2012 OSR Annual Meeting Poster Sessions Participants

1. Association of American Medical Colleges – Careers in Medicine

2. Association of American Medical Colleges – MCAT2015 A Better Test for Tomorrow’s Doctors - How can you help?

3. Albany Medical College – Medical Spanish Class

4. Albany Medical College – The Albany Medical College Patient Navigator Project: Medical Students as Patient Navigators

5. Albany Medical College – Validation of MSARS (Medical Student Patient Attitudes and Social Responsibility Scale): A scale to evaluate medical student service learning outcomes

6. Baylor College of Medicine – Baylor Community Service Day

7. Cleveland Clinic Lerner College of Medicine of Case Western Reserve University – Cleveland Clinic Lerner College of Medicine’s Capstone Experience

8. East Tennessee State University James H. Quillen College of Medicine – Innovative Approach to the Gross Anatomy Teaching Lab

9. Eastern Virginia Medical School – Anatomy Guy: Engaging the World by Engaging Students and Faculty in Vertically Integrated Medical Curriculum for the Web

10. Eastern Virginia Medical School – HOPES Grand Rounds

11. George Washington University SOM & Health Sciences & University of Cincinnati COM – Patient Quality & Safety: Measuring the Gaps in Medical Education

12. Indiana University School of Medicine – Indiana University Simulation Integration Rubric (IUSIR)

13. Louisiana State University Health Sciences Center New Orleans – Camp Tiger

14. Loyola University Chicago Stritch School of Medicine – Community Action through Relationships and Education (C.A.R.E.)

15. Loyola University Chicago Stritch School of Medicine – Jesuit Medical Collaborative

16. Loyola University Chicago Stritch School of Medicine – Loyola CommunityHealth

17. Loyola University Chicago Stritch School of Medicine – Loyola Global Health Scholars Fieldwork Fellowship

18. Loyola University Chicago Stritch School of Medicine – Opportunity Knocks: Community for support of young adults with developmental disabilities

19. Loyola University Chicago Stritch School of Medicine – Physicians for Human Rights

20. Loyola University Chicago Stritch School of Medicine – Society of Women’s Health

21. Loyola University Chicago Stritch School of Medicine – The Answer: A community based Autism Advocacy Group
22. Loyola University Chicago Stritch School of Medicine – Wellness Wizards

23. Loyola University Chicago Stritch School of Medicine – Youth Night

24. New York University School of Medicine – Bridging the Gap Between Faculty and Students: Course Liaisons

25. New York University School of Medicine – Creating Translational Physician-Scientists: The MSCI Program

26. New York University School of Medicine – Health Education and Literacy Program

27. New York University School of Medicine – NYU Patient Safety Module

28. New York University School of Medicine – Students for Growing Interest for Transplantation (S4GIFT)

29. New York University School of Medicine – Teaching the Spiritual History – Medical Students’ Case Study

30. Oakland University William Beaumont School of Medicine – Classroom to Community – Integrated Influenza Vaccination Program

31. Oakland University William Beaumont School of Medicine – Working Together for the Patient: A Showcase of Inter-professional education

32. Oregon Health and Science University School of Medicine – Surviving LCME Reaccreditation: The Student Process and Perspective

33. Texas A&M Health Sciences Center College of Medicine – OSR Role During LCME Preparation and Site Visit

34. The Commonwealth Medical College – Longitudinal Integrated Clerkship: Changing Traditional 3rd Year Curriculum

35. The University of Texas Medical Branch – Practice of Medicine Course

36. The University of Toledo College of Medicine – The University of Toledo Interprofessional Immersive Simulation Center and Medical Student Education

37. Tulane University School of Medicine – Integrating LGBT Content into Undergraduate Medical School Curricula: A Qualitative Study

38. University of Alabama at Birmingham School of Medicine – A vision for improving medical education efficiency and accelerating clinical expertise acquisition with digital learning environments

39. University of Central Florida College of Medicine – Student perceptions on incorporating peer-developed board review sessions into medical education

40. University of Central Florida College of Medicine – Technology in Medical Education: Revolutionizing the Medical Curriculum to Prepare Students for Healthcare in the 21st Century

41. University of Cincinnati College of Medicine – Can a button save a life?

42. University of Iowa Carver College of Medicine – Carver College of Medicine Writing and Humanities Program

43. University of Iowa Carver College of Medicine – Distinction Tracks
44. University of Louisville School of Medicine – Longitudinal Standardized Patient Program

45. University of Massachusetts Medical School – Curriculum Integrated Learning Communities Enrich Student-Mentor Relationships

46. University of Massachusetts Medical School – Flexible Clinical Experiences: Self-selected Learning Opportunities for Third Year Students to Focus Their Medical Education

47. University of Miami Leonard M. Miller School of Medicine – American Association of Physicians of Indian Origin Conference

48. University of Miami Leonard M. Miller School of Medicine – Doctor's note: more than just making music

49. University of Miami Leonard M. Miller School of Medicine – Hands-on Experience with Medical Ethics: Medical Student Participation in Hospital Ethics Committees

50. University of Miami Leonard M. Miller School of Medicine – Mentoring Breakfast as a Model to Relay Personal and Career Development Advice

51. University of Minnesota Medical School – Project CHANCE: Patient-Centered Health Care Home

52. University of Minnesota Medical School – TransHealth Externship

53. University of Minnesota Medical School – Upperclass Medical Student Rotation Selection Processes and Student Satisfaction

54. University of Mississippi School of Medicine – Building Intuition in the Classroom with Integrative Physiology Simulations

55. University of Mississippi School of Medicine – Designing a Medical School Capstone Course

56. University of Mississippi School of Medicine – Navigating the M1-M2 Summer: Unique Programs to Enrich Student Education

57. University of Mississippi School of Medicine – Predicting Student Performance on USMLE Step 1

58. University of Missouri School of Medicine – MedZou Community Health Clinic

59. University of New Mexico School of Medicine – Near-Peer Mentoring and its Effects on USMLE Step 1 Performance and Anxiety

60. University of Oklahoma College of Medicine – Capstone: The Culmination and Highlight of Curriculum 2010

61. University of Oklahoma College of Medicine – OU School of Community Medicine Student Academy

62. University of Rochester School of Medicine and Dentistry – UR Street Outreach

63. University of Tennessee Health Sciences Center College of Medicine – Skills and Simulation Center

64. University of Utah School of Medicine – Does Long Term Clinical Exposure to Primary Care During the Preclinical Years Influence the Career Choice of Medical Students?

65. University of Utah School of Medicine – What can we do 4 You: Medical Education through Service

66. University of Vermont College of Medicine – Comparison of Clinical Education Experience at Remote Sites
67. University of Vermont College of Medicine – ScienceDC: A Medical Student Led Educational Initiative for Underprivileged DC Middle Schools

68. University of Washington School of Medicine – The Maturation of an Early Clinical Immersion Program at the University of Washington School of Medicine

69. Vanderbilt University School of Medicine – Vanderbilt Educational Garden Initiative (VEGI)

70. Wayne State University School of Medicine – My Health Report - A Student Initiative

71. Wayne State University School of Medicine – OSR Home School Website - Effective Communication Analysis

72. Wright State University Boonshoft School of Medicine – An Extension of the Healer’s Art: Developing a Finding Meaning in Medicine Group for Medical Students

73. Wright State University Boonshoft School of Medicine – Evaluating Student Perceptions of Clinical Quality and Safety
Careers in Medicine (CIM) helps you explore your career options, choose a specialty, and apply to residency programs that meet your goals. CIM provides information, products, and services to support specialty choice activities throughout medical school. The core of the program is based on a career development process comprised of four phases: Understanding Yourself, Exploring Options, Choosing a Specialty and Getting into Residency. Resources include an extensive web site, student guide, self-assessment tools, career information on more than 120 specialties and subspecialties, decision-making exercises, specialty choice and residency application information, and Choices, our quarterly newsletter. More information is available at www.aamc.org/careersinmedicine.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES [Table #2]
Program/Project Title: MCAT2015 A Better Test for Tomorrow’s Doctors - How can you help?
Presenter(s): Camille Leverett, Jen Page
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In January 2015, the AAMC will launch the new MCAT2015 exam. The purpose of the poster is to a call to action for the OSR Representative we want them to help us build awareness of the new MCAT exam to future medical students. They are role models for the next generation of doctors.

An overview of the new exam
A better test for tomorrow’s doctors. That’s what the new Medical College Admission Test® (MCAT®) is designed to deliver.

Purpose of the changes
The changes preserve what works about the current exam, eliminate what isn’t working, and further enrich the MCAT exam by giving attention to the concepts tomorrow’s doctors will need.

New sections
- Natural sciences sections of MCAT2015 reflect recent changes in medical education.
- Addition of the social and behavioral sciences section, Psychological, Social and Biological Foundations of Behavior, recognizes the importance of socio-cultural and behavioral determinants of health and health outcomes.
- And the new Critical Analysis and Reasoning Skills section reflects the fact that medical schools want well-rounded applicants from a variety of backgrounds.

How the OSR can help
- Sharing information about the new MCAT exam and your own MCAT experience with high school and college students
- Referring pre-health majors to the AAMC website
- Distributing MCAT2015 materials at events for students
- Volunteer to speak to students

ALBANY MEDICAL COLLEGE [Poster #3]
Program/Project Title: Medical Spanish Class
Presenter(s): Emanuele Maccalli
Email: MaccalE@mail.amc.edu

There are 35 million U.S. residents who speak Spanish at home as of 2009 [1]. Of these, just under half are not proficient English speakers. In addition, the poverty rate among the Hispanic population was 25.3% in 2009. Today, caring for patients who are more comfortable speaking Spanish is routine. Many hospitals rely on translators to bridge the language barrier, however, having a healthcare provider that understands Spanish even at a basic level improves patient care by building trust and promoting cooperation. For the past two years, Albany
Medical College has been offering a Medical Spanish class to first and second year medical students. This two-year program, which students can apply to participate in, is taught by an accredited Spanish professor from the College of Saint Rose. The class meets weekly for one hour and focuses on learning Spanish medical terminology, by practicing medical scenarios and simulating patient interviews in Spanish. Our goal is not necessarily to become fluent, but to be able to improve the patient-doctor connection by increasing communication in the language that is familiar to the patient. An important component of the class is also learning about the cultures of Spanish-speaking countries and the ways that culture influences the interactions people have with their doctors and other medical personnel. Guest speakers have included native speaker doctors, physicians that have participated in service missions to Spanish-speaking countries, medical interpreters, and patients who have encountered difficulties with language barriers in their care. Some of the elements that set this program apart from others similar to it are that it is more than a student run interest group, it is a formal course taught by an accredited professor, it is a two-year program, and upon completion of the class students receive a Deans letter in their file, along with a certificate of completion. This is meant to both encourage students to participate wholeheartedly and reward them for their accomplishment. With this program, Albany Medical College hopes to improve future physicians’ cultural sensitivity to the populations they are serving, thus improving patient care.

1. 2009 American Community Survey by the Census Bureau

**ALBANY MEDICAL COLLEGE** [Poster #4]
Program/Project Title: *The Albany Medical College Patient Navigator Project: Medical Students as Patient Navigators*
Presenter(s): Neena Jube
Email: juben@mail.amc.edu

As medicine has evolved over the past few decades and delivery systems have become more complex, health literacy has become increasingly important in impacting a patient’s health, including prevention and management of chronic disease. For instance, patients with lower levels of health literacy are associated with late detection of chronic illnesses, poor prognoses, higher rates of hospitalization, and poor medication compliance, which all lead to poorer health outcomes (Clement et al, 2009). Patients’ lack of medical knowledge and ability to read, comprehend, and communicate their concerns prevent them from effectively overcoming various roadblocks in our system. Ultimately, as the way Americans provide medicine has become more complex, navigating the system has become increasingly difficult for patients. In an effort to decrease the health literacy disparity among patients and specifically reduce breast cancer mortality in the Albany community, Albany Medical College (AMC) piloted the Albany Medical College Patient Navigator Project. Created in 2010, this program is the first in the nation to exclusively use and empower pre-clinical medical students as patient navigators based on the Harold P. Freeman Patient Navigation Institution’s model. AMC’s Patient Navigator Program trains medical students to provide one-on-one guidance and promotes continuity of care for the patient. Through face-to-face contacts, phone calls, and multiple follow ups over 4-6 months, students help breast cancer patients function within the healthcare system by identifying each patient’s specific barriers and providing them the necessary resources and support to address such challenges. In addition to making a positive impact on the patients, the Patient Navigator Program provides medical students early exposure to the clinical setting, opportunities to learn how to communicate with patients under emotionally and physically challenging situations, and become proficient themselves in navigating our healthcare system. This experience provides each student navigator a strong understanding of the impact of physician–patient interactions and non-biological determinants of health and community resources.

**ALBANY MEDICAL COLLEGE** [Poster #5]
Program/Project Title: *Validation of MSARS (Medical Student Patient Attitudes and Social Responsibility Scale): A scale to evaluate medical student service learning outcomes*
Presenter(s): Julie Westberg
Email: westbej@mail.amc.edu

Service learning is a structured learning experience that combines community service with intentional learning objectives, preparation and reflection. Currently, attempts are being made to institute service learning opportunities at all levels of higher education including medical school curriculum. The Liaison Committee on Medical Education (LCME) requires “an institution that offers a medical education program should make available
sufficient opportunities for medical students to participate in service-learning activities and should encourage and support medical student participation.” Research primarily focusing on student-identified learning outcomes from service learning has been undertaken. However, analysis of literature done on the topic reveals limited use of validated surveys for objective measurement of student learning outcomes. Using a combination of a validated survey used in undergraduate students and historical information from qualitative studies of learning outcomes in medical students, a new survey was created to standardize the assessment of service learning opportunities in medical school curricula. After administering the survey, analysis of the data was performed to validate the newly created survey. MSARS (medical student patient attitudes and social responsibility scale) is a validated survey that can be used to objectively measure medical student learning outcomes from service learning experiences.


BAYLOR COLLEGE OF MEDICINE [Poster #6]
Program/Project Title: Baylor Community Service Day
Presenter(s): Jacqueline Guidry, Arindam Sarkar
Email: jaguidry@bcm.edu

Based on discussions between the Deans and student representatives at last year’s AAMC meeting in Denver, Colorado, we decided to develop a program to emphasize community service within the Baylor College of Medicine (COM) curriculum. The project had three main objectives: (1) to give back to the community that the students would later be serving as healthcare providers, (2) to build cooperation and camaraderie between newly starting medical students, and (3) to educate students about local healthcare related resources in the Houston, Texas community at a very early point in their medical education.

