Focused Discussions

List of Topics and Descriptions

Nov. 9, 11:45 a.m.-1:15 p.m.
Learn Serve Lead 2019: The AAMC Annual Meeting
Focused Discussions With Lunch
Saturday, Nov. 9, 11:45 a.m.-1:15 p.m.
Phoenix Convention Center: North, Hall A, Level 3

1. A Coordinator Community of Practice
   This table discussion will focus on creating a community of practice for those in a coordinator, administrator, or manager role. The focus will be on best practices for developing and supporting this community at your institution. Additionally, discussion will include identifying barriers to development of a coordinator community and cogitating resolutions to these barriers.
   Table Host: Elizabeth Hansen, Penn State College of Medicine

2. Accreditation Lessons Learned: Reflection, Implementation, and Assessment
   Medical schools are committed to maintaining compliance with regulatory standards and creating a culture of excellence through evidenced-based learning and meaningful and sustainable quality improvement systems. By taking time to reflect and share experiences and lessons learned, especially as they pertain to accreditation visits, we will discuss institutional opportunities and challenges that contribute to a culture of continuous quality improvement.
   Table Host: Iuliana Balascuta, Carle Illinois College of Medicine

3. Admission Standards and Blockchain: Can They Be Linked To Improve Medical School Access for Students of Low Socio-Economic Status?
   The goal of this discussion is to question and explore how technology, specifically blockchain, may change the paradigm of a holistic medical school admissions evaluation for underserved student populations. We will question and investigate how technology may affect the admissions process and if blockchain could change how we gather and track secondary school and college successes to better allow for all-inclusive medical school admissions assessment for all students, especially those of low socio-economic status.
   Table Host: Alan Erickson, University of Nebraska College of Medicine

4. Alternative Payment Models in Academic Medicine
   As the focus on value-based care continues to grow, Medicare and private payers are creating programs that emphasize quality over quantity. The AAMC has established several collaboratives to support the implementation of these models, including the Oncology Care Model, Bundled Payments for Care Improvement Advanced, Comprehensive Care for Joint Replacement, and an Accountable Care Organization roundtable. We invite you to come share your interests, experiences, and questions.
   Table Host: Erin Hahn, AAMC

5. Black or African American: Expanding Our Perspective on Diversity in the Diaspora
   Some literature suggests that there are fewer black students in academia than there were in the 1970s; therefore, it is important to develop strategies that support diverse needs. Being black transcends many identities, including African, Afro-Latino, Afro-Caribbean, and multiracial. Many black students experience stereotyping fears or concerns about being perceived as demonstrating a stereotype. This discussion will explore strategies for supporting student engagement through the diaspora.
   Table Host: Antwione Haywood, Indiana University School of Medicine

6. Can Academic Medicine Embrace (Instead of Ignore) the Study of Child Abuse and Neglect and its Impact on Our Faculty, Our Patients, and Our Trainees?
   This discussion will explore how some institutions (if any exist) have avoided the gaze aversion toward child abuse and neglect that has existed for the past 50 years in academic medicine, at NIH, and at the dozens of foundations that support research and training of our faculty. The facilitator’s paper published in Health Affairs in October 2019 will be the focus of the discussion.
   Table Host: Richard Krugman, University of Colorado School of Medicine

7. Casual Conversation for the New Director of Medical Education
   Join this table for an open dialogue for education directors new to their role (GME and UME). Bring your wins and your concerns; share with others embracing a new culture and building the education mission across an organization. It will be a great opportunity to start networking in the field!
   Table Host: Kimberly Cornwell, Capital Health System

8. Character in Medical Education: Thinking Beyond Individuals to Organizations and Systems
   What is character? Why should it matter in medical education? Is character only a quality of individuals, or can organizations and systems also have character? How do learning environments influence character formation and expression? Join this table for a lively conversation about character in medical education and how a renewed focus on character has the potential to build trust, enhance well-being, and ultimately better serve our learners and patients.
   Table Host: Andrea Leep Hunderfund, Mayo Clinic Alix School of Medicine

   Primary care physicians are critical to achieving improved health outcomes, but the hidden curriculum in medical schools may devalue students choosing primary care. Specialty disrespect is one element of the hidden curriculum that affects career choice, encompassing unwarranted, negative, and denigrating comments made by trainees and physicians about different specialties. Students witnessing disrespectful communication and behaviors are more likely to face stress, depression, and substance misuse.
   Table Host: Michelle Roett, Georgetown University School of Medicine

