

## Best Practices for Hosting a PME Event

### PLANNING

- Contact AAMC staff to set up a call with them to begin your planning process.
- Secure early buy-in from deans, CEOs, academic physicians, residents, and students. Their support is critical to the program’s success.
- Create an implementation team that includes people from across the institution who are knowledgeable about the facilities, staff, and students.
  - Include representatives from government relations, communications, education, and hospital administration.
  - Spread the workload to make it manageable, but have one person—who is in your office—as the point of contact for coordination. Be sure to review the congressional gift rules guidance on the PME website ([www.aamc.org/pme](http://www.aamc.org/pme)) to determine if this person can be a registered lobbyist.
- Use the online training and planning materials as a guideline to develop the schedule for and other components of your program.
  - Try not to overschedule—some blocks of instruction can be consolidated.
  - Use the provided sample agendas or ask for assistance in developing one.
  - Use the Project Medical Education logistics chart to stay organized and on-task.
- Use AAMC logos on materials and provide a one pager to participants that states the program is modeled after the AAMC program (e.g., “Project Medical Education is an educational program based on ...”). This will allow participants to better understand the role of the AAMC. The AAMC can also provide branded one pagers, infographics, and other materials to be used, many of which are listed under the resources in each block of instruction.
- Create a detailed program walk-through chart for all members of the implementation team to use during the event. Ensure the chart includes team leads and sweep members who will assist in moving participants between sessions.
- Clear with campus security, if necessary, to have access to the medical school or hospital early. Security should also be notified in advance if members of Congress will attend.

## GENERAL

- Keep a good mix of lectures and interactive sessions, but don't overschedule.
- Always leave time for questions and answers.
  - If the participants don't have questions, ask *them* questions.
  - Also use this time to take notes on issues that may need follow-up after the program's completion.
- Include relevant financial information whenever possible.
  - A single, clear presentation of the structure and finances of the medical school and teaching hospital, preferably early in the program, gives participants a foundation for the information received throughout the program.
  - Clarifying how much money flows into the system from both Medicare and the NIH leads to a better understanding of how federal funding is used and shows the return on federal investment.
- Be prepared for detailed-oriented participants who thrive on getting sufficient data to satisfy their questions.
- Have interactive sessions after lunch, not just lectures. It's a long day; active participation helps maintain interest.
- Highlight the use of leading-edge technology. Emphasize how the use of this technology improves education and patient care and what the costs are for adapting, training, and using the technology. Make the connection between the three missions of academic medicine—medical education, patient care, and medical research.
- Show a variety of facilities. Check walking or travel times between sites and schedule accordingly. Check and arrange for audiovisual support, as needed by the presenters, at each location.
- Create fact sheets to support each block of instruction: entering class statistics, number of residency slots at your institution, number of residency slots across states, health care workforce data, etc.
- Stay on schedule.

# PROJECT MEDICAL EDUCATION



## **ROLE PLAYING**

- Engage participants in the medical education process by assigning them “student profiles.”
- Attendees will remember key information presented in their profiles. These scenarios add a human element and some fun to the program.
  - Throughout the program, provide participants with information relevant to their profiles: admissions (GPAs, MCAT<sup>®</sup> scores), yearly costs, financial aid availability (medical school years 1–4), and debt accumulation and repayment information.
  - By giving them these updates during the visit, the participants receive a glimpse of reality as they move through the medical education process.

## **SPEAKERS**

- Have CEOs and high-level individuals speak for maximum support. They need not give a major presentation but should make an appearance sometime during the program to show the importance of the event.
- Sessions devoted to faculty perspectives have proven to be among the most interesting and informative in the program. When faculty give accounts of the many roles they play (teacher, researcher, mentor, administrator, etc.) and the work they do sitting on committees and boards, they demonstrate how productive and willing to multitask one must be to work at a medical institution today.
- Have faculty, doctors, and administrators role-play as much as possible. The participants are students and then residents; treat them as such.
- Have medical students and residents involved throughout program.

## **BLOCK 1: Welcome and Admissions Process**

- Introduce participants at the beginning of the program and ask them to explain what they do in their positions. These introductions help break the ice.
- If your institution is located near your state capitol and you are hosting a program for your state legislators during a session, be prepared to have participants come and go to attend to other obligations. There may not be a way to avoid this during a session, but knowing the situation in advance will help your team run the program more smoothly.

## **BLOCK 2: The Medical School Experience, Undergraduate Medical Education (UME)**

- Provide a creative “day in the life” of medical student scenario for each year of medical school. Have students or residents available to answer questions.

## **BLOCK 3: The Role and Missions of Teaching Hospitals and Veterans Affairs Medical Centers**

- Visiting hospitals and clinics, emergency rooms, and research laboratories are a must for a real-life view of medical education in action.
- Be aware that some participants may not be used to the tight space of a hospital room or the confines of a busy neonatal nursery and may experience a closed-in, faint feeling.
- Be sure to secure HIPPA compliant confidentiality agreements from anyone who will be interacting with patients or going to secure areas of a teaching hospital or Veterans Affairs (VA) medical center.
- Include information whenever possible about the ways in which teaching hospitals and medical schools have instituted efficiencies and adapted to them, addressed public and community health issues, and engaged with their local communities.
- If your academic medical center has an affiliation with a VA medical center, schedule an information session or site visit. Congressional staff need to understand the medical education and training partnership between the two medical centers.

## **BLOCK 4: Graduate Medical Education (Residency)**

- An effective session in graduate medical education (GME) involves residents reenacting rounding (complete with hospital bed) and playing the parts of patient, the medical team, and attending physician while explaining to the visitors what to look for when they make site visits. This can also be achieved with standardized patients or simulation mannequins.
  - Prepare participants for what they might see on rounds. Don't place them in situations that some may find uncomfortable.
- When reviewing residencies and program specialties at your hospital, have a list of these specialties available as a handout. It could be very interesting and eye opening for participants to see the extensive training opportunities available.
- Include a discussion on indirect medical education (IME) payments, direct graduate medical education (DGME) payments, and the effects on your institution. Remind participants about the important role your institution plays in the community and the unique services you offer. "Personalize" the information that they normally see only on paper.

## **BLOCK 5: Medical Research**

- Tour the labs of your most engaging and notable researchers.

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- Work to have participatory activities during the research session—looking in microscopes, taking mock samples, etc.
- Prepare a list of significant medical discoveries or innovations in patient care from your institution.

## **BLOCK 6: Graduation and Wrap-Up**

- Leave time for questions and answers.
  - Invite back speakers from earlier in the program to respond to questions from their specific presentations.
- Let participants fill out evaluations either on-site or afterwards.

## **FOLLOW UP AND EVALUATION**

- Place phone calls. In addition to written evaluations, conversations elicit insightful evaluations of a program.
- Establish further contact as it provides an opportunity for the institution to continue developing the relationship with congressional staff.
- Compile a summary of evaluations and share it with the AAMC so that PME materials can be amended to become more helpful for hosts, team members, and future participants.
- Organize thank yous and responses from your institution.
- Organize an alumni dinner or reception.
- Create an appropriate listserve or mailing list for continued follow-up with participants.