The program was designed and carried out by the three OSR representatives at Baylor COM with support from our Associate Dean, Mary Brandt, M.D., and our Registrar, John Rapp. The Community Service Day included eleven different community sites, each of which had a facilitator for the day’s events. Funding was minimal, but what we did purchase (tools for two of the site projects, disposable cameras, t-shirts for participating students) was paid for by a combination of donations from community businesses and the Office of Student Affairs.

We were able to send over 225 students to 11 different healthcare related sites in the Houston community. Each site had anywhere from four to fifty students depending on the needs of their facility. Ben Taub General Hospital (BTGH), where students complete a major part of their clinical curriculum, was one of the sites that participated in the Community Service Day. With only ten student volunteers, they were able to assemble 134 waiting room kits, 85 toiletry kits, and over 1,000 service recovery items for BTGH patients. Not only did our incoming students get very early exposure to the patient population that they will later be working with as providers, but they also got the chance to help these patients with a non-medical need. In addition to the project at BTGH, students were able to assist with vaccinations and cholesterol screening at two community health fairs, reorganize and clean a playroom and library at a center designed to serve sexually abused children, provide painting, hedging, cleaning, and organization at a live-in facility for mentally retarded adults, and much more.

The students were surveyed following the event to get their perspective about the Community Service Day. 91% of students reported that the event helped or absolutely helped them get to know their classmates and 70% of students reported that the event helped or absolutely helped them learn about healthcare related resources available in the Houston community. From the initial brainstorming at last year’s meeting, I am personally thrilled to have seen this event brought to fruition. Baylor College of Medicine is excited to be a part of the Houston community and we are so glad that we got to welcome our first year students into this valued commitment so early in their medical education.
The goals and structure of the fourth year of medical school has been heavily debated by faculty, deans, and in the literature. In fact, this is such a “hot” topic that it was addressed in an editorial by Dr. Steven Kanter in the July 2009 issue of Academic Medicine. Common themes that are suggested as the emphasis for the last year of medical school include focusing on electives that prepare the individual student for residency, or having dictated curricular goals that focus on “preparing graduates to practice and lead in a redesigned 21st-century health system,” so that they can “provide superior access and outcomes at sustainable costs,” as suggested by Merando and Wulling in the November 2010 issue of Academic Medicine.

As a potential solution to this quandary, and in an effort to offer greater structure and programming that is pertinent to the start of intern year the Cleveland Clinic Lerner College of Medicine (CCLCM) developed a two-week capstone experience for its senior medical students centered on Match Day. The program included a combination of sessions that all students were required to attend as well as sessions that students could choose based on their interests. The former included sessions on emotional intelligence, advanced cardiac life support training, a session at the Cleveland Museum of Art, a session on the history of the Cleveland Clinic, a session on practical aspects of life as a resident, financial aid counseling, and a research day. The latter included sessions on acid base disorders, medicine on-call problems, basic suturing and knot tying, chest x-ray interpretation, inpatient glucose management, heart and lung sound diagnostic challenges, intubation and airway management, laparoscopic suturing, prescription writing, mock code simulations, stress management, ECG interpretation, surgery on-call problems, conducting difficult family/patient meetings, and ultrasound guided central venous access.

Both quantitative and qualitative data was obtained from the set of first students that participated in the capstone experience, which will be shared in the poster. The hope is that by sharing CCLCM’s experience in developing and executing this course, other medical schools can benefit by creating or modifying their own versions of the capstone in an effort to maximize fourth year learning opportunities.

The Quillen College of Medicine at East Tennessee State University has reinvented the laboratory experience for the Medical Gross Anatomy and Embryology course. With cutting-edge iPad technology at every dissection table, medical students are empowered to have high-yield learning experiences. The central hub of information, armed with educational Apps, has optimized time efficiency by lessening time spent flipping through books to more time spent dissecting. Students are also given early opportunities to present clinical cases in the lab, which improves peer-peer performance and heightens team-based learning. Furthermore, the mirroring capabilities of the iPad allow professors and students to teach from a single access point and deliver that image throughout the laboratory on numerous large screen monitors. Student feedback has indicated that having this technology gives them added ownership in their education and makes their dissection experience more meaningful. Similar enthusiasm has been seen by other disciplines that use our facility: Physical Therapy and Nursing Anesthesia, Cell & Tissue Biology and Clinical Neuroscience implemented this concept in their teaching labs and have found it to be successful. The College of Medicine strongly believes the integration of this technology into their curriculum furthers the University’s goal of continuing to strengthen the student-learning environment that focuses on the overall professional development of students and residents.
Medical schools are encouraged to integrate basic medical sciences into the senior years of medical training, and to develop an educational curriculum that engages the learner with “anytime-anywhere technologies.” The Anatomy Guy website (www.Anatomyguy.com) was developed with both vertical and horizontal integration of medical curricula as a goal. The site uses green screen technologies, a WordPress web frame and streaming video, as a means of delivering freely accessible, high quality medical education curriculum to the world. Funding was provided through an incentive fund of the lead faculty member Dr. Craig Goodmurphy and an EVMS giving campaign.

Involvement Benchmarks
Since its inception in August 2010, the Anatomy Guy has involved students and faculty in its productions and has been tracking and gathering data on usage using Google Analytics©. Growing from only 21 videos, the site now boasts over 250 videos—which include videos from anatomy, histology, pathology, neuroscience, immunology and physiology courses. In addition, several subspecialties videos are also available which include general surgery, rheumatology, ENT, emergency medicine, plastic surgery, neurology, radiology and family medicine. Further, the Anatomy Guy site has made three educational grant applications, and five of its associated projects were accepted for presentation at professional meetings. The site’s video production involved over 45 first year, fourth year and surgical assistant students, as well as 55 high school students, six undergraduate students and 12 resident specialists. The site also become part of two fourth year electives in Advanced Clinical Anatomy and a Community Leadership elective as well as a school club called the Galen Club.

Impact Benchmarks
In the first month of the site’s activity, globalization was impressive with over 4,814 virtual visits from 78 countries. Interestingly, despite good numbers in the early months, most of the viewership (86.8 %) was from the US viewers, mostly from local students in Virginia--where the site originated. In one year, viewership was up to 11,220 visitors from 111 countries, with only 45% coming from US viewers (and only 23% of US views were from Virginia). By the end of its first two years, the Anatomy Guy site was visited by people in more than 180 countries with over 155,000 visitors and 395,000 pages totaling nearly 9,000 hours of viewing time. Projecting to the site’s 24th month, numbers are predicted to exceed 15,000 visitors, with a growing number from around the US.

Future Involvements
The Anatomy Guy site has plans for growth and expansion of videos as well as packaged curriculum for meeting the needs of the modern premedical, medical and post graduate viewers. Clearly, the Anatomy Guy, Khan Academy, and even globally available universities such as the experimental University of the People are already making an impact and in the future will be well positioned to meet the academic needs and world demand for quality, integrated and globally available curriculum.

"Improving Patient Care through Implementation of Student-Run Grand Rounds Presentations"

Ensuring quality of patient care in medicine requires active learning and education of various patients, disease processes, and therapeutic treatment. Traditionally, Grand Rounds presentations have been a critical format for maintaining and improving clinicians’ knowledge base and ability to provide effective patient care. The HOPES Clinic at Eastern Virginia Medical School seeks to promote this environment of education by implementing student-led Grand Round presentations with the aim of ensuring that students are providing optimal care for their patients.

As a student-run enterprise, the HOPES clinic consists of medical teams comprised of a senior clinician (a third or fourth year medical student or second year physician assistant student) and a junior clinician first or second year...
medical student or first year physician assistant student). The medical team takes the lead in the patient visit from start to finish, performing a complete H&P prior to presenting to an attending physician. With the oversight of the physician, the medical team is able to identify appropriate patient cases to present in a Grand Rounds setting, looking especially for cases where there are teaching points regarding patient care, disease processes, or social barriers to health. The subsequent presentation is also completely student led with the clinicians who identified the patient leading the discussion. Relevant history, physical exam findings, differential diagnoses, and treatment plans are among the items addressed, as well as social and quality of life issues.

The HOPES Clinic, like all student-run free clinics, is committed to providing optimal community-based care, and the student-led discussions allow us to do so through review of difficult cases and subsequent quality improvement.

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GEORGE WASHINGTON UNIVERSITY SOM & HEALTH SCIENCES / UNIVERSITY OF CINCINNATI COM

Program/Project Title: Patient Quality & Safety: Measuring the Gaps in Medical Education
Presenter(s): Amy Waldner, Ravi Grandhi
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Goals of the project
1. To measure the gap between what medical students are taught about Patient Quality and Safety (Q&S)
2. Identify areas of improvement in the curriculum in which Q&S is taught
3. Incorporate Q&S into competencies taught in medical school to a larger extent
4. Increase awareness of Q&S in years 1&2, and years 3&4
5. Perform a literature review regarding Q&S safety in medical education
6. Evaluate the extent to which the 'hidden curriculum' of medical education influences Q&S

Mechanism of measurement
1. Distribute an informal questionnaire to select medical schools
   a) 4 components of the questionnaire
2. What is the level of knowledge about Q&S among medical students (ACGME milestones)?
3. What are the attitudes of medical students regarding Q&S?
4. What behaviors are they witnessing amongst their colleagues and teachers (interns, residents, attendings) regarding Q&S?
5. What do fourth year medical students think is missing/important to add to their medical education (opportunity cost)? How do they think Q/S should fit into the preclinical and clinical years?

End Goal
Using the survey results and literature review, devise recommendations and guidelines schools can use to incorporate Q&S into medical curriculum

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INDIANA UNIVERSITY SCHOOL OF MEDICINE

Program/Project Title: Indiana University Simulation Integration Rubric (IUSIR)
Presenter(s): Deepak Agarwal
Email: dkagarwa@iupui.edu

The Indiana University Simulation Integration Rubric (IUSIR) is a multifaceted tool to help consistently, accurately and comparatively assess student performance during interdisciplinary educational exercises. IUSIR includes evaluation of communication skills, team building skills, decision-making skills and technical skills in order to provide a measure of student performance on standardized simulations. At the Indiana University School of Medicine (IUSM) Bloomington campus, medical students and nursing students are assigned to groups in which they participate in simulations together for two years. The IUSIR was created to effectively assess student performance on a variety of categories and relate them to competencies and has been shown to have inter-rater reliability and other desirable measures of grading consistency. IUSIR is a flexible tool that can be modified to meet the differing needs in simulation assessment and is continually evolving based on discovering novel, important assessment points during simulations. With increasing nationwide interest and emphasis on interdisciplinary education, IUSIR provides a rubric for consistent and adequate evaluation of these activities.
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS [Poster #13]
Program/Project Title: Camp Tiger
Presenter(s): Laura Rachal, Cory Roberts, Annette Zacharia
Email: lrach1@lsuhsc.edu

Camp Tiger is a non-profit, week-long summer camp for children between the ages of six and fifteen years old with physical and cognitive disabilities. It was founded in 1985 by first-year medical students from the LSU School of Medicine in New Orleans, and since its inception has benefitted over 1,500 children from the Greater New Orleans area. Its mission is to provide campers an opportunity to enjoy activities without being singled out for their disabilities. Many of these children would never be able to attend a summer camp because of various disabilities requiring needs beyond what most camps can provide. This camp provides them with a release from all the adversity they may have to face on a daily basis and gives them a chance to be a "normal kid." With two medical students serving as counselors per child, they receive undivided and individual attention, taking them to places such as the zoo, aquarium, and bowling, and carnivals.

This camp serves as an annual medical school project for the freshman class, who is for organizing, staffing, and funding the camp. The cost of executing the camp for 100 campers and 200 counselors each year is approximately $65,000, and attendance is free due to extensive fundraising efforts by first-year medical students. The entire class works hard to seek alumni, corporate, and public donations, and plan events such as a silent benefit auction, band concerts, and golf tournaments. In addition, Camp Tiger provides various opportunities for first-year medical students to take leadership roles in the class. Such a large undertaking is spread amongst publicity, auction, fundraising, activities, and food committees. For many students, this is the first time being able to give back to the community in a way they never have before. Those involved in planning the event build relationships, interpersonal, organizational, and leadership skills. All of these events promote a sense of community within the medical school while the students are also interacting with the local New Orleans community.