10. Defining the Exceptional Learning Experience: The First Step Toward Creating an Ideal Learning Environment for Students, Residents, and Faculty
    The learning environment and experience of learners are central to the quality of learners’ medical education, especially in clinical settings. However, creating an exceptional learning experience (ELE) is difficult because factors for success are contextual. We will share what we have done to engage faculty, students, residents, and staff to initiate the creation of an ELE at our institution. We invite others to share best practices and lessons learned and to envision next steps in realizing the ELE.
    Table Host: Sara Lamb, University of Utah School of Medicine
11 Developing a Medical Student Mentoring Program: How To Meet the Evolving Needs and Goals of Both Mentee and Mentor

The success of a medical student mentoring program is influenced by several factors that differ among institutions with a wide range of objectives. Program models may include various types of mentorship, different durations of mentoring relationships, and distinct methods for matching mentees and mentors. Effective models must recognize the evolving needs and goals of both mentee and mentor. This discussion will share current models and explore new considerations when developing or revising a mentoring program.

Table Host: Jennifer Caceres, Florida Atlantic University Charles E. Schmidt College of Medicine

12 Developing a Rapid Response for Threats to Diversity, Equity, Safety, or Inclusion: Strategies for Academic Medicine

Gun violence, immigrant child detainees, acts of intolerance, and other social issues often find advocates and opponents side by side in academic medicine. How should academic medicine respond to community, regional, national, and global issues that affect societal health and wellness? Explore proven and potential rapid-response strategies for creating mission-affirmative responses, from petitions to rallies to legislative visits to service projects.

Table Host: Marcella Anthony, Stanford School of Medicine

13 Diversity in Graduate Medical Education: Intent of ACGME Common Program Requirement Changes

On July 1, 2019, ACGME implemented changes to the Common Program Requirements that directly affect diversity in GME. Many institutions are still uncertain as to how to comply with the requirements and how to use the new requirements to their best advantage. This discussion will help to elucidate the intent of the accreditation changes to further the goals of increasing diversity in GME and providing a learning environment that supports all participants.

Table Host: William McDade, Accreditation Council for Graduate Medical Education

14 Exploring the Ineffable Nature of the Doctor-Patient Relationship — An Approach to Teaching the Essence of Family Medicine

The U.K. National Health Service is defined by the strength of its primary care-based general practitioner workforce, in which the tradition of an enduring doctor-patient relationship based on values persists today, despite the growth in reductionism and specialization. Accepting that the essence — that by which it is what it is — of family medicine includes the ineffable, the immeasurable, and the as yet unknowable, how do we teach our medical students to embrace the essence and make it their own?

Table Host: Mairi Scott, Centre for Medical Education, School of Medicine, University of Dundee

15 Faculty Information Across the Missions: How Do We Create Actionable Data?

Academic medical centers face the challenge of tracking faculty performance in effective and consistent ways. Different offices ask similar questions but get different answers because data sources vary and interpretation is inconsistent. How do institutions balance effective metrics with the variability of authoritative and actionable data? This discussion hopes to engage a diverse set of voices to comment on the curation and reporting of faculty data to inform a developing national data model.

Table Host: Boyd Knapp, The University of Iowa Roy J. and Lucille A. Carver College of Medicine

16 Fostering Relationships Among Coordinators, Faculty, and Leadership

This discussion will focus on facilitating collaboration between clinical faculty, educational leadership, and course coordinators. The focus will be on best practices for developing positive relationships between all stakeholders invested in the success of the medical school curriculum. With the goal of providing a cohesive team, participants will also tackle the challenge of crucial conversations.

Table Host: Jessica Folmar, Penn State University

17 Have We Gone Too Far in Creating “Safe” Environments in Medical School? An Exploration of the Book The Coddling of the American Mind

Faced with rising rates of depression and anxiety in the most recent generation of students entering college and medical school, faculty and administrators have devoted considerable time and energy to protect students from virtually anything that might upset them. A recent book, The Coddling of the American Mind, has questioned this response and proposed an alternative approach to help students become more resilient. We will discuss major themes from the book and relevance for medical students.

Table Host: Richard Schwartzstein, Harvard Medical School

18 How Do You Recruit and Recognize Distant Preceptors?

Medical students across the nation are educated by providers in rural, underserved, and underrepresented areas, but how does your institution recruit, recognize, and retain distant preceptors?

Table Host: Kylie Christensen, University of Utah School of Medicine

19 How To Recognize and Address a Learner in Distress

Burnout among physicians and trainees has received much attention. Most efforts to address this epidemic involve techniques promoting resilience and resistance to burnout. Other valuable efforts involve systematic changes to minimize the stressors and provide supports that mitigate their effect. An area needing attention is that of early detection and intervention. This discussion will explore such strategies, including experience with a “concussion protocol” over the past year.

Table Host: Michael Picchioni, University of Massachusetts Medical School - Baystate

20 How To Support and Organize Continuous Quality Improvement Efforts

Discuss and learn how institutions have funded and organized units dedicated to continuous quality improvement (CQI) (LCME® Element 1.1) and explore best practices and organizational tools to help organize and implement CQI efforts.

