel
University of Tennessee Graduate School of Medicine and Health Science Center

Introduction: We taught physicians, medical students, and other health professionals how to ask the question most effectively in PICO format, where to find the best evidence sources, and how to judge an article on drug therapy for relevance and validity.

Methods: We used a PICO worksheet and sample cases to train participants how to ask questions. We demonstrated which databases and Internet sites have the best evidence drug information and how to use those most effectively. We then asked participants which sources and what approaches they would employ. We analyzed a sample article using an EBM therapy worksheet to determine if the scientific evidence matched the authors' conclusions.

Results: Students learned to ask questions in PICO format, demonstrated their understanding of which databases and techniques to use, and described the relevance and validity of a drug therapy clinical trial.

Conclusions: Participants improved their question skills, selected which information sources to turn to first, and analyzed articles to find out if the authors' assertions could be confirmed.