Often times, having children with special needs can place a huge financial and emotional burden on the parents. They have to fight make services available for their children and even have to fight for a simple education. In addition, caring for their children can be very tiring. This week is also provides a release for the parents, whose children are allowed to be independent of them for a week. Yet, parents are often brought to tears of joy when seeing a totally different side of their child that they had never seen before Camp Tiger. Camp Tiger truly embodies the meaning of being a compassionate, well-rounded physician. It recently celebrated its 27th anniversary and continues to provide a powerful experience for the kids, parents, and medical students alike.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #14]
Program/Project Title: Community Action through Relationships and Education (C.A.R.E.)
Presenter(s): Sara Fontanez, Matthew Partain, Andy Tully, Kevin Casey
Email: sfontan@lumc.edu

The C.A.R.E project, also known as the C8 group, is a student developed program designed to build relationships, foster dialogue, and cultivate an educational partnership between the Loyola University Hospital, particularly the Stritch School of Medicine, and the underserved local community of Maywood, Illinois. Each year, eight first year medical students are selected from a group of applicants and in pairs, assigned to work with a local low-income family facing complex health and social issues. With supervision from the families' primary care physician, the second year student leaders, and resources provided by diverse team of healthcare professionals, the C8 students work with their patient families to develop goals for improved healthy living. Students act as health educators and advocates on issues ranging from management of chronic disease, to support for weight loss and smoking cessation, to acquisition of social services. While volunteer families benefit from the support and regular contact with their student advocates, students gain first-hand experience navigating the complex healthcare system from the patient perspective, as well as learning about the physical, socioeconomic, psychological, and behavioral challenges that act as barriers to health. Additional components of the program include attendance of weekly group meetings for peer support and accountability, submission of quarterly reflections, and monthly participation in a community service project. Additionally, second and third year alumni are assigned as a mentor to a first year student to share their experiences and foster community between the program participants. Future goals for the C.A.R.E. project are to increase the level of student participation by recruiting more physician mentors, develop a community relationship between participating patient families, and to integrate the program as a voluntary part the school curriculum.
LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #15]
Program/Project Title: Jesuit Medical Collaborative
Presenter(s): Tom Hutch, Tom O'Connell, Andy Tully, Kevin Casey
Email: thutch@lumc.edu

The Jesuit Medical Collaborative (JMC) began in 2010 in an effort to combine resources, ideas, and opportunities among different institutions to support global initiatives. An interactive website allows for information sharing in three experiential subsets of global health activity: credit-granting, non-credit-granting, and faculty-sponsored experiences. This virtual network provides not only a forum for medical students to showcase opportunities both at home and abroad, but also serves as a platform for including students at other campuses in speaker series and events through live video conferencing and access to recorded presentations. The JMC also organizes volunteer opportunities in development and medical relief, the first of which was successfully completed in East Panama in May 2012 by a team consisting of medical students from Loyola University Chicago, Creighton University, Saint Louis University, and physicians and a global health representative from Loyola's International Service Immersion program, in partnership with Global Brigades, Inc. The success of the program calls for exploration into future formal sharing of international electives, shared academic relationships with international institutions, and an increase in research and educational initiatives through partnerships in global health.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #16]
Program/Project Title: Loyola CommunityHealth
Presenter(s): Jennifer Stancati, Andy Tully, Kevin Casey
Email: jstancati@lumc.edu

The Loyola CommunityHealth group is a team of 16 first and second year medical students who work at a weekly student-run clinic at CommunityHealth in downtown Chicago. CommunityHealth is a clinic that provides services such as primary care visits, medications, and lab work to patients who do not have insurance - all free of charge. In addition to providing these important services (and many more) CommunityHealth focuses on giving patients the continuity that every patient needs and deserves, in other words, providing these patients with a medical home. Our students work closely with a group of rotating Loyola physicians as well as with staff at CommunityHealth to apply our developing skills and knowledge from the classroom to real patients.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #17]
Program/Project Title: Loyola Global Health Scholars Fieldwork Fellowship
Presenter(s): Nathan Kittle, Carolyn Quigley, Andy Tully, Kevin Casey
Email: nkittle@lumc.edu

The Loyola Global Health Scholars Program was created in 2011 to meet student needs for advanced global health training. The curriculum spans all four years of medical school, culminating in an additional fifth year Fieldwork Fellowship serving at a resource-poor clinic overseas. So far, two students have completed their fellowships, with more in progress. The initial years of the curriculum are comprised of sixteen seminars, fourteen weeks of fieldwork experience, four reflection and research projects, and a substantial scholarly project to be presented upon graduation. Students meet a minimum twice per year with Loyola Global Health faculty. The fifth year fellows work the full year as Medical Coordinator for the Centro Humberto Parra clinic in rural Palacios Bolivia, with the following objectives:

1. Develop community health projects and educational programming for village (lay) health promoters and clinic patients.
2. Collaborate with the clinical staff and social worker in coordinating the individual care plans of complex patients.
3. Evaluate and design clinical protocols and practice standards for improvement of the quality of care provided by volunteer physicians and students.
4. Arrange both clinical and educational opportunities for rotating medical students, residents and faculty. The fellows are overseen by local Bolivian physicians as well as two Loyola physicians: the founder of Centro Humberto Parra and the director for Loyola Community and Global Health.
Loyola financially supports the fellows giving each $5,000 a year to offset expenses. Because the program is an official fellowship of Loyola University Chicago, students maintain full-time status during this fifth year. Full-time status protects their option to add student loans or continue deferment. A main goal of the Fieldwork Fellowship is to support students developing the unique knowledge, skills, and commitment that a career in global health requires. But just as importantly, their expertise also is beginning to benefit health care in rural Bolivia.

So far the two fellows have implemented efficient charting systems, equitable triage systems, and numerous health promotion campaigns, not to mention the difference they made in the lives of thousands for whom they were physician and advocate. Reflecting a national trend, many Loyola students matriculate with prior global health experience and desire to pursue advanced training during medical school. On campus global health training is becoming widely popular. But a curriculum that integrates sustained experiential learning in a resource-poor setting is much more difficult to achieve.

The Fieldwork Fellowship adds a new level of rigor to global health training that Loyola students seek for their long-term professional goals. The program will continue to expand as more sites are explored, alumni are involved and graduating fellows help shape the curriculum. The Loyola administration is eager to expand a unique program in Global Health education and to learn how other schools are preparing their students in a rapidly developing interdisciplinary field.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #18]
Program/Project Title: Opportunity Knocks: Community for support of young adults with developmental disabilities
Presenter(s): Timothy Schnell, Andy Tully, Kevin Casey
Email: tschnell@lumc.edu

Developmental disabilities are lifelong physical or mental impairments that begin before the age of twenty two. Common developmental disabilities include Down syndrome, cerebral palsy, Autism Spectrum Disorders, Fetal Alcohol Syndrome, Fragile X Syndrome, and intellectual disabilities. It is currently estimated that 1.58% of the population has developmental disabilities. Developmental disabilities present many challenges. Cited rates of self-injurious behavior, such as self-inflicted injury, vary from 2-50% amongst individuals with developmental disabilities. 46.3% of adolescents with an autism spectrum disorder, a common developmental disability, were found to be victims of bullying. Federally funded support systems exist to help alleviate some of these challenges for school aged students. At the age of 22, much of the funding for support and service programs cuts off in the state of Illinois. Similar age restrictions in states across the country lead to low levels of employment, with a national employment rate of 31% for individuals with intellectual disabilities alone. Inadequate supportive services for substantial lifelong functional limitations throughout the entirety of life exacerbate these problems.

Noting the lack of activities and supportive services available to the local developmentally disabled population of teenagers and adults when they get out of school, Opportunity Knocks began running a program from 3:00- 6:00 pm , three days a week. Through the program participants aged 14-30 from Oak Park, River Forest, and Forest Park, Illinois are able to exercise, socialize, and execute community service projects. This assists local young adults with developmental to live more well-rounded lives, develop skills for employment, and build independence. Opportunity Knocks provides a model of a community based supportive services for the segment of the local population with developmental disabilities that can be emulated across the country.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #19]
Program/Project Title: Physicians for Human Rights
Presenter(s): Claire Liepmann, Andy Tully, Kevin Casey
Email: cliemann@lumc.edu

Physicians for Human Rights is a national organization that brings health professionals together to combat human right violations around the globe. The Loyola University of Chicago Stritch School of Medicine chapter focuses on education, advocacy, and local commitment to improving human rights. Each academic year, the group organizes two educational weeks: Human Rights/Hunger week and AIDS week. While each serves a different purpose, the weeks incorporate speakers, student involvement, fundraising, and community service. Year-long engagements focus on the local Maywood and Chicago communities. These include:
a) the ENRICH Natural Learning Center, a multi-purpose center whose focus is on overall community and environmental health, and currently includes health education programs and a community garden,

b) Power through a Growing Community, a variation of a Community Supported Agriculture that increases access to fresh produce for the local communities in an attempt to minimize food deserts, and
c) Broadview Park District Healthy Eating Workshop, an after-school program run by medical students to introduce children to the principles of healthy eating in a fun and engaging way.

These three endeavors involve students in improving our local community, and give the students experiences that will help shape who they become and how they practice medicine. Our PHR chapter works to improve awareness of issues plaguing both the local and global community to help encourage involvement and personal growth among medical students and the surrounding community.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #20]
Program/Project Title: Society of Women’s Health
Presenter(s): Hannah Palm, Andy Tully, Kevin Casey
Email: hpalm@lumc.edu

Women’s Health is a complicated and vastly important issue, to both men and women alike. Whether students are aspiring to specialize in Ob/Gyn, pediatrics, family medicine, surgery, or any range of specialty, they will encounter women’s health. While different facets of women’s health are lectured on throughout first and second year, the Society of Women’s Health seeks to provide an open forum for filling in other aspects of knowledge needed by aspiring physicians as they care for female patients.

Education has always been one of the most central priorities for the Society of Women’s Health. Whether it is in clinical, workshop, or classroom settings, the students have the opportunity to learn from faculty, residents, and fellow students things ranging from current issues in women’s health to career options and clinical skills. One great example incorporating all of those elements is the pap smear workshop, which allows first year students to learn from Loyola attendings, residents and upper classmates, the basics of the pelvic exam and pap smear on pelvic models in the clinical skills center. In addition to these workshops and seminars, we offer first and second year medical students an opportunity to hone their history and physical exam skills on patients at two different gynecology outpatient clinics. These clinics are unique in that they allow students to get early experience in taking and presenting gynecology focused histories and physicals, an opportunity they would not otherwise have until third year. Furthermore, because these clinics work with two very different patient populations, students gain experience working in diverse settings. The Mentor Program is one aspect of the society used to facilitate contact between students interested in women’s health and OB/GYN residents and attendings. The program gives students the opportunity to see a variety of gynecological and obstetric procedures and clinical settings and to get to know the faculty at an early stage.

Currently, the Society of Women’s Health has about 50 active participants, with approximately 30 students participating in clinics and approximately 20 participating in the mentor program. For the educational talks, however, more students attend to simply increase their knowledge in certain women’s health topics. As our group develops and grows, we hope to incorporate more seminars and hands-on workshops that focus on the knowledge needed by aspiring physicians. We also hope to increase male participation, especially of first year males, who often think that the SWH is not relevant for them. The Society of Women’s Health is an avenue with which to spread knowledge and experience in women’s health to medical students before they reach the hospital floors; with the knowledge gained through SWH, we hope to increase the depth and effectiveness of these students’ encounters with their future female patients.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #21]
Program/Project Title: The Answer: A community based Autism Advocacy Group
Presenter(s): Emily Pinto Taylor, Andy Tully, Kevin Casey
Email: epinto@lumc.edu

It has been shown that practicing Mindfulness-Based Stress Reduction techniques among parents of children on Autism Spectrum leads to less unwanted behaviors in those children. We plan to study the impact MBSR training has on parents themselves among members of The Answer, an Autism Advocacy program in Maywood, IL. We will equip parents with skills for emotional control, nonjudgmental interactions, and positive self-awareness, in
order to make them more effective caregivers for their children and identify whether they report decreasing levels of depression, anxiety, and stress, and increased utilization of resources and support systems.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #22]
Program/Project Title: Wellness Wizards
Presenter(s): Danika Prochaska, Kristin Kalita, Andy Tully, Kevin Casey
Email: dprochaska@lumc.edu

One of the key components of health and well-being is lifestyle. From choices about food intake, extent of exercise, and daily hygiene, habits affect health. Beginning in childhood, humans develop the cognitive, emotional, and social foundations for which we define our own standards of health. Thus, early exposure to health education is crucial. Many children from low-income and under-resourced areas, however, do not receive such education or receive it only on a very minimal level. Wellness Wizards is a summer health program designed to combat that disparity in Maywood, Illinois. Founded by students from Loyola University's Stritch School of Medicine, Wellness Wizards strives to encourage school-aged children to assume an active role in their well-being. The program emphasizes the importance of lifestyle in health and wellness through interactive large group and small group activities regarding nutrition, fitness, hygiene, and mental health. The activities enhance goal setting and critical thinking skills and foster personal and community accountability for health.

Evaluation of the program includes a PhotoVoice project through which each child participant produces a video of his/her responses to the questions “What does health mean to you?” and “How are you responsible for your health?” The responses are coded by medical students and are condensed into the main topics that were grasped by the children through the program. Additionally, evaluation involves videos through which medical student volunteers share their responses to questions regarding the impact of the program and the areas in need of improvement. These videos are also coded and condensed into prominent themes. Evaluation of the pilot year of Wellness Wizards has revealed a program of great success in motivating the participants to implement healthy behaviors into their lives at a young age.

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE [Poster #23]
Program/Project Title: Youth Night
Presenter(s): Brett Schiffman, Matthew Partain, Andy Tully, Kevin Casey
Email: bschiffman@lumc.edu

Youth Night is a weekly exercise and nutrition program for underprivileged children of the Maywood Community. It provides children with a safe space to participate in games and physical activities with mentors from the Stritch School of Medicine student body. Children ranging from age three to thirteen are empowered to make healthy decisions with their own physical activity and diet along with the encouragement of their peers form within the community.

NEW YORK UNIVERSITY SCHOOL OF MEDICINE [Poster #24]
Program/Project Title: Bridging the Gap Between Faculty and Students: Course Liaisons
Presenter(s): Patrick Kaszubski, Corbett Walsh, Scott Maddalo, Alexandria Maurer, Neil Mendhiratta
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With a new medical school curriculum comes tremendous opportunity to enhance the educational experience of medical students. In 2009, the New York University School of Medicine (NYUSOM) unveiled the Curriculum for the 21st Century (C21), a patient-centered, disease-focused curriculum that integrates basic and clinical sciences throughout four years of medical school. C21’s goals are to give students earlier clinical exposure, more flexibility in scheduling of modules, and increased emphasis on cultural competency, global health, and community engagement.

C21 has been met with plenty of excitement. Still, as in all transitions, not all elements of the curriculum have worked as smoothly as others. Students have voiced concerns and, as a result, there have been significant upgrades. The primary vehicle for this change is the Course Liaisons committee. Course Liaisons is a student
group that meets regularly with the faculty to discuss strengths and weaknesses of lectures, small group sessions, and other learning modules, with the goal of constantly improving the C21 curriculum.

Our work has led to important changes over the past year, which have improved the experiences of current first year students. Course Liaisons’ feedback has led to the reorganization of the biostatistics module, a more logical progression of cell biology lectures, and standardization of online resources available for each lecture. As another example, students at NYUSOM are required to longitudinally follow a patient from our medical center. While a tremendously valuable clinical experience, its original implementation made it very difficult for students to complete due to scheduling conflicts. The involvement of Course Liaisons changed the structure of this program, to be more manageable for students and faculty preceptors.

The group’s involvement does not end at reforming the curriculum. Course Liaisons also want students to have the resources to succeed within C21’s framework. As such, we developed two tools: a series of pamphlets about each module and a database of online resources. We call the pamphlets “What to Expect,” and the first in the series is called “What to Expect from the first few weeks of medical school.” This is followed by pamphlets about cell biology, anatomy, and the organ system blocks. Their content is derived from a questionnaire sent to the previous year’s class, and they provide advice regarding which textbooks are worth purchasing, as well as tips about the rigor and pace of that particular module.

The second tool is an online database of relevant internet resources that students have found during their studies, organized by subject matter. Much like the “What to Expect” pamphlets, each link comes from a fellow medical student, so interested students can be sure of its relevance to NYU coursework. Course Liaisons hope that resources like the online database and the “What to Expect” series provide students with the resources they need to be successful at NYUSOM.