Table Host: Leslie Blaylock, Washington University School of Medicine
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<td>21</td>
<td>Identifying Creative Opportunities for Academic Medicine Curriculum Innovation</td>
<td>Many challenges are forcing a second look at curriculum and teaching strategies to enhance the learner outcome for improving health care. Through an interactive discussion, we will discuss opportunities to support well-being in a time of increased mental health concerns, establish change management strategies for internal barriers, create enhancements for diversity and inclusion, and determine the future of interprofessional collaboration, all with the goal to improve learner and health care outcomes.</td>
<td>Table Host: Heidi Costello, Perkins &amp; Will</td>
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<td>22</td>
<td>Imposter Syndrome in Health Care Today</td>
<td>Imposter syndrome is associated with feelings of displaced inadequacy that can make a lasting impact on performance, confidence, and emotions. While it can affect anyone, it typically affects women and people of color disproportionately, along with those at any level of medical training. This discussion will provide statistics, studies, and resources to create a tangible concept that can be battled to ultimately improve the health of both students and physicians.</td>
<td>Table Host: Almasa Talovic, SUNY Upstate Medical University</td>
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<td>23</td>
<td>Incentives and Accountability of Chairs and Other Senior Leaders in an Academic Medical Center to Achieve Alignment With Organizational Goals</td>
<td>There is significant variability across the nation in how chairs and other senior leaders are compensated and incentivized to align with organizational goals. The percentage of compensation at risk and the metrics used to measure success can vary significantly. It is increasingly important that there be alignment around organizational goals. What are best practices? Which academic medical centers do this well? Are chairs and senior leaders on board and eager to participate?</td>
<td>Table Host: K Craig Kent, The Ohio State University</td>
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<td>24</td>
<td>Information Security and Privacy Challenges in a Blended Academic, Research, and Clinical Environment</td>
<td>This discussion will revolve around the challenges faced when information security professionals must choose between conflicting demands such as academic freedom, internet protocol confidentiality, HIPAA/HITECH, data sharing requests, and open research initiatives. Goals for this discussion are to share ideas and anecdotes and come away with valuable information to take back to our institutions.</td>
<td>Table Host: Denis Burns, Florida State University College of Medicine</td>
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<td>25</td>
<td>Is It Mistreatment, Unprofessionalism, or Just High Expectations? When Generational Differences Intersect in the Learning Environment</td>
<td>Professionalism and mistreatment are hot topics within our learning environments. Students, trainees, and faculty are being encouraged to report issues of mistreatment as they occur. With movements such as #MeToo and “if you see something, say something,” there is a greater emphasis on professionalism and the expectation to “learn, serve, lead” with integrity and awareness. As standards continue to advance, how do we hold individuals accountable without lowering our own expectations?</td>
<td>Table Host: Lisa Israel, Saint Louis University School of Medicine</td>
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<td>26</td>
<td>It's Only Human: Partnering with Human Resources to Strengthen Academic Health Institutions</td>
<td>The Medical College of Wisconsin developed a unified approach and resource-sharing model of its Offices of Faculty Affairs and Human Resources to enhance talent development, professionalism, leadership development, employee relations, and wellness for faculty and staff. Academic health institutions can greatly benefit by integrating the specialized training and skills of HR professionals with those of academic leaders. We will discuss models of success and overcoming barriers to developing these invaluable collaborations.</td>
<td>Table Host: Kimara Ellefson, Medical College of Wisconsin</td>
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<td>27</td>
<td>Learner Well-Being: How Academic Medical Centers Can Address the Most Crucial Issue of Our Time</td>
<td>Learner mental health, including depression, anxiety, and suicide, is of vital importance to academic medical centers. The Medical College of Wisconsin has implemented numerous measures to address this issue. These measures include increased orientation contact time, increased mental health services, online self-help programs, curricular modifications based on mindfulness and self-compassion, faculty education, learning communities, psychological safety in the learning environment, behavioral intervention teams, and modified grading.</td>
<td>Table Host: Jose Franco, Medical College of Wisconsin</td>
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<td>LGBTQ+ and Sexual and Gender Minority Issues in Academic Medicine</td>
<td>This facilitated discussion is designed to be a continuation of the annual, informal conversation about current issues related to LGBTQ+ and sexual and gender minority topics in academic medicine, including both curricular and climate issues. The purpose of the discussion is to network around current issues, solutions, and best practices and to foster the establishment of additional structures to continue the work beyond this day’s discussion.</td>
<td>Table Host: John Davis, University of California, San Francisco</td>
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<td>Medical School Mental Health Team</td>
<td>This discussion will focus on the challenges and benefits of creating a mental health team within the structure of a medical school. Medical students struggle with access to mental health care, given their demanding schedules. Come hear about Stanford’s journey in developing of a mental health team and bring your suggestions and difficulties from your own experience. If you have time, read this article ahead of time: Karp J, Levine A. NEJM. 2018;379(13):1196-1198.</td>
<td>Table Host: Rebecca Smith-Coggins, Stanford University</td>
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<td>Medical Student Exposure to Gender and Sexual Minorities Curriculum and Its Effect on Attitudes, Skills, and Knowledge</td>
<td>One in five transgender individuals has been denied care by a physician, and 33% of LGBTQ+ patients have had a negative experience with health care providers. When medical students perceive themselves as having the skills and preparedness to care for gender and sexual minority (GSM) patients, they exhibit lower explicit bias. By increasing the number of curriculum hours in medical school, we hope to ensure that future physicians are well trained to empathically care for GSM patients.</td>
<td>Table Host: Camille A. Clare, New York Medical College</td>
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31 Mistreatment of Providers by Patients
Mistreatment of health care providers by patients is present in the clinical setting. There are few studies in this area. Residents across 19 training programs at a single academic medical center were recruited for an anonymous survey to assess their experience with mistreatment by patients and families. Mistreatment was cited in many specialties but especially in emergency medicine. Interventions to improve the culture of mistreatment in health care must be multimodal to fully address the issues at hand.
Table Host: Robin Hemphill, Virginia Commonwealth University