NEW YORK UNIVERSITY SCHOOL OF MEDICINE [Poster #25]
Program/Project Title: Creating Translational Physician-Scientists: The MSCI Program
Presenter(s): Scott Maddalo, Taylor Wilson, Alexandria Maurer, Neil Mendhiratta
Email: s.maddalo@gmail.com

There is a growing need for interdisciplinary collaboration in medical research. In response, the NIH is encouraging hospitals and medical schools to provide medical students with training that combines the knowledge and skill sets of bench and bedside research, which provides them with the underpinnings needed to successfully pursue careers in translational medicine.

The NYU Masters of Science in Clinical Translational Investigation (MSCI-Translational) was initiated as a post-doctoral NIH K-30 grant-supported program and was subsequently placed under the jurisdiction of the Translational Research, Education and Careers (TREC) unit of the NYU Clinical Translational Science Institute (CTSI). However, NYU and its CTSI saw the potential to use the infrastructure of the program to provide medical students with translational research training. In concert with the undergraduate NYU School of Medicine degree program, the CTSI developed a dual-degree program whereby medical students could have a unique translational training experience.

The dual MD/MSCI degree is a 5-year program designed for students interested in translational research who wish to develop skills needed to succeed in their future careers. Courses include: Research Design, Biostatistics, Epidemiology, Drug Design, Grant Writing, and others. Most of the classes are offered in the first year of the program. In the second year of the program, students return to their clinical training while simultaneously pursuing their independent research in an intensively-mentored process.

Students wishing to participate in the program are chosen by competitive application and must have identified a research mentor and a project or area of study. In additional to classroom didactics, students participate in the weekly Integrative Seminar, which provides students with the opportunity to present their work on a regular basis and obtain supportive, constructive feedback from their fellow students and one or more of the program directors. In this setting, students with a range of projects get to exchange ideas, share problems and solutions, and come to feel like a part of a vibrant community of researchers. In addition, each student in the program is required to meet, several times a year, with the MSCI program directors and the student’s research mentor. This allows the student’s progress to be dynamically tracked. Benchmarks are set as well as assessed (these may include
abstract submissions, manuscript submissions, presentations at meetings, grants, etc). At the conclusion of the program, students are required to present their work in a thesis defense.

This program develops essential skills to engage in the future of medical research. It provides the foundation and building blocks to design, develop, and implement projects that will improve patient care. With expanding medical knowledge it is essential that future physicians have the tools to analyze studies that will have a direct impact on how medicine is practiced. The MD/MSCI dual degree program will continue to create the next generation of physician-scientists that improve healthcare for years to come.

NEW YORK UNIVERSITY SCHOOL OF MEDICINE [Poster #26]
Program/Project Title: Health Education and Literacy Program
Presenter(s): Vineet Tyagi, Judith Katz, Scott Maddalo, Alexandria Maurer, Neil Mendhiratta
Email: vineet.tyagi@med.nyu.edu

The Health Education and Literacy Program (HELP) is completing a study to determine the effectiveness of health classes on improving health knowledge and literacy. HELP holds health literacy classes at an adult education center in Harlem. Students, who are predominantly of lower socioeconomic status and have low health literacy, attend six sessions to increase awareness of basic health issues including hypertension, diabetes, and nutrition. Students complete surveys prior to the first class and after the final class to assess their health knowledge and literacy before and after the program. These surveys include questions to determine the health knowledge and literacy level of the students. Students also complete an NVS (Newest Vital Sign) questionnaire, which consists of a nutritional label and six associated questions designed to assess the students’ literacy. The data from these surveys and questionnaires are then analyzed to determine the effectiveness of the curriculum. Data has been collected from nearly three hundred students so far, with enough data for a pilot study with repeated measures. The data from this project will be applied to improve the curriculum for future sessions. Publication of results will also contribute to the medical community’s understanding of the efficacy of health education interventions in low health literacy populations.

NEW YORK UNIVERSITY SCHOOL OF MEDICINE [Poster #27]
Program/Project Title: NYU Patient Safety Module
Presenter(s): Judith Katz, Hetal Sheth, Jennifer Zhu, Roxanne Russell, Scott Maddalo, Alexandria Maurer, Neil Mendhiratta
Email: Judith.Katz@nyumc.org

Medical errors are one of the nation’s leading causes of death and injury. In light of this alarming fact, it is increasingly important for medical schools to address patient safety and the ways in which patient safety can play a role in reducing medical errors. As part of NYU School of Medicine’s new C21 curriculum, a module was created in order to educate and empower first year medical students about patient safety. Through the module, students learn to use recommended procedures to prevent errors and to speak out and act when they are concerned about patient safety. The module affirms the importance of patient safety among peers and helps students understand that teamwork and communication are critical to several of the National Patient Safety Goals.

The module touches on adverse events, sentinel events, medical errors and near misses. Students learn that preventable medical errors and adverse events often occur due to a combination of both human errors and system failures. In addition, they learn that only a systems approach (as opposed to the more common "person" approach of blaming an individual doctor or nurse) will create a safer health-care culture. By the end of the module, students will be able to recognize that things can and do go wrong, understand the multiple factors involved in preventable adverse events, offer constructive criticism and feedback to peers, be receptive to feedback and be able to use the safety procedures discussed to prevent patient identification errors and infections.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE  [Poster #28]  
Program/Project Title: Students for Growing Interest for Transplantation (S4GIFT)  
Presenter(s): Joanna Miller, Elisha Lieber, Brent Dibble, Amish Sheth, Scott Maddalo, Alexandria Maurer, Neil Mendhiratta  
Email: Joanna.Miller@nyumc.org  

Background  
The United States is in the midst of a shortage of organs and tissues for transplant [1]. Because the supply of organs, tissues and marrow does not meet the demand, thousands of patients die on transplant waiting lists each year [1]. Many factors contribute to the organ shortage crisis, not the least of which is a lack of education and discourse regarding organ and tissue donation in health care professional schools [2,3]. Educating health care professional students about organ and tissue donation not only increases knowledge about organ donation, but it helps to shift attitudes in favor of donation and develops an army of health care professionals that are well equipped to discuss the matter with patients [4,5,6].  

Our Organization  
In 2011, students from multiple New York State health care schools founded S4GIFT (Students for Growing Interest in Transplantation), an organization whose mission is to tackle the problem of the organ shortage crisis by correcting the gap in medical training. S4GIFT is a multifaceted organization that combines education and outreach in an effort to expand organ donation in NY.  

Education  
S4GIFT, in conjunction with NYODN (NY Organ Donor Network) and DKMS, a bone marrow donor organization, has created a curriculum that is now being taught at medical, nursing, pharmacy, and PA schools throughout the state. The curriculum involves a series of lectures on organ donation taught by Clinical Transplant Coordinators from the local Organ Procurement Organization, as well as a lecture on bone marrow donation taught by professionals in the field.  

The objectives of our curriculum are to help health care students  
1. Learn about the process of becoming an organ or bone marrow donor.  
2. Begin to develop the skills to discuss donation with patients, family, and friends.  
3. Understand clinical aspects of organ donation, including patient management and when and how to initiate organ donation.  
4. To provide a personal experience meeting organ donor family members and recipients.  

Community service  
Chapters have been founded at 23 health care schools around NY. These chapters have participated in our curriculum. Trained students then hosted events to recruit around 700 new registered donors!  

Research  
During the 2012-2013 school year, we will be conducting a research study to evaluate the effectiveness of the S4GIFT curriculum in increasing the level of understanding that health care professional students have about organ and bone marrow donation. We hypothesize that the S4GIFT curriculum is effective at achieving increased knowledge and changing attitudes toward organ donation. We hope that by educating health care students about organ and bone marrow donation, we can increase the number of available organs and bone marrow matches by increasing understanding about the need and benefits of transplantation among health care professionals, by providing a team of people who are able to counsel patients about donation, and by improving medical management of potential organ donors and recipients.  

Funding  
School funding, NYODN, and DKMS provide pizza at each lecture. The lecturers are paid by DKMS and NYODN.  

NEW YORK UNIVERSITY SCHOOL OF MEDICINE [Poster #29]
Program/Project Title: **Teaching the Spiritual History – Medical Students’ Case Study**
Presenter(s): Maureen Miller, Karen Ong, Karishma Rahman, Stephen Berger, Scott Maddalo, Alexandria Maurer, Neil Mendhiratta
Email: mjm656@med.nyu.edu

In a 1990 Gallup survey, 63% of patients thought it was good for physicians to speak with patients about spiritual beliefs, and 68% of patients would welcome a question on their spiritual history. Only 15% recalled being asked such a question (Palliative Care and Supportive Oncology, 3rd Ed., ed. Ann Berger, Ch 58 Christina M Puchalski). The traditional medical school curriculum does not offer formal training in performing a spiritual history. And yet these spiritual dimensions permeate day-to-day patient care: What do I do when I don't have the answers? Does God exist? Does my patient answer first to a higher power or to me? These topics weigh heavily on the minds of many medical students as they encounter matters of life and death up close.

Religion plays a major role in the lives of many patients and their families, yet medical students and physicians often cannot grasp the importance of religion in giving meaning in life. While students are exposed to basic principles of patient autonomy and distributive justice in their required clinical ethics coursework, these courses do not cover basic topics in philosophy and theology (metaphysics, teleology, epistemology, eschatology). Furthermore, because religious or other beliefs may have significant influence on medical decision-making, particularly at the end of life, physicians without understanding of the cultural intricacies may find themselves frustrated and unable to grasp why patients and/or families may oppose certain types of treatments or may not comply with medical advice.

Theoretical knowledge of cultural and religious conflicts with medicine is not necessarily sufficient to bridge the communication gap between physicians and patients and/or their families. Understanding how religious beliefs and traditions are actually practiced and implemented in the lives of classmates and peers gives a much deeper and more empathetic look at the subtleties and differences even within the practice of a group. Medical students are not often encouraged to explain how they approach their work in the context of their religious beliefs, or lack thereof, and the notion of medicine as a vocation or a healing exchange is lost as a result. We propose that we should share these insights in a safe environment with one another.

The discussion series encouraged students to relate their own spiritual narratives to one another in a student-led environment outside of the official supervision of the medical school. Guidelines were set at the beginning of each meeting to assure confidentiality, creating a comfortable environment for story sharing. In this monthly interfaith dinner discussion series, MD, MD-PhD, and biological sciences PhD students met at the home of a student to commune across disciplines about how spirituality plays into their careers, especially as their clinical and biomedical research tracks diverge. Attendees included representatives from communities in each of the major faiths, as well as agnostics and atheists. They recounted family stories of religious practices and spiritual investigations from the U.S., Singapore, Nigeria, Bangladesh, Korea, among other nations. Past roundtable discussions have focused on religious identity, theodicy in one’s and the conception of chronic illness, the conversion narrative, faith and doubt, end-of-life issues, and the uses of alternative medicine.

OAKLAND UNIVERSITY WILLIAM BEAUMONT SCHOOL OF MEDICINE [Poster #30]
Program/Project Title: **Classroom to Community – Integrated Influenza Vaccination Program**
Presenter(s): Sara Singer, Adam Weiner
Email: sesinger@oakland.edu

Our poster will feature an innovative influenza vaccination curriculum at OUWB. The program involved an integration of virology, public health, and clinical skills. Students were taught about the influenza virus, the vaccine, popular misconceptions, and how to counsel patients and administer the vaccine. First year medical students administered the vaccine to each other with the guidance of nurses. The poster will show examples of how this knowledge and skill set allowed medical students to become involved with the community, participate in
service learning, and gain clinical experience by volunteering to administer free vaccines and participating in vaccination campaigns abroad. The poster will also include results of a survey showing the change in the student’s opinions, knowledge, and comfort with the influenza vaccine.

OAKLAND UNIVERSITY WILLIAM BEAUMONT SCHOOL OF MEDICINE [Poster #31]
Program/Project Title: **Working Together for the Patient: A Showcase of Inter-professional education**
Presenter(s): Sara Singer, Adam Weiner
Email: ajweiner@oakland.edu

Inter-professional skills are important for physician to have in their toolkits as they practice in a field that is increasingly emphasizing team-based care; it is critical that medical education impart medical students with those skills that will help them excel in such an environment. Our poster will showcase the efforts of our school, Oakland University William Beaumont SOM, to foster those skills in its students. Some examples include working with nursing students to visit patients at their homes, learning cadaveric anatomy with physical therapy students, rounding with chaplains to appreciate the spiritual needs of patients, gaining ethics perspectives from social workers, psychologists, and religious leaders, and more. It is our hope that showcasing the innovative curriculum programs at our institution, from the perspective of its students, may encourage more inter-professional education at other institutions.

OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE [Poster #32]
Program/Project Title: **Surviving LCME Reaccreditation: The Student Process and Perspective**
Presenter(s): Lauren Moneta
Email: monetal@ohsu.edu

The Liaison Committee on Medical Education reaccreditation process is a fundamental process every medical school undergoes to ensure the advancement and quality of medical education in the United States. Oregon Health and Science University School of Medicine recently underwent this multi-year process. At the AAMC OSR meeting we would like to present our methodology of preparation from the student perspective to aid other schools undergoing this process. Specifically we will highlight the very high response rate received from the student survey and delineate the strengths and weaknesses of our specific process from the student perspective. The AAMC OSR meeting is an excellent venue for holding interactive dialogue with other students who may be able to transmit this information to their home institutions.

TEXAS A&M HEALTH SCIENCES CENTER COLLEGE OF MEDICINE [Poster #33]
Program/Project Title: **OSR Role During LCME Preparation and Site Visit**
Presenter(s): Manik Aggarwal, Antoine Scott
Email: aggarwal@medicine.tamhsc.edu

The AAMC OSR position continues to play an integral role in the progression of a medical class, the graduate medical institution, and the administration of medical education nationwide. For the Texas A&M Health Science Center College of Medicine, student leaders serving in this position have been advocates for facilitating effective learning opportunities. Leveraging efforts with student feedback and faculty input, we have aided in the restructuring of the curriculum and transformed initiatives into school-wide competencies. Nationally, LCME sets standards to ensure the quality of medical training at every medical college and quite uniquely intersected with this process is the OSR position; giving voice to medical students and their vested interest in the future of their medical educations.

This past March, the Texas A&M Health Science Center College of Medicine underwent LCME accreditation. The preparation for this visit started 18 months prior and our program was keen on relying on and involving OSR representatives. As a medical school prepares for an LCME site visit, a handful of key players must come together to properly showcase a College of Medicine. Although the administration, faculty, and Deans have the lion share of work, we argue that the OSR has a unique role as collaborator, source of knowledge, and liaison.

To begin with, the OSR role serves to gain new ideas from medical schools nationally and facilitate exchange of knowledge and experience. Additionally, we partner with faculty, administration and members of student
executive leadership to spearhead lasting changes and definitive results. During LCME season, these responsibilities are magnified and significantly more impactful. As part of the LCME site visit, there is a required independent student analysis component that must be completed by the student body, sans influence from administration. Our institution decided to not have the OSR reps serve as lead on the independent student analysis. Rather, the OSR reps were relied upon differently in each phase of the site visit: before, during and after.

While preparing for the site visit, the OSR reps brainstormed and addressed a handful of topics including:
- Communication and accessibility of Deans and faculty members
- Student participation in curriculum committees and other committees
- Curriculum, required content, elective content and instructional format
- Grading system, evaluation and class ranks
- Student support services and counseling
- Student health services
- Learning environment, resources, IT and libraries
- Newfound topics such as neurology, palliative care, Evidence-based Medicine

Additionally, one of the most significant contributions that we made was to recommend specific colleagues who should be involved during the actual site visit. The selection was based on our experience working with our peers throughout our time in medical school. This selection process was vital to ensuring that our COM showcased their best student leaders and advocates.

During the week of the visit, OSR reps had two main responsibilities. First, we were to design and provide campus tours for the site team. Next, we were responsible for leading our fellow students during the student luncheons. In addition to our assigned tasks, during the week while the LCME site team was on campus, the OSRs remained on stand-by for any student-needed tasks.

Once the students met with the site visit team, the OSRs debriefed our Deans on hot topics and offered our general perception. The other role of the OSR was to add the student perspective on any emphasized concerns brought up by the LCME. Once the site team departed, the OSRs worked with the administration to write up the final report and respond to any critiques that were brought up.

It is our intention to encourage every medical school to maximize the roles of the OSR position to showcase their respective institution and ensure students have a voice in maintaining the quality and effectiveness of medical education.

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**THE COMMONWEALTH MEDICAL COLLEGE [Poster #34]**

**Program/Project Title:** *Longitudinal Integrated Clerkship: Changing Traditional 3rd Year Curriculum*

**Presenter(s):** Anne Misiura, Sara Roper

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The Commonwealth Medical College (TCMC) has implemented exciting and innovative changes to traditionally structured third year clerkships. All 3rd year students simultaneously complete the six core clerkship experiences throughout the entire school year, spending 1/2 day per week with each discipline. The remaining weekly time is spent participating in continuity patients’ care, exploring other specialty interests, research, and participating in didactic learning and grand rounds. Current 3rd year and 4th year TCMC students report one-on-one attention from attendings, flexibility in their schedule, and independence in pursuing clinical experiences. Current research shows that LIC students are more likely to report serving in a doctor like role with their patients than their traditionally trained peers.
THE UNIVERSITY OF TEXAS MEDICAL BRANCH [Poster #35]
Program/Project Title: Practice of Medicine Course
Presenter(s): Kathy Nguyen, Erin Highfill
Email: ebhighfi@utmb.edu

The poster is to present the Practice of Medicine (POM) Course at UTMB. This course is a unique approach to teaching the principles of practicing medicine. The class is a consecutive two year course that begins the first week of medical school. During the class, students participate in small group session with approximately eight students and two faculty mentors. In these small group sessions, the facilitators and standardized-patient teaching assistants teach students how to perform various physical exams from heart and lung to well women exams. Students are able to get a hands on approach in a safe environment were mistakes and techniques can be corrected. The topics covered during the weekly classes correspond to the material being taught in the general curriculum. Additionally, the POM course also incorporates medical ethics and synergy with other medical professional schools on campus. Throughout the two years, students meet with faculty members of the Medical Humanities Department and other students from the School of Nursing and School of Health Professionals to discuss professionalism and how to handle difficult situations in practice. These opportunities allow students to reflect on what it means to be a physician and the responsibilities that come with the career. Additionally, it gives them an opportunity to build relationships and learn how to work with students outside the School of Medicine.

THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE [Poster #36]
Program/Project Title: The University of Toledo Interprofessional Immersive Simulation Center and Medical Student Education
Presenter(s): Francis Vento
Email: Francis.Vento@rockets.utoledo.edu

The University of Toledo Inter-professional Immersive Simulation Center (UT-IISC™) aims to train health professional students prior to involvement in patient care through the use of a broad spectrum of “state-of-the-art” clinical simulation and 3-D technologies. The UT-IISC™ will function as three separate, yet integrated centers - The Progressive Anatomy & Surgical Skills Center, an Advanced Clinical Simulation Center, and a Virtual Immersive Reality Center. With the combinational use of these centers, medical students will be able to practice surgical skills, train in interdisciplinary patient care activities, and be assessed for competency prior to involvement in patient care.

TULANE UNIVERSITY SCHOOL OF MEDICINE [Poster #37]
Program/Project Title: Integrating LGBT Content into Undergraduate Medical School Curricula: A Qualitative Study
Presenter(s): Gina Sequeira
Email: gina.m.sequeira@gmail.com

The objective of this project was to present four LGBT educational sessions to gauge interest and perceived relevance with the intent to eventually incorporate this topic into the curriculum. Four educational sessions were provided to pre-clinical medical students at Tulane University School of Medicine. The first three were optional, one hour didactic sessions and the last was a standardized patient encounter. Sessions entitled "Introduction to Transgender Health" and "Taking an LGBT Inclusive Sexual History" were conducted as components of the Tulane School of Medicine LGBT Health Week. A local Endocrinologist presented the final lecture entitled “Hormone Therapy for Transgender Patients” in the Endocrine Pharmacology unit of the second year curriculum. Feedback was collected from 44 students following the LGBT Health week sessions and from 30 students following the “Hormone Therapy for Transgender Patients” session. The feedback indicates that the majority of respondents consider the content both “applicable to their work as a future physician” and “relevant enough to be incorporated into the required medical school curriculum.” This study is limited by the optional nature of the sessions, that we were unable to obtain feedback from every participant, and that the feedback collected may have involved recall bias. Despite these limitations, our results validated our initial assumption that this underrepresented content is meaningful and actively requested by medical students. We believe these sessions can serve as a resource for institutions working to improve LGBT Health.
While medical education has changed in fits and starts since Flexner’s time, emerging digital learning technology is poised to both supplant the pre-clinical large-group lecture and amplify and supplement traditional clinical education. This revolution is, in part, a consequence of the sudden ubiquity of mobile digital devices, the increasing familiarity of medical students with digital learning, and dramatic advances in adaptive learning software. Digital learning environments offer an unparalleled ability to engage preclinical learners in high-frequency cycles of instruction, instant formative feedback, and further instruction tailor-made to their strengths and weaknesses, which could dramatically increase the efficiency with which basic science knowledge is developed. Furthermore, because the acquisition of clinical expertise is directly related to the volume and variety of cases managed, the endless streams of simulated patient cases that could be delivered and repeated by digital learning environments may accelerate this process as the learner accumulates a wider variety of illness scripts than she could in the clinic alone. In the engrossing spirit of a video game, the learner would take patient histories, order tests, recognize patterns, make decisions, and manage complications in an environment where failure is immediately instructive without any possibility of patient harm. Finally, digital learning environments would permit direct review of basic science in clinical context, explicit visualization of gaps in knowledge and training, and endless scalability of the same learning opportunities to any part of the world with internet access. Of course, no technology will ever replace the learning that can only emerge from the laying of hands on the patient and small group interaction with peers and faculty, which should become the primary focus of faculty teaching efforts. This transition to digital learning has begun at many North American medical schools, but the vast potential of these technologies remains largely untapped.

UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE [Poster #39]
Program/Project Title: Student perceptions on incorporating peer-developed board review sessions into medical education
Presenter(s): Jennifer Bazemore
Email: jbazemore@knights.ucf.edu

The USMLE Step 1 is an exam covering basic science material from the first two years of most medical schools’ curricula. This exam is critical for students to be able to obtain interviews and match into their desired residency program and is required for medical licensure. In a survey conducted by the National Resident Matching Program, it was demonstrated that program directors value the USMLE Step 1 score, with 73% citing it as a factor in determining whether or not to interview an applicant and it was rated a 4.1 out of 5, with 5 being a very important factor in ranking applicants [1]. Consequently, many medical students understandably feel overwhelmed and anxious during their preparation for the exam.

At the University of Central Florida College of Medicine (UCF COM), we thought students would benefit from a series of peer-led board review workshops to review and strengthen our knowledge in several areas. A previous survey deployed to UCF COM students determined the three most desired subject areas for which students wanted a board review session: biochemistry, pharmacology, and microbiology. These three sessions were developed and facilitated by second-year medical students, whom were concurrently studying for the board exam themselves. A survey was conducted to assess student perceptions of the workshops. Most students felt the sessions were effective and helped guide their exam preparation. The results of this study will be presented here.

UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE [Poster #40]
Program/Project Title: Technology in Medical Education: Revolutionizing the Medical Curriculum to Prepare Students for Healthcare in the 21st Century
Presenter(s): Sarina Amin, Paul Mahle
Email: smamin88@gmail.com

At University of Central Florida College of Medicine, a medical school founded in 2009, we have developed a curriculum to mirror the emergence of technology as a pivotal player in healthcare. With the increasing use of technology in prevention, diagnosis, management and monitoring, we have attempted to create a curriculum that will teach students to use technology as an advantage while de-emphasizing dependence on technology. There are three particular arenas in which we integrate technology: anatomy curriculum, clinical skills simulations and preceptorships/clerkships. Primarily, we include technological innovation in the anatomy curriculum by obtaining full-body CT scans of cadavers; students can correlate actual findings with the imaging and are required to create an autopsy report that predicts the actual cause of death. In addition, there are large touch-screen computers at each dissection table that provide useful clinical correlations and dissection instructions. Ultrasound machines in the anatomy lab provide students with a live view of their own anatomy. Moreover, technology plays an important role in clinical skills simulations. Avatars, which are currently in development, will be created for students and will occasionally contact the students throughout medical school - even in the middle of the night - to simulate actual patient care. Finally, our students are given iPods and iPads to facilitate learning and organization, as well as to allow quick access to information at the point of care. This poster will discuss these and other innovations to the medical curriculum in addition to ideas for implementation at other schools.

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE [Poster #41]
Program/Project Title: Can a button save a life?
Presenter(s): Ravi Grandhi
Email: grandhrk@mail.uc.edu

Patient safety is a rarely discussed part of the medical school curriculum but it is a vital discussion that must be made to change the healthcare delivery culture. Medical students can play an important role in prioritizing patient safety in the new healthcare field. At UC, we are starting a patient safety initiative driven by medical students to change the rates of hand hygiene. As part of a multi-site study between 8 US medical schools, we propose to use buttons with the simple slogan “Can a button save a life?” to empower patients and medical students to decrease rates of sepsis and associated adverse events. The study utilizes third and fourth year medical students on clinical rotations in family medicine, internal medicine, pediatrics, and emergency medicine to track the patient demographic that is motivated to question their healthcare providers about hand hygiene as well as the effect that a simple reminder has on hand hygiene levels. We will use approximately 80 medical students at 8 medical schools across the nation to track for 3 weeks both healthcare provider compliance and the demographic of engaged patients through simple survey cards. The results seek to identify barriers to improved hand hygiene from both a sociological and psychological standpoint, e.g. who is more likely to question their healthcare provider about hand hygiene and why AND what are barriers to motivate and follow through on hand hygiene.

UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE [Poster #42]
Program/Project Title: Carver College of Medicine Writing and Humanities Program
Presenter(s): Timothy Bahr, Jenna Wald
Email: timothy-bahr@uiowa.edu

The Carver College of Medicine Writing and Humanities Program provides excellent opportunities for medical students to participate in humanities scholarship and activities as they pursue their medical education. Our College of Medicine is dedicated to the belief that the humanities are integral to medical education. With two full-time staff members, dedicated office space, and a student humanities workroom, the program provides support for students’ avocational and academic writing projects. The program also coordinates many humanities-focused extracurricular activities.

Every day the program provides individual consultations for medical students’ writing. Students meet with expert staff to review residency and scholarship personal statements, CVs, research papers and abstracts, patient notes, learning issues, presentations, creative writing, extracurricular materials, correspondence, recommendations, and any other form of writing.
The many extracurricular activities sponsored by the Writing and Humanities Program are diverse and unique. Listed are a few select examples:

- The Short Coat Podcast is an Internet audio show featuring the students of the Carver College of Medicine. The podcast regularly produces episodes that address topics pertinent to many aspects of medical students’ lives.
- An ethics and humanities elective is offered annually. This course provides students with opportunities to explore topics in ethics and humanities that are especially pertinent to medicine.
- The Examined Life: A Literary Journal of the University of Iowa Carver College of Medicine is a new print journal published biannually by the Writing and Humanities Program to which students regularly contribute. It is a forum devoted to literary prose and poetry. The journal intends to “deepen and complicate our understanding of healthcare and healing, illness, the human body, and the human condition.”

The need for context-providing courses, as well as empathy skill-building are two of the main focuses of our program. Doctors and their patients are human beings first and that's why a strong humanities program in any medical school is vitally important. We are very fortunate to have our program up and running now for more than ten years.

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**UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE [Poster #43]**  
Program/Project Title: *Distinction Tracks*  
Presenter(s): Jenna Wald, Tim Bahr, Andrew Mortensen  
Email: jenna-wald@uiowa.edu  

The University of Iowa Carver College of Medicine has five unique distinction tracks that are offered to medical students including: Humanities, Global Health, Research, Service, and Teaching. According to the LCME, the University of Iowa is one of very few medical schools that offer this unique distinction for its students. Each track has unique requirements for completion, but all require participation throughout medical school, working with a mentor, and creating a relevant project. Upon completion of a track the student will have it recognized in their Dean's letter and at graduation.