32 Motivating, Developing, and Maintaining Community-Based Faculty in Medical Education
As medical schools increasingly rely on community-based faculty, many programs struggle with identifying and maintaining an adequate pool of preceptors. Given the unique role of community faculty in the educational program, this discussion will review motivating factors and barriers that limit community faculty involvement in clinical teaching. Strategies for maintaining enthusiasm and involvement through valuing and supporting community-based faculty will be discussed.
Table Host: John Garcia, Texas Tech University Health Sciences Center Permian Basin

33 Navigating Graduate Medical Education as a Nonphysician DIO
Serving as a designated institutional official (DIO) is a high-stress and extremely challenging role, but it can be even more daunting for nonphysician DIOs. At times, it can leave one feeling as though they are suffering from imposter syndrome, or a feeling of inadequacy or intellectual fraudulence. The facilitator will provide participants with an imposter syndrome self-assessment tool. Participants will be asked to share their experiences and their go-to resources and educational opportunities for nonphysician DIOs.
Table Host: Joanna Drowos, Florida Atlantic University Charles E. Schmidt College of Medicine

34 Partnering With White Coats for Black Lives To Promote Anti-Racist Medical Education and Care
White Coats for Black Lives (WC4BL) is a national student-run organization that recently began evaluating some medical schools through its Racial Justice Report Card. The goal is to promote institutional changes and actions that help underrepresented in medicine students and patients thrive. The purpose of this table is to explore ways of partnering with WC4BL to achieve our common goal of racial justice in medicine.
Table Host: David Brown, Michigan Medicine, University of Michigan

35 Physician Burnout: The Future of the Medical Student
In 2018, 42% of physicians reported feeling “burned out” in a national survey, with the highest rate reported by specialties that deal with emergent situations (48% of critical care). These numbers are staggering and beg the question, What about the culture of medicine caused people who have wanted to practice medicine their entire lives to lose the very parts of themselves that led them this far? Are medical students expected to simply accept it as the norm that comes with the territory?
Table Host: Harman Chopra, SUNY Upstate Medical University

36 Playing Doctor: Medical Improv
Clinical medicine is an unpredictable environment where one is required to quickly adapt to new situations. Also, pressures on physicians require resiliency to cope with increasing demands. Medical improv adapts improvisational theater tools (adaptability, resiliency, communication) to clinical situations. Medical improv helps students to develop their ability to adapt and foster resiliency and have fun along the way. We will discuss strategies to align improv education with other medical schools.
Table Host: Lina Lander, University of California, San Diego School of Medicine

37 Practices of Caring: A Framework for Medical Education and Health Care
While medical education and health care systems value caring as a core mission, a variety of obstacles (time constraints, productivity demands, insufficient resources) creates challenges in actually practicing caring, not only for our patients, but also for our learners, faculty, staff, and organizations. We will tackle questions such as, How would our programs and systems be different if caring were the central organizing idea, and what feasible changes can we make to bring this about?
Table Host: Bonnie Miller, Vanderbilt University School of Medicine