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**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE [Poster #44]**  
Program/Project Title: *Longitudinal Standardized Patient Program*  
Presenter(s): Farah Nasraty, Allison Hunter, Shyam Joshi  
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Many medical schools have standardized patient (SP) programs that allow students to practice their physical exam and interview skills before heading out into the world during their clinical years. UoFLo has had this program for years and recently it underwent a major change to add a longitudinal component. Previously students would meet a 'patient' and then follow-up the next week with a new sp. The students would have to call the patient the same name and act as if they knew this patient. It became more of an exercise in acting than a learning experience. There was a lack of continuity between the cases and it made for an unrealistic experience overall. With this new longitudinal program we have a sense of familiarity when we walk into examination rooms. Our patients remember us and we are expected to review their files before each visit. Students rated this program very highly and we only hope to improve and expand on the program as the years continue. We think this would be a great addition to standardized patient programs already in place at medical schools. It might also provide a starting point for newer medical schools- something the OSR reps can take back with them to the school.
In recent years, many medical schools have implemented Learning Communities as a way of fostering community and providing increased mentor-student relationships. UMass Medical School recently adopted a system of Learning Communities concurrent with a change in curriculum. The integration of Learning Communities, Mentors, and the curriculum has provided increased opportunity for mentoring. Prior to the implementation of the new curriculum, students would meet with mentors on an extracurricular basis, as decided by each student and their mentor. In the new setting, mentors have become both advisors and professors, teaching several courses including "Doctoring and Clinical Skills," an ethics and humanities course, and Physical Diagnosis. This has enabled the mentor-mentee relationship to extend beyond the simple role of advising and forge a professional, academic relationship between the two parties. Simultaneously, the mentors as teachers model increases continuity in the curriculum, allowing students to learn from a single teacher in multiple courses across the four years of medical school. Our poster presents the implementation of the new curriculum, its structure and intention, as well as feedback we’ve gathered from the school community regarding the new system.

The traditional medical curriculum offered today cannot touch every aspect of what a future physician needs to know. While there is certainly a broad knowledge base which every physician should master, in an ever specializing and increasingly competitive environment, undergraduate education needs to be tailored to individual requirements and interests. The opportunity for exposure to selected subspecialties of medicine and allied health sciences early in medical education allows for this exploration of career choices and self-discovery. At the University of Massachusetts Medical School, a course has recently been incorporated into the third year curriculum comprised of four one-week electives known as Flexible Clinical Experiences (FCEs). Rising MS3 students enroll in pre-designed electives or may design their own experiences with considerable latitude. Experiences range from a clinical week on the wards, to international travel, to research collaboration, to holistic and alternative medicine exposure. 22% of the respondents to a recent survey of 36 medical schools reported similar, short, third year electives. Of those who did offer such opportunities, 87.5% similarly allowed students to design their own electives. In an early survey of UMMS students, approximately one third of the way through the inaugural year of this new curriculum, revealed that students most often chose their topics based on areas of interest for their planned specialty (50%), as well as areas adjunct to that specialty (25%). Other commonly listed reasons included a “fun learning experience” (30.8%), and as well as the opportunity to participate in activities not normally included in the traditional medical school curriculum (23%). Our survey data suggest that the UMMS curriculum is relatively unique in medical education, and that it fills a previously unmet educational need. The FCE program allows students to explore and experience areas of interest early in their medical education, to have experiences beyond the traditional medical curriculum, and to tailor their education such that it informs their planned career.

The American Association of Physicians of Indian Origin (AAPI) at the University Of Miami Miller School Of Medicine has collaborated with the Herbert Wertheim College of Medicine at Florida International University and Nova Southeastern University College of Osteopathic Medicine, in order to create an AAPI-MSRF (Medical Students, Residents and Fellows) Chapter, here in South Florida. Through this great organization, we planned the first-ever Regional AAPI-MSRF Conference of South Florida on September 14 and 15, 2012. We strived to exemplify “Diversity in Medicine” by incorporating physicians of varying cultures and backgrounds who have made distinct career choices. Medical students, residents and fellows were invited. The conference lasted from Friday.
evening to Saturday night and included social events along with educational workshops, lectures and a panel discussion. Some of the topics discussed during the conference included but were not limited business administration, medical education, integrative medicine, and international medicine, community service and the future of medicine. Ultimately, the conference proved to be an excellent networking opportunity and an open forum to discuss ideas in modern medicine. It is our sincere hope that this conference was the beginning of a continuing effort to expand and strengthen the role of AAPI. Such collaborative efforts have the potential to address important needs in all aspects of healthcare and inspire leaders in the national medical community.

UNIVERSITY OF MIAMI LEONARD M. MILLER SCHOOL OF MEDICINE [Poster #48]
Program/Project Title: **Doctor's note: more than just making music**
Presenter(s): Stefania Prendes, Lauren Meshkov
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We present the University of Miami Miller School of Medicine’s new a capella group, "Doctor’s Note," an ensemble where students engage in a non-medically related activity (singing), while upholding a medically related mission that provides musical entertainment for hospital patients, charity fundraisers, and school events. In its first year, Doctor’s Note held six concerts, including performances at the VA hospital, at medical school commencement, for the white coat freshman pinning ceremony, at collaborative events with other student group charities, and for the admissions office “second-look day” for prospective students. From an unknown group of 11 students to one of the most well known organizations on campus, we even boasted two medical school deans singing as special “guest-appearances.” In May, 2011 we were awarded Student Organization of the Month.

In our second year of existence, we are focusing more on patients and charity, with plans to increase our number of local hospital performances and to hold two major fundraisers. Discussions are currently underway with the Epilepsy Foundation of Florida as a potential partner in these events. Of course, we will continue performing at smaller school events for our faculty and peers.

The value of Doctor’s Note is greater than its fundraising and music. The principles on which it was founded present a model for preventing medical student burnout. A recent study in the Journal Archives of Internal Medicine showed that nearly half of all doctors show signs and symptoms of burnout, reporting an unsatisfactory work-life balance when compared to other working adults (37.9% vs. 27.8%) [1]. Current research further suggests that physician burnout may begin as early as the 3rd year of medical school [2]. Sadly, this is no surprise, as medical students are more likely to participate in research, volunteer, and career-related groups to boost their curriculum vitae or obtain a letter of recommendation, rather than for enjoyment or personal growth [3]. The ever-growing pressure students face often results in the sacrifice of individual interests and non-medically related hobbies, such as artistic or athletic endeavors. Why must we idly stand by and watch the unique talents brought to medical school atrophy over the years?

Doctor’s Note serves as an example of how to integrate medically and non-medically related activities for the purpose of maintaining work life balance within the framework of serving our medical community. We are thrilled to be part of the Doctor’s Note success story and promote our mission to other schools as a way for students to help others while also helping themselves.

The Council for Honorable and Professional Conduct (CHPC) at the University of Miami Miller School of Medicine has institutionalized a formal program for medical student participation in ethics committees at Jackson Memorial Hospital, Holtz Children’s Hospital, University of Miami Hospital, Sylvester Comprehensive Cancer Center, and the Miami Veteran’s Affairs Medical Center. Each of the aforementioned hospitals has its own independently run hospital ethics committee that meets once every four to eight weeks and on an emergency basis to discuss hospital ethics consultations involving patient care or hospital policy. Members of the CHPC (six members total) are encouraged to attend as many meetings as possible and there is a sign-up procedure for another 3-4 medical students to attend a hospital ethics committee meeting on a first come, first served basis. Through the program that the CHPC has implemented, medical students have the opportunity to participate in these meetings, hearing firsthand the complexities of patient care when there is an ethical dilemma, the patient’s family and the medical team are in disagreement, or where an unprecedented situation presents. Students are exposed to ethical cases on a practical level in the hospital setting and participate in the decisions surrounding the cases. The CHPC created this program because we saw a hole in our curriculum: we learned about medical ethics in the classroom but did not have any hands-on practical experience with real current cases. Thus far, we have received a very positive response from the student attendees who generally believe that they are learning more about medical ethics through this program. This program is a free, easy means for medical schools to expose their students to real-life medical ethics in the hospital and to the inner workings of hospital ethics committee meetings. There are great benefits of implementing this program at other schools so that other medical students can have a similar hands-on experience with medical ethics.

The American Medical Women's Association sought to address the need for formal mentoring of women physicians by organizing a mentoring breakfast at our Annual Meeting in Miami, FL. Based on a modified model of the AAMC Conversation Café and the specific concerns of our student members, the breakfast brought female physicians and students together to discuss several keys issues relevant to women working in medicine. We have chosen to showcase our mentoring breakfast at the AAMC conference to demonstrate how the Conversation Café format can be modified to meet the goals of an individual organization and to present the valuable advice that students gained from our breakfast.

At the outset of the project, a core group of conference planners and physician mentors met to decide on topics that would be of interest to students. Subsequently, conference participants were surveyed regarding interest in several mentoring topics and tables were assigned based on anticipated participation and interest. Topics included:
1. Work/Life Management: Relationships & Childbearing
2. Work/Life Management: Transitioning from Work to Home
3. Career Building for Women in Medicine
4. The Challenges of Working on Teams

Female physicians were also given the opportunity to list which topics they felt most comfortable discussing. They were then assigned to topics based on their expertise and the interest of the students.

Each table was set for approximately eight students and two physicians, with the goal of providing an amicable atmosphere for casual conversation. The tables were color coded based on topics. Students and physicians were allowed to sit at the table of their choice for the duration of the program - enabling in depth conversations to take place.

Mentors were given a list of “conversation starter” questions related to their topic and were given the autonomy to either begin the conversation based on these questions, or to open the floor to students’ questions pertinent to the
The discussion followed a “conversation cafe” model and everyone at the table was encouraged to ask questions and participate in discussion. The breakfast lasted approximately 90 minutes.

At the conclusion of the breakfast, students and mentors were asked to jot down any thoughts or suggestions that immediately came to mind. Additionally, we distributed a survey after the breakfast to elicit feedback. Students and mentors were also provided with an AMWA flash drive containing thought-provoking articles about career building for women in medicine. We encouraged the students to refer to these articles as they proceed in their careers and continue to construct their portfolios.

The mentoring breakfast was well-received and appears to be a successful method of providing female medical students with gender-specific career advice. It can be implemented in medical schools throughout the nation.

We plan to utilize the specific feedback we received to plan future mentoring breakfasts and to share this feedback with other medical schools interested in planning such an event. In our poster, we will discuss specific numbers of attendees, survey results, feedback (from not only planned participants but also speakers from the conference who chose to attend!).

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL [Poster #51]
Program/Project Title: Project CHANCE: Patient-Centered Health Care Home
Presenter(s): Melissa McCoy
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Concept and School/Community Impact
The University of Minnesota Academic Health Center has lead the charge in preparing students for the future of healthcare by interweaving interdisciplinary collaboration with patient centered care in its curriculum. Courses such as Foundations of Inter-professional Communication & Collaboration, opportunities like HOPE Clinic, the student-run free clinic in Duluth, and the Phillips Neighborhood Clinic in Minneapolis introduce students to the Patient Centered Health Care Home (PCHCH) concept and model. Yet students only scratch the surface of what the PCHCH is, a team based health care delivery model that provides comprehensive care to patients with the goal of obtaining maximized patient outcomes including better access to health care, increased satisfaction with care, decreased systematic costs, and improved patient health outcomes.

Without an opportunity to work through the entire patient care process as a team, many students still question how to really operate within a PCHCH. This project looks to fill this void by creating a continuing program that fosters direct applications for interdisciplinary healthcare team building on the foundational knowledge they have acquired while also investigating the practitioner and patient attitudes and health outcomes within a PCHCH model. The students on the PCHCH team will utilize the educational backgrounds from their respective disciplines to create a care plan with the patient. They will also use communication technology to prevent, support, monitor, and improve the health and quality of life of patients living with diabetes.

Objectives
1. Create a program that enables professional health students to practice and apply the PCHCH model through the development and maintenance of a care plan for patient with diabetes. The task will develop an interdisciplinary awareness of all the knowledge, skills, and roles of each health care professional as well as experience for how it can be achieved upon full licensure.
2. Expose patients to the PCHCH model using www.lifetimehealthdiary.com (a patient-owned Electronic Medical Record) to input health data, transmit concerns, access health care services in a central location, as well as organize and manage their own care at the level they choose.
3. Investigate practitioner and patient attitudes towards their access, satisfaction in care, costs, time, and other aspects of the PCHCH model.
4. Investigate patient health outcomes in PCHCH model.

Student/Faculty/Community Involvement
The student interdisciplinary team is composed of members of the University of Minnesota Duluth Medical and Pharmacy schools, the St. Scholastica nursing program, and other relevant professional students such as University of Minnesota social work program. Preceptors and faculty from each discipline will also participate. Patient referrals will come from Lake Superior Community Health Center in Duluth, MN and Superior, WI.
Eventually, we would like to branch out to the Community Health Board and working with patients from the greater Duluth area.

**Funding**

Project CHANCE, a national competition among all participating chapters of the American Pharmacists Association Academy of Student Pharmacists, made this PCHCH possible. The U of M Chapter was awarded the $10,000 grant for proposing an innovative project that promotes interprofessional collaboration and delivers comprehensive services to the community.

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**UNIVERSITY OF MINNESOTA MEDICAL SCHOOL [Poster #52]**

Program/Project Title: TransHealth Externship

Presenter(s): Melissa Pavek  
Email: pavek018@umn.edu

While resources and support groups for transgender individuals are becoming increasingly common within the United States, the transgender community has remained extremely marginalized within mainstream culture. Few physicians and even fewer medical students are comfortable discussing gender identity and other transgender and gender non-conforming issues with their patients. This externship began with one student’s dream that in the not too distant future more physicians in all specialties of medicine will be competent in working with transgender patients.

The externship includes discussions with transgender patients and mental health workers on a small group basis as well as physician observation on an individual basis. We have worked with a family medicine physician and an OB/GYN—physicians in the Minneapolis area who publicly welcome transgender patients into their office. Lastly, the externship includes visits to community sites where transgender individuals, especially youth, are being served.

Overall, this experience has been extremely valuable for participants. Students learned much about the marginalization and oppression faced by the transgender community as well as the community resources and ways to overcome those issues. In this future, this externship will continue to grow at the University of Minnesota as we build relationships with more organizations and physicians in the community. Our goal is to produce more transgender-competent physicians in the years ahead within Minnesota as well as across the country.

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**UNIVERSITY OF MINNESOTA MEDICAL SCHOOL [Poster #53]**

Program/Project Title: Upperclass Medical Student Rotation Selection Processes and Student Satisfaction

Presenter(s): David Christensen  
Email: chri2842@umn.edu

There are a variety of methods for that medical schools employ for students to select third and fourth year rotations, ranging from completely autonomous selection to preformed track selection to simple edicts from administration. Each different system has its own strengths and weaknesses, and medical students will react differently to each process.

To gather responses, a 12 question survey was sent to third year students through the OSR (Organization of Student Representatives) listserv and a 14 question survey was sent to the University of Minnesota third year class via Google Docs. The survey included questions on satisfaction of site selection, scheduling flexibility, stressfulness, the ability to study during the scheduling process, and information sources for scheduling advice. These data were compared to the student's overall satisfaction with their school's scheduling process. Responses were collected and data were analyzed on Excel for significant differences between students who had positive, neutral or negative views of their overall scheduling process.

From the eight OSR representative responses, students who were more satisfied with their scheduling reported higher flexibility, less studying time, less stress, and were more likely to be able to makes changes once their schedule was submitted. The ability to take elective courses in the third year, satisfaction with course sites, and number of sources of course information did not affect overall student satisfaction. Students report less satisfaction with lottery systems for individual courses and match processes, but more satisfaction with administration assigning courses in third year and individual course selection in fourth year.
Students at the University of Minnesota that reported less stress, more studying time, more satisfaction in site selection, perceived more flexibility, and took Step 1 earlier also reported more overall satisfaction with the scheduling process. However, only stress levels, flexibility, and required site selection satisfaction demonstrated significant differences between positive and neutral/negative overall responses. Also, 84% of students overall noted interest in course track options with pre-assigned courses with no differences noted between positive, neutral and negative overall response groups.

Given the results from both University of Minnesota and OSR students, there is more student satisfaction with perception of more flexibility, more studying time, and less stress. Students also to appreciate the ability to select courses during their fourth year, but don’t mind having courses assigned to them during their third year or selecting preformed “tracks.” However, this study was limited by student responses and few results demonstrated significant differences.

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE [Poster #54]
Program/Project Title: Building Intuition in the Classroom with Integrative Physiology Simulations
Presenter(s): Leland Husband
Email: lhusband@umc.edu

Problem
Dense material, long nights, eternal lectures—medical school is hard, making it difficult for students to grasp the practicality of the material or find the necessary connections for a deeper understanding. A deeper understanding fosters intuition, which is the foundation for future performance on exams and in clinical practice. Therefore, students must develop intuition about the application on basic science to clinical medicine.

Objective
This program seeks to enhance clinical intuition through integrative simulations of cardiovascular, renal, and respiratory physiology.

Program Description
The first mathematical model of physiology in the world was created at the University of Mississippi (UMC) [1]. Since then, the models evolved into full-fledge integrative models of human physiology, which are used by the medical physiology course at UMC and many other institutions. They were formally introduced into the medical physiology curriculum in 1990 through a series of “lab” sessions.

These sessions are a venue for small groups of students to explore integrative physiology as a team and with the help of an instructor. They begin with a preliminary case presentation of one of eight available patients. Afterwards, follow a series of instructions to complete a simulation. During and after the simulation, students retrieve clinical measurements from several seemingly disparate systems that are actually physiologically related. Searching for the information in various locations helps link key integrative concepts.

Following the simulation, senior professors (many of which participated in the research that uncovered these integrative principles) ask students a series of questions about the collected data. Some questions are factual recall, but most force students to explain the why of the results. For example, they must explain why temperature increases when a person stands from a seated position. Students are encouraged to explore other scenarios through thirty-one additional independent study labs that range from hemorrhage to renal artery stenosis to pneumothorax.

Funding
Development of the model is funded via the Department of Physiology and Biophysics and an NSF EPSCoR grant (EPS 0903787); however, the model and labs are freely available from http://hummod.org.

Conclusion
UMC’s integrative physiology simulation program is fundamental to the medical physiology curriculum. It is a proven tool and UMC and other institutions for enhancing student intuition [2,3,4] about integrative physiology that readily applies to future course work and clinical practice. Finally, students may continue to enhance their intuition with further exploration of thirty-one independent study labs.

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE [Poster #55]
Program/Project Title: Designing a Medical School Capstone Course
Presenter(s): Eric McDonald
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Medical education has been reformed and adapted for decades. As medical advances bombard us, precaution is taken to ensure that students are given the latest and greatest tools to begin their medical careers. However, a significant gap in the education has seemingly been under appreciated for years.

There are many steps in place to ensure that when students become board certified physicians, they are ready to endure the challenges they will be faced with, but what about the challenges of being an intern? The transition from medical student to physician is one that is anticipated from the beginning of one’s training. While the transition from student to intern may never be an entirely comfortable process, the goal is to ensure the student is prepared and not paralyzed. The challenges of this transition are the ones that the capstone course will focus on.

The goal is to develop a capstone course directed at the fourth year medical students which bridges the gap from student to intern. Prepared students who provide safe and adequate patient care is the primary concern for introducing such a course in the curriculum, but the students’ comfort level and residency program directors’ satisfaction are also important. Our first step in this endeavor was to investigate the curriculums at other institutions to determine if anything similar was being offered. Once we discovered similar courses, we surveyed the institutions in an attempt to gather information describing the length, objectives, and delivery methods used. Once we received this data, we determined that we were not alone in our desire to bridge this gap, but the attempts to do so have been varied.

Using the data we collected, along with a few of our own thoughts and ideas, we decided to sample our own population of residents and residency program directors. Our survey explained our intentions and included a list of potential topics to be included in our course. The form allowed a response of ‘yes’, ‘no’, or ‘maybe’ next to each of the topics. We received a 12% response from our survey. The results indicate a clear delineation of both residents and program director’s thoughts on what should be included in the course. However, even more interesting, was that the results painted a picture showing us the main focus of the surveyed groups. The practice of medicine requires a very integrative, big picture understanding of the science and situations involved and while the program directors focused on this for the proposed course, the residents appeared to be more focused on more detailed understanding of individual topics. These choices can be opposites and represent another avenue that we plan to explore with our course.

With a good idea of the deficits in our current training, our next step is to formulate some achievable course objectives. Using these objectives, we will then determine course content and different delivery options that will work well with our fourth year clerkship training. Our goal with this course is to steer clear of a traditional lecture environment and to incorporate the topics in as much of an interactive setting as possible. We feel that moving forward with these steps will allow us to provide top-notch training in an innovative way that will be well received by all parties involved.
Navigating the M1-M2 Summer: Unique Programs to Enrich Student Education

Problem
The summer between first and second year is difficult for many medical students. They are torn between their last summer of youth, a desire to enrich their education through research or shadowing, and a need for income. The University of Mississippi School of Medicine offers the Dean’s Observership (DO) and the Medical Student Research Program summer experience (MSRP) to alleviate the concerns.

Objectives
Both the DO and MSRP seek to offer students paid summer opportunities to enrich their educations; however, they approach these opportunities from two different perspectives. The DO seeks to offer students a wide range of experience in clinical medicine or public health. The MSRP seeks to offer students a focused experience in either a basic, translational, or clinical research project with the assistance of a mentor.

Program Description
The DO offers each student the opportunity to pursue a maximum of three, two week electives in a medical specialty of their choice. Students may choose to complete more than one elective with the same specialty. Furthermore, students are not required to complete all three specialties. Each elective allows students to interact with faculty and residents in a low stress manner. Students are encouraged to ask questions and explore the specialty without fear of adverse performance evaluations.

The MSRP offers each student a ten-week research experience in basic, translational, or clinical research. Students are paired with a faculty mentor, who educates and guides the student throughout the summer. At the end of the summer, students provide a five-minute presentation on their research project. After successfully completing the summer experience, students may apply for the full MSRP option. The full option allows select students to continue their research with additional funding (up to $5,000) over the next three years. Students that complete the full option receive unique distinction on their diploma.

Student and Faculty Involvement
This past summer, the DO was utilized by 58.8% of the class of 2015. Combined, these students observed and participated in 25 distinct medical specialties. The MSRP supports twenty positions, including twenty faculty mentors from basic science and clinical departments. There are 46 mentors formally available; however, students are encouraged to recruit mentors not formally listed, which many do. Combined, these programs were utilized by 73.5% of the class of 2015.

Funding
The DO is supported by the Dean’s Office discretionary funding, which was significantly expanded in 2009. The MSRP is supported by a $350,000 grant from the Heron Foundation; however, administration support from the Office of Research and Dean’s Office is so great that the summer option stipends are funded through the discretionary fund. The DO offers a $1,000 stipend per two-week elective, up to $3,000 for the summer. The MSRP offers a $4,000 stipend for their ten-week program.

Conclusion
The DO and MSRP are unique opportunities for enriching student education during the summer between first and second year of medical school. These well-received experiences, by both student and faculty, provide stable income and additional experience to students.

Predicting Student Performance on USMLE Step 1

Problem
No one test determines the fate of medical students as much as the USMLE Step 1 exams. Students and administrators are obligated to make best efforts for preparation, despite only anecdotal evidence for what
constitutes such an effort. Study methods, individual knowledge, text anxiety, and outside stresses influence the test outcome in complex and seemingly unpredictable ways. As such, both students and administrators need a reliable metric to gauge preparation.

Objective
This program seeks to reduce student and administrator anxiety over Step 1 by identifying metrics that accurately predict performance. The metrics must be portable, meaning that they can be applied independently to any student population data that exists, and they must be understandable.

Program Description
In 2009, the University of Mississippi School of Medicine (UMC) began investigating potential metrics to predict Step 1 performance. The efforts yielded an average increase of seven points; however, the length and complexity of medical education make it difficult to identify a single metric to predict performance. Furthermore, the best metric, NBME practice exams, were only useful in the small window before the actual Step 1.

In the summer of 2012, UMC began implementation of a more complete prediction system by leveraging computer-based learning algorithms. The algorithms are parameterized with historical performance data on standardized tests from college and medical admission and subject examinations to offer a breadth of performance measurement for students throughout their education and different environments. Furthermore, BCMP, age, dedicated study days, sample NBME Step 1 forms, and time between sample forms and Step 1 were incorporated to account for additional parameters that may influence performance. Many variables are not readily quantifiable (e.g., student anxiety and test center disruptions); however, these concerns are addressed in proper parameter planning. In particular, text anxiety and “test-taking skills” are adequately reflected in previous performance on standardized tests.

The prediction is performed via two distinct methods: support vector machine (SVM) and a modified Ada boosting algorithm. Both algorithms train over a variety of kernels on pseudo-randomly chosen individuals representing a fixed fraction (generally one-third) of the historical datasets. The training result is tested against the remainder of the dataset and scored according to predictive power. This addresses the problems of classification and regression. Classification seeks to separate individuals into two sets representing pass or fail, or above and below a specified score. Regression seeks to define a function describing the likely score of an individual with given input parameters. This technique differs from a more standard regression in that it does not penalize a prediction that lies within a specified envelope of the actual score.

Conclusion
Learning algorithms are powerful tools for understanding complex datasets. With their help, we are able to predict current student performance based on historical performance. The model is limited in that it depends on historical data and cannot account for aberrant behavior. Nonetheless, the model offers another tool for students and administrators to inform their Step 1 preparation.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE [Poster #58]
Program/Project Title: MedZou Community Health Clinic
Presenter(s): Robin Lund, Paul Hampel
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The MedZou Clinic is a student-operated medical clinic that provides free primary healthcare. The clinic has been open since 2008 and has cared for nearly 700 patients. Our mission is to join with community partners to provide patient care and education for the residents of Columbia, MO and Boone County, MO without insurance. A multi-disciplinary team of health professional students and faculty, including family medicine doctors, nurses, pharmacists, and social workers, contribute to providing a quality healthcare experience. MedZou also currently features specialty clinics, with providers from Dermatology, Endocrinology, Ophthalmology, and Physical Medicine and Rehabilitation.
UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE [Poster #59]
Program/Project Title: Near-Peer Mentoring and its Effects on USMLE Step 1 Performance and Anxiety
Presenter(s): Carl Bryce
Email: cbryce@salud.unm.edu

The United States Medical Licensing Exam (USMLE) Step 1 is a high-stakes exam for which students seek a variety of preparation methods, some of them costly. "Near Peer" student-led preparation programs are an area of potential application to help students prepare to take this exam. This student-driven project sought to apply previously reported best practices to develop a curriculum and pair near-peers one-on-one with students as they prepare to take the Step 1, while studying the effect on anxiety, performance, satisfaction with the experience, and interest in mentoring.

The project successfully studied 16 mentor-mentee pairs as they prepared together, comparing reported scores to non-participants and conducting a post-test survey. Qualitative and quantitative data are shared, which demonstrated a small increase in mean Step 1 score (underpowered to reach statistical significance) and high satisfaction with the experience. Participant feedback shares a common voice in enjoying having a senior peer's perspective and reassurance, while mentors reported satisfaction with "giving back." Anxiety scores by Likert scale were collected by post-test survey and reflect a decrease over time although sustained anxiety after testing.

Discussion of the results of this study includes local factors, strengths/limitations, and insight gained into the effect of being mentored upon interest in mentoring. Potential benefits to the program participants, as well as to the institution and medical profession as a whole are discussed. Future directions of study for this program are discussed as well.

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE [Poster #60]
Program/Project Title: Capstone: The Culmination and Highlight of Curriculum 2010
Presenter(s): Phillip Bonney
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The University of Oklahoma College of Medicine completed the first iteration of a systems-based curriculum in May 2012. A particularly well-received facet of this new curriculum was the Capstone course, the final course of the second year. The purpose of Capstone is to tie together the basic sciences from which students advance to the clinical sciences to which they turn. It aims to sharpen the basic science knowledge by synthesizing concepts into a framework of clinical diagnosis and treatment. The nine-week course consists of five interconnecting parts: cardinal presentations of disease, evidence-based medicine, transition to clinical medicine, grand rounds, and tutorials. Student feedback on this course, coupled with the result of the Class of 2014 on USMLE Step 1, suggests that the course has been successful.