38 Primary Care Career Bullying: Impact on Career Choice and Ways to Address It in a Positive Way
Primary care career choice bullying is one of many barriers to increasing recruitment and retention of students and residents in the primary care disciplines. We will examine the prevalence at AAMC member schools of medicine; its perceived effect on career choice; and options for addressing it using academic policy, mistreatment reporting, and student, trainee, and faculty education and development.
Table Host: Bruce Gould, University of Connecticut School of Medicine

39 Promoting a Culture of Equity, Diversity, and Inclusion Through Project-Based, Mentored Leadership Development
In the University of Rochester’s Inclusive Climate Leadership Fellowship program, faculty and staff receive paid release time to develop leadership and management skills through formal sessions and mentored individual action projects designed to promote equity, diversity, and inclusion on campus. Table discussants will explore best practices in project-based learning, leadership development programs, and promoting inclusive climates, as well as sustaining progress at the end of formal programs.
Table Host: Vivian Lewis, University of Rochester

40 Promoting Faculty Diversity Through Holistic Review
AAMC Faculty Roster data show continued underrepresentation of racial and ethnic minority faculty. Faculty development programs help to advance diversity. However, there is a need for systems-based change to accelerate academic medicine’s progress. This table topic will explore interventions at member institutions for physicians and scientists and identify collaborations to shape best practices in faculty outreach and recruitment.
Table Host: Chantel Fuqua, AAMC
41 Providing Resources and Support in Graduate Medical Education From Patient Mistreatment

Significant strides have been made in graduate medical education to provide support and protection from patient mistreatment that may occur during medical student training. We are currently creating video resources and trainings for students and faculty, based on real student experiences, that provide a framework for strategies to manage these situations. We hope this will confer a toolbox of skills with which medical professionals can tackle these challenges.

Table Host: Etty (Tika) Benveniste, University of Alabama at Birmingham

42 Quantity Versus Quality: A Dilemma of Clinical Feedback — The More, the Better?

In clinical education, feedback is crucial in improving clinical practice. However, there are inconsistencies in the quality of feedback provided to students. Many schools attempt to tackle the disparity by requiring more evaluations per student. As a result, students often receive feedback of a dubious nature. Has quantity superseded quality? This table topic encourages discussions of barriers to providing quality feedback. This topic is an important first step to answering, Is more really better?

Table Host: Phuong Huynh, Baylor College of Medicine

43 Reframing Diversity, Reclaiming Intersectionality: Exploring How To Advance Diversity Scholarship in Medical Education

The purpose of this discussion is to examine the ways in which conceptualizations of diversity can meaningfully integrate and explore intersectionality in medical education research. In the session, participants will be encouraged to examine their perceptions of diversity, the origin and reinforcement of these perceptions, how reductive definitions of diversity affect scholarship, and how to advance discourse on diversity in a way that normalizes intersectionality.

Table Host: Cherie Edwards, Virginia Commonwealth University

44 Salary Equity: Are We Chronically Underpaying Women, Chronically Overpaying Men, or Both?

Inequitable compensation for women is being addressed by academic health institutions. However, the current approach to correcting gender pay disparities is solely by increasing women’s pay to be equal to that of men, inciting a struggle to find additional resources and delaying action while avoiding the underlying problem. To solve this inequity, we must address that men receive a disproportionate amount of finite resources, and corrections require equitable redistribution of these resources.

Table Host: Christina Runge, Medical College of Wisconsin

45 Strategic Recruitment Initiatives in the School of Medicine: Change in Culture Leads to Highly Successful Recruitment in Multiple Departments

The University of Alabama at Birmingham School of Medicine undertook a new strategy for faculty recruitment, starting with cancer. Partnership with the School of Medicine Comprehensive Cancer Center and 22 clinical and basic science departments established a goal of recruiting up to 15 faculty. Since October 2018, 12 faculty have been recruited, a much higher success rate than department recruitment. Instrumental was a change in culture of accepting a new way to recruit. Other parameters that led to success will be discussed.

Table Host: Etty (Tika) Benveniste, University of Alabama at Birmingham

46 Strategies for Enhancing Inclusion for Less-Resourced Medical Students in the United States

Medical students from the lowest socio-economic strata account for approximately 6% of the U.S. medical student population (Brewer and Grbic, 2010). In this session, we will share strategies for creating programming aimed at supporting less-resourced (e.g., low-income, first-generation) medical students. Attendees will have the opportunity to share strategies used at their own institutions and brainstorm possibilities for promoting inclusion for less-resourced medical students.

Table Host: Hyacinth Mason, Albany Medical College

47 Student Affairs: The Heart of a Medical School

As the heart facilitates blood flow throughout the human body, student affairs facilitates the flow of vital services throughout the medical student body. Using the model of the atria and ventricles, we will discuss how to infuse physicians in training with effective counseling, career advising, mentoring, and wellness initiatives to develop students into successful clinicians. This multifaceted approach helps graduates possess both clinical excellence and humanities as they begin residency.