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE [Poster #61]
Program/Project Title: OU School of Community Medicine Student Academy
Presenter(s): Bahar Malakouti
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Student Academy at the University of Oklahoma School of Community Medicine (OUSCM) is an all-day event that takes place monthly as part of the third-year curriculum. Each month, faculty members present a different medical topic, and all lectures and activities of the day focus on teaching an aspect of that topic. Subjects range from diabetes, to upper respiratory infections, to medical ethics. The day consists of discussions, quizzes, and hands-on practice, such as allergy skin testing, finger stick glucose readings, and peak flow measurements. Through these sessions, students have an opportunity to engage with faculty while learning about commonly encountered diseases. These monthly events provide a way for students and faculty to foster mentor/mentee relationships, as well as network with other students on the campus. This program has been so successful that the OUSCM Internal Medicine Residency Program has adapted it to their weekly Academic Afternoons for interns and residents. Student Academy is an integral part of the School of Community Medicine curriculum, and is therefore continuously being revamped and expanded. This program is one of the many aspects of OUSCM that sets it apart from other medical schools across the nation.
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY [Poster #62]
Program/Project Title: UR Street Outreach
Presenter(s): Stacy Salerno
Email: Stacy_Salerno@URMC.Rochester.edu

UR Street Outreach is a street medicine program that was started by University of Rochester medical students in 2011 with the goal of serving the medical needs of the homeless of Rochester, NY and providing an educational experience for medical students. The program strives to break down cultural barriers between the medical world and individuals residing under bridges and in alleyways, public parks, and homeless shelters by direct outreach. Students participate in teams led by a physician and a homeless outreach guide. On excursions the team carries backpacks of basic medical supplies, prescription medications as well as a wealth of resources to direct care for individuals with psychosocial needs. Medical students have counseled individuals about hypertension, alcohol abuse, and smoking cessation. Medical students have performed wound care, treated infections, and assisted with other medical and social needs. Our modus operandi is relationship-building and the keystone of the program. The program strives to link patients with primary care through networking in the community. Medical teams work with patients at their own levels by serving patient needs rather than self-interested agendas. As a growing organization, the program aims to recruit more students, physicians, and expand their community network in order to better serve the homeless community and to humanize the homeless population in the eyes of future physicians.

UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER COLLEGE OF MEDICINE [Poster #63]
Program/Project Title: Skills and Simulation Center
Presenter(s): James Tidwell
Email: wtidwell@uthsc.edu

A unique experience for medical students at the University of Tennessee is the ability to train in the Skills and Simulation Center in Chattanooga. The lab provides a multidisciplinary learning environment to caring for patients in the operating room. It has two state-of-the-art operating rooms (up to 12 beds), micro-surgery rooms, an anatomical study room, and a classroom. Medical students are taught basic surgical skills and practices in the lab. These include managing anesthesia, suturing, abdominal surgery, and fundamental laparoscopic techniques. Students work in pairs to perform a different surgical procedure each week on animals. The lab is directed by a full time member of the faculty who also teaches residents. Over 30 hours operative experience is done during the surgery or Ob/Gyn clerkship under the supervision of the Skills Lab Director. Class sizes do not exceed eight students at a time. This allows for personalized attention to refine skills on an individual level with residents and the Director. While these labs are common for residents, we believe allowing students to receive the same level of training as a surgical intern is a unique benefit. Students leave the eight week course more confident and interested in an operating room focused career.

UNIVERSITY OF UTAH SCHOOL OF MEDICINE [Poster #64]
Program/Project Title: Does Long Term Clinical Exposure to Primary Care During the Preclinical Years Influence the Career Choice of Medical Students?
Presenter(s): Sam Francis, Adrienne Carey, and Adam Bracken
Email: maximilian.padilla@hsc.utah.edu

There is a national shortage of primary care physicians in the United States. Recent healthcare initiatives in congress hinge upon the availability of primary care providers. Many innovative approaches have been attempted to increase the number of medical school students entering into the primary care fields of: Family and Preventative Medicine, Internal Medicine, and Pediatrics. Few of these programs have been successful.

The University of Utah School of Medicine began a new initiative in 2009 called the Longitudinal Clinical Experience (LCE). The purpose of the LCE is to expose students in the preclinical years, to primary care at local clinics. Students work two afternoons a month, at the same clinic, for the duration of the first and second year.

In our study we surveyed 250 students to determine if long term exposure to primary care through the LCE program influenced students’ career choice. In the study we also compare graduating classes to see if there is a statistical difference in the number of students going into primary care before, and after the implementation of the
LCE. Finally, our survey asks students to identify what about the LCE made them more or less likely to pursue primary care.

The purpose of our project is to use quantitative data, from student responses, to better understand the impact that a long term clinical experience in primary care during the first and second year of medical school has on students’ career choices.

UNIVERSITY OF UTAH SCHOOL OF MEDICINE [Poster #65]
Program/Project Title: *What can we do 4 You: Medical Education through Service*
Presenter(s): Adam Bracken and Dustin Nash
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This poster will focus on the University of Utah School of Medicine student run clinics. These clinics focus on providing medical care to the underprivileged populations found in Salt Lake City. All of the clinics are overseen by physicians or physician assistants, but the vast majority of the screenings are done by first and second year medical students.

The goal of the poster will be to present the benefits of having student run clinics by covering several different concepts on this poster:

1. We’ll give an overview of these clinics and the populations they serve.
2. We’ll present information on approximately how many individuals we are able to provide healthcare for in these clinics and the types of services received.
3. We’ll explain how this enables medical students to truly practice medicine in situations that cannot be replicated by fictitious scenarios.

Serving in these clinics provided many, if not all, of the students at the University of Utah School of Medicine a great foundation of the clinical skills necessary to be great residents and attending physicians in the future.

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE [Poster #66]
Program/Project Title: *Comparison of Clinical Education Experience at Remote Sites*
Presenter(s): Peter Wingfield, Calvin Kagan
Email: peter.wingfield@med.uvm.edu

Many schools rotate through one or more remote sites as part of their clinical training, but UVM is unique in that there is no single common pathway shared by every student that passes through. Some will do all rotations at the home campus whilst others may do multiple rotations away.

This offers both opportunities and challenges as the school attempts to ensure an equivalence of training to all its students, no matter whether they do their clinical attachments at the main site of Fletcher Allen or at one of the three additional sites in CT, ME and FL.

This poster is a study of the collective opinions of students, their comparative academic performance in shelf exams, and their satisfaction with their teaching received at all locations.

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE [Poster #67]
Program/Project Title: *ScienceDC: A Medical Student Led Educational Initiative for Underprivileged DC Middle Schools*
Presenter(s): Tris Arscott, Paul Su, Hesham Zakaria
Email: warscott@uvm.edu

As Plato once stated: “The direction in which education starts an [individual] will determine [his/her] future in life;” yet here in our nation’s Capital, limited resources in certain districts of the city restrict the feasibility of providing enriching activities in the sciences. Especially since life science is not specifically tested on Washington, DC standardized tests, only limited funds are allocated to its teaching. Our core belief in ScienceDC is that engaging energetic medical student volunteers with an impressionable young student population will encourage students to
value their education, expose them to a greater view of science and medicine, and open doors for their future careers.

The mission of ScienceDC is to inspire children to pursue careers in medicine and the biomedical sciences at the Kelly Miller Middle School, which serves underprivileged 6th-8th graders in Washington, DC. Currently, ScienceDC has attracted over twenty passionate volunteers from both the Howard Hughes Medical Institute-NIH Research Scholars Program and the NIH Clinical Research Training Program. These volunteers are from medical schools across the country, and together they have designed a wide curriculum covering the major organ systems of the body.

Kelly Miller School’s administration and we are enthusiastic about the successes of ScienceDC over the past 2 years and will be expanding the program to other classes in the coming 2012-2013 academic year. It is our goal to work closely with the newly formed NIH Medical Research Scholars Program and the George Washington University AOA administration this coming year to ensure medical student volunteers continue to be a driving force behind the operations of ScienceDC.

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE [Poster #68]
Program/Project Title: The Maturation of an Early Clinical Immersion Program at the University of Washington School of Medicine
Presenter(s): Fernanda Delgado
Email: fdelgado@uw.edu

The Rural/Underserved Opportunities Program (R/UOP) at the University of Washington School of Medicine places over 100 medical students in a 5 state region with clinical preceptors for a 4 week early clinical immersion experience in the summer after the first year. Students in Washington, Wyoming, Alaska, Montana, and Idaho work side by side with community clinicians, exploring the social determinants of health and the challenges to improving population health. Students are placed in rural and urban underserved areas in accordance with their preferences and their UWSOM academic pathways if applicable. In addition to clinical work and written reflections, students are able to experientially learn by performing a demographic analysis and community needs assessment of their assigned population, eventually implementing a project to improve the health of the community. They showcase their projects at an annual poster session in Seattle, WA in their second year. This poster describes the dynamic expansion of the program in respond to institutional changes and student needs.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE [Poster #69]
Program/Project Title: Vanderbilt Educational Garden Initiative (VEGI)
Presenter(s): Shannon Koh, Carmela Kiraly
Email: shannon.j.koh@vanderbilt.edu

The Vanderbilt Educational Garden Initiative (VEGI) represents the desire of the Vanderbilt University School of Medicine student body to combat the growing obesity epidemic and lack of nutritious food in our communities. A wholesome diet is a crucial part of physical and mental well-being; however, many people lack either the resources or the knowledge necessary to make healthy food choices. We strive to address this challenging issue and foster a healthy attitude towards food by promoting the connection between nutrition and wellness. Vanderbilt medical students have partnered with the Nashville Community to establish the McFerrin Park Community Garden. Acting in conjunction with community groups, we maintain a unique, health-oriented community garden. Planted and maintained by medical students, community members, and the medical community, the garden acts as a "learning laboratory" that provides hands-on education and access to health and nutritional resources for people of all ages. Members of the community are welcome to pick fresh fruits, herbs, and vegetables at any time; and we distribute the remaining produce at the end of each growing season. VEGI has also facilitated educational opportunities for community members, including gardening and nutrition classes as well as a weekly community walking group. In addition to internal funding sources, VEGI received start-up grants from AOA and AMSA and has been sponsored by corporations such as Lowe’s and Chipotle.
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE [Poster #70]
Program/Project Title: *My Health Report - A Student Initiative*
Presenter(s): Robert Guglielmo, Allison Zarbo
Email: rgugliel@med.wayne.edu

My Health Report is an innovative computer program that provides clear, understandable (5th grade language), and professionally interpreted vital signs and diagnostic lab values in personalized health reports with information on how to improve specific aspects of health and citations of external health resources. My Health Report can be customized for specific populations, such as the pilot for the older adult population that has been incorporated into the M2 curriculum at Wayne State University School of Medicine (WSUSOM). Medical students have translated the report into Chinese, Korean, Spanish, Arabic, and French to satisfy the diverse population of metro Detroit. My Health Report is employed at WSUSOM free health clinics and health fairs, in addition to our partnership with Project Healthy Living, a non-profit that provides free health screening for southeastern Michigan. My Health Report is a free software program conceptualized, programmed, and designed by medical students at WSUSOM, intended to improve the health literacy of the community and empower patients to take control of their health.

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE [Poster #71]
Program/Project Title: *OSR Home School Website - Effective Communication Analysis*
Presenter(s): Michelle Smith, Robert Guglielmo
Email: rgugliel@med.wayne.edu

The purpose of the Wayne State University School of Medicine OSR representative (WSU-OSR) is to represent the medical students from WSU-SOM nationwide, to work with the Association of American Medical Colleges (AAMC) and other student representatives to improve our nation's health, to work to ensure a student role in education, and to help preserve student rights.

In such, the primary duties of the WSU-OSR is to not only communicate with schools within the AAMC, but also to bring back that information and effectively communicate with their constituents. Methods of doing so include paper methods, presentations, social media, and electronic mail.

The goal of this project is to centralize “Everything OSR” in one spot. At Wayne State University School of Medicine, we have created our own website to provide 24 hour access to all.

Since the start of the 2011-12 school year, our website (http://waynestateosrs.weebly.com) has become a bit of a mobile-hub for information at our school. We’ve helped our students with Step 1 registration/prep in addition to FAQ items such as syncing the school calendar with your phone, lecture-streaming secrets, etc. At Wayne State University, we are proud of our highly-effective new web format, and will strongly recommend creating/managing websites as a means of communicating with classmates.

WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE [Poster #72]
Program/Project Title: *An Extension of the Healer’s Art: Developing a Finding Meaning in Medicine Group for Medical Students*
Presenter(s): Colleen McCormick
Email: mccormick.36@wright.edu

Wright State University Boonshoft School of Medicine in Dayton, OH has taught the Healer’s Art (HART) course to first-year medical students for the past seven years. In the past two years, greater than 2/3 of the first-year class enrolled and participated, for no credit! While HART has been greatly appreciated by first-year students and participating faculty, a subset of medical students in the third and fourth years felt a strong desire for a similar safe, reflective space during their clerkships. With this need in mind, third-year medical students and faculty involved in The Healer’s Art met to close this gap. Using the model of Finding Meaning in Medicine, as developed by Dr. Rachel Naomi Remen, this group developed a “Finding Meaning in Medicine for Medical Students” chapter. The group is led by medical students and meets on a monthly basis at a faculty member’s home. Since its initiation in October 2011, 28 students have attended one session, and over half have attended more than one session. Student participants were surveyed at the end of the 2011-2012 academic year, allowing them to reflect on what FMM has meant to them during their clinical years and how it has impacted their views on humanism in medicine. Students commented that this safe space has offered them an opportunity to reflect on difficult clinical
experiences and learn from the experiences of other students and faculty. In addition, some students described improvements in their ability to “listen generously,” a skill described in detail by Dr. Remen. Finding Meaning in Medicine is a forum that is intended for use by medical students and could easily be modeled at other medical schools. The forum could provide other medical students with outlets for sharing difficult experiences, improve their generous listening skills, and remind students of their humanistic goals in being physicians.

WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE [Poster #73]
Program/Project Title: Evaluating Student Perceptions of Clinical Quality and Safety
Presenter(s): Colleen McCormick, Lakshman Swamy
Email: mccormick.36@wright.edu

The Institute of Medicine (IOM) authored the landmark report, “To Err is Human,” in 1998. In that report, they outlined the growing body of evidence supporting the commonality of systemic errors and safety hazards in modern American medicine. Although the precise numbers can be debated, there is consensus that medical errors are a serious problem and inefficiencies in health care need to be addressed promptly. Students are aware of the inequalities in health care, perhaps especially concerning the crisis of the uninsured, but not necessarily of the startling gap in care when considering racial and ethnic factors. This self-administered survey of fourth-year medical students in Dayton, Ohio examines the degree to which students may have difficulty perceiving, understanding, communicating, investigating, or improving issues in safety and quality. 66% of respondents reported experiencing a perceived error in the treatment of a patient during their clinical experiences. 81% of students reported delays in patient care that they considered avoidable and 69% experienced perceived disparities in care that were related to patient demographics, including insurance status, race, and gender. 86% of students witnessed apparently unnecessary ordering of tests and labs during their clinical experiences. Overall, most students did not share their concerns or observations with health care professionals, despite reporting that they felt “comfortable enough to ask” about the issues. Patient safety and quality improvement are growing concerns in the medical profession and are affecting students at the medical school level. Most medical students are recognizing patient safety and quality issues on a regular basis; however, they are not likely to bring these issues to the attention of other health care professionals.