Table Host: Nicole Collier, Wayne State University School of Medicine

48 Surviving in an Admissions World in a New Environment!

No complaints — just sharing thoughts and ideas on how we managed admissions with the Choose Your Medical School Tool.

Table Host: Doug Taylor, East Tennessee State University, Quillen College of Medicine

49 The Equity Response Team: Skilled and Dedicated to Mitigating the Trauma from Microaggressions Experienced by Medical Students and Residents

The equity response team (ERT) is a skilled and dedicated team created to mitigate the trauma experienced from microaggressions and bias. These first responders create an equity ICU and safe space for individuals to explore solutions. This team approach provides support, reduces isolation, and reduces burnout. This approach allows us to provide tools for bystanders and perpetrators of microaggressions in real time. ERT is a new pathway for assessing culture and identifying systemic interventions.

Table Host: Wendi Wills El-Amin, Southern Illinois University School of Medicine

50 The Role of Faculty Development in Promoting a Positive Learning Environment Across the Continuum

The 2018 Macy Foundation report Improving Environments for Learning in the Health Professions recommended faculty development opportunities that promote “just, inclusive, and civil” personal, social, organizational, and physical environments for all learners, including faculty and staff. Using existing faculty development initiatives from three schools as a starting point, the discussion will provide a chance for participants to share strategies and construct new initiatives to improve the learning environment across the continuum.

Table Host: LuAnn Wilkerson, University of Texas at Austin Dell Medical School
51 The Shame Culture in Medical Education: Where Does It Come From, Why Does It Persist, and How Can We Reform It?

Shame is a powerful, often destructive emotion that can cause emotional distress, social isolation, diminished wellness, and impaired empathy in medical trainees. Our research suggests that multiple environmental factors promote shame reactions in trainees, many of which are deeply ingrained in the culture of medical education. During this discussion, we will explore these factors, their origins, their effects, and what we can do now to begin reforming the shame culture in our institutions.

Table Host: William Bynum, Duke Family Medicine Residency Program

52 “Trial by Fire”: Burnout Prevention in Medical Students in the Age of Accelerated Preclerkship Curricula

An increasing number of medical schools in the United States have implemented 12- to 15-month accelerated preclerkship curricula. There are obvious advantages to this change, including the possibility of reducing student loan burden through a proportional increase in three-year medical schools. However, these curricula present new challenges to students due to added demands and reduced breaks. We will discuss the risk of academic fatigue in these students and explore strategies to anticipate and reduce burnout.

Table Host: Deepan Singh, NYU Long Island School of Medicine

53 Understanding the Differences in Culture(s): Going from a Traditional Higher Education (College/University) Setting to an Academic Medicine Setting

Many who work in academic medicine may have transitioned from working in traditional higher education settings (colleges and universities), especially those who work in administrative medical education positions. Transitioning from one setting to another can be quite an adjustment in differing cultures, expectations, pace, and the like. This important topic provides a place to discuss advantages, challenges, and advice for those who have recently moved from traditional higher education to medical education.

Table Host: Ah Ra Cho, University of Arizona College of Medicine - Tucson

54 Using Narrative Professionalism To Promote Wellness and Balance in Students, Residents, and Faculty

Narrative professionalism is a special application of narrative medicine that provides a safe and confidential forum for trainees and others to learn about the praxis and parameters of medical professionalism. Participants will learn about this application and will be able to bring it back to their institution. The narratives are an account of an actual clinical experience that significantly shaped or tested their professionalism.

Table Host: Nagaraj Gabbur, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell Health

55 Working With the Difficult Student Learner

Are you finding the frequency and intensity with which students seek out their professors to be growing? Students request more clarification, search for more answers, or express their concerns more often. Student issues with socialization, work ethic, preparedness, and stress management appear to have created greater distress. Is this a generational effect or a psychosocial trend? Are undergraduate schools “lowering the bar” for student preparedness? We will discuss challenges and share solutions.

Table Host: Robert Goldstein, Burrell College of Osteopathic Medicine at New Mexico State University

56 Addressing the Education Gap in Pain Management and Responsible Opioid Prescribing

Responding to the medical education gap regarding pain management and responsible opioid prescribing, the University of California, Davis Division of Pain Medicine developed Train the Trainer: Primary Care Pain Management Fellowship. It features an established competency-based curriculum led by UC Davis faculty and other experts. Participants are primary care providers from underserved California communities who become the trainers to teach their peers and transform practice and policy in their health centers.

Table Host: Scott Fishman, University of California, Davis

57 And I Have to Teach Ethics, Too?! Let’s Talk About What We Are Doing and Share What Works Well To Meet ACGME CPR IV.A.5: Ethics Instruction in GME

ACGME Common Program Requirement IV.A.5 stipulates the “advancement of residents’ knowledge of ethical principles foundational to medical professionalism.” Designing both content and pedagogical approach is a challenge. This table session provides an opportunity to learn what other programs are doing and share approaches that work well.

Table Host: Kevin FitzGerald, Creighton University School of Medicine

58 Art Museum-Based Health Professions Education

There is a growing movement to use the rich art museum environment as a site for health professions education. We will discuss pedagogical strategies, such as close looking, to hone observation and interpretation skills; collaborative creation to support teamwork; mindfulness to foster renewal; and activities to cultivate empathy, tolerate ambiguity, and examine biases. We will explore ways to forge relationships with museum colleagues and describe the new Harvard Macy Institute Art Museum-Based Health Professions Education Fellowship.

Table Host: Elizabeth Gaufberg, AAMC/Harvard Medical School

59 Art Museum-Based Medical Education

A variety of pedagogical methods can be used in art museum-based medical education, including visual thinking strategies and the personal responses tour. We will discuss these and other ways that a museum can be used to hone observation and clinical reasoning skills; uncover assumptions and biases; foster professionalism and professional identity formation; promote multidisciplinary teamwork; navigate ambiguity and uncertainty; and enhance empathy, compassion, and wellness in medical students.

Table Host: Margaret “Meg” Chisolm, Johns Hopkins University

60 Attendance Policies in Medical Schools

Come share your school’s struggles and successes with attendance and what policies and procedures have worked to engage students to come to class (or make faculty want to come to empty classes!) at your medical school.

Table Host: Amit Shah, Mayo Clinic Alix School of Medicine
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<td>61</td>
<td><strong>Awarding Scholarships to Current Medical Students in the Age of Pass-Fail Curricula</strong>&lt;br&gt; We struggle to deal with the topic of offering scholarships to medical students when academic metrics have been removed from the equation. In a pass-fail educational environment, we tell our students that there are no rewards for those who excel in the preclinical curriculum because we care about their mental well-being. However, the other side of the coin is that scholarship donors continue to award scholarships to those who have excelled in the curriculum. How do we bridge this gap?</td>
<td>David Pearson, University of Toledo</td>
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<td>62</td>
<td><strong>Behavioral Indicators of Master Adaptive Learning</strong>&lt;br&gt;The measurement of master adaptive learning (MAL), a metacognitive approach to learning, is based on individual characteristics, outcomes, and observable behaviors. While shared perspectives are developing around characteristics and outcomes, behaviors are more difficult to identify. Given differences between learners across the medical education continuum, this discussion seeks to raise this point and promote the sharing of perspectives to better identify key behavioral indicators of MAL.</td>
<td>JK Stringer, Virginia Commonwealth University</td>
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<td>63</td>
<td><strong>Best Practices in Teaching Professionalism to Medical Students</strong>&lt;br&gt;Addressing lapses in professionalism of medical students is an ongoing challenge for educators. Critical to improvement are clearly defined standards of expected behavior. However, given the scope, relaying what we mean by professionalism can be difficult. While “I know it when I see it” might accurately reflect how we identify unprofessional behavior, that definition is not useful. This discussion focuses on best practices in defining and communicating expectations of professional behavior to students.</td>
<td>Karen Symes, Boston University School of Medicine</td>
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<td>64</td>
<td><strong>Calling All Past, Current, and Future Postbaccalaureate Premedical Pipeline Program Learning Specialists</strong>&lt;br&gt;This table will explore academic and learning specialist support within postbaccalaureate premed pipeline programs. With more than 230 programs in existence, these programs appear to be a promising strategy for increasing medical school diversity. Students who enter these programs often need additional support for coursework, learning strategies, MCAT, and prerequisites. During this discussion, participants will share best practices and gain insights from the experiences of other institutions.</td>
<td>Shavonia Wynn, University of Arizona College of Medicine - Phoenix</td>
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<td>65</td>
<td><strong>Career Education for Medical Students, Residents, and Fellows</strong>&lt;br&gt;Medical school career counselors work with students, residents, and fellows who are unclear about which residency, fellowship, or career to pursue. They are often unaware of their career options and may be unprepared to interview skillfully for residency, fellowships, and jobs. This table will discuss the role of advisors, faculty, counselors, and staff in providing career education throughout training to help medical students and trainees define and achieve their career goals.</td>
<td>Debra Rosenfeld, Stanford School of Medicine</td>
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<td>66</td>
<td><strong>Challenges and Successes of Integrating Academic Advising Services in Medical School</strong>&lt;br&gt;Come and discuss how your organization provides (or is struggling to provide) integrated academic advising services to your medical students. How do your basic science and clinical faculty, student affairs professionals, and education specialists work together to support medical students as they navigate the challenges of their medical school career? What challenges do you face? What successes have you had?</td>
<td>Heidi Kromrei, Wayne State University School of Medicine</td>
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<td>67</td>
<td><strong>Change Is in the Air? Opportunities for the Preclerkship Curriculum</strong>&lt;br&gt;Recent developments around USMLE Step 1 include the pass-fail discussion with gaining momentum and an increasing number of medical schools moving Step 1 timing from after the basic science curriculum to within or after core clinical clerkships. Will the outcome of the former impact the latter? Where does this change create opportunities and challenges for the future of the preclerkship curriculum? How will it drive curricular transformation? How will it affect learners and educators?</td>
<td>Michaela Jansen, Texas Tech University Health Sciences Center</td>
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<td>68</td>
<td><strong>Clinical Skills Remediation: Best Practices and Future Directions</strong>&lt;br&gt;Students who are identified as struggling in their clinical skills can benefit from remediation programs. There are indeed many lessons learned as these programs are introduced and expanded. We anticipate a lively discussion of two questions: What are current best practices in clinical skills remediation? What do we identify as key areas for clinical skills remediation programs to address in the future? Join us to share, inform, and network to shape the future of clinical skills remediation.</td>
<td>Jean Klig, Harvard Medical School</td>
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<td>69</td>
<td><strong>Competency-Focused Admissions — How Can We Modify the AMCAS® Application and Our Current Holistic Review Process To Be More Inclusive?</strong>&lt;br&gt;The University of Minnesota Medical School Twin Cities MD program has shifted to a competency-focused admissions process. We see this as an extension of holistic review. Join us to discuss this shift and share best practices on how first-generation and low-socio-economic status applicants’ nontraditional experiences align with a competency-focused admissions program and how the AMCAS application can be modified or restructured to provide valuable information to support applicants rather than disadvantage them.</td>
<td>Dimple Patel, University of Minnesota</td>
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<td>70</td>
<td><strong>Continuous Quality Improvement</strong>&lt;br&gt;This discussion will be devoted to specific LCME elements — most likely those that are red flags for people or have generated questions you want to discuss with a larger group.</td>
<td>Eve Colson, Washington University School of Medicine</td>
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<td>71</td>
<td><strong>Curricular Alignment — People, Policies, and Products</strong>&lt;br&gt;Health care is changing faster than ever and medical curricula must keep up. National licensing exams have an outsized impact on what students try to learn and by extension what commercial products they purchase. How can curricula align with the immediate student needs and expectations dictated by residency requirements while retaining an orientation to future practice and lifelong learning in an evolving health system?</td>
<td>Catherine Johnson, Osmosis</td>
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</table>
**Curriculum Reform and Transformative Learning for the 21st Century: The Global Active Learning Curriculum — Training Tomorrow’s Physicians**

Global active learning is an innovative student- and patient-centered curriculum that integrates successful pedagogy from around the world. This competency-based curriculum incorporates active learning, guided by adult learning strategies. It is system based and driven by clinical presentations emphasizing an early focus on developing clinical reasoning skills. The curriculum requires that students integrate basic and clinical sciences and the environmental and social determinants of health.

**Table Host:** Robert Suskind, California University of Science and Medicine

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**Design and Implementation of USMLE Step 1 Board Program**

It has been shown that preparation for the Step 1 exam greatly affects the overall health and well-being of medical students, with many reporting significant anxiety and stress in relation to the examination. In 2012, the Boston University School of Medicine Academic Enhancement Office designed and implemented a board preparation program. We found that providing students a structured program led to long-term learning, knowledge retention, and increased well-being.

**Table Host:** Paige Curran, Boston University School of Medicine

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**Development of Innovative Three-Year MD Programs: Experiences From the Consortium of Accelerated Medical Pathways Program (CAMPP)**

Three-year MD (3YMD) programs address challenges in medical education, including rising debt, workforce shortages, and competency across the UME-GME continuum. Today more than 17 medical schools are members of the Macy Foundation-funded Consortium of Accelerated Medical Pathways Program. Participants will discuss the structure of 3YMD programs, with a focus on LCME and National Resident Matching Program® requirements, curriculum, mission, funding, connections to residency, specialty focus, faculty development, and student selection processes.

**Table Host:** Joan Cangiarella, NYU School of Medicine

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**Ebola, Katrina, and Active Shooters: The Time Has Come for Disaster Preparedness Education for All Health Sciences Students**

Events such as the Las Vegas shooting, Hurricane Harvey, and Ebola outbreaks remind us that health care is on the front lines of disaster response. The LCME mandates that medical schools address emergency and disaster preparedness. The American Medical Association also recommends the inclusion of formal education on disaster medicine in medical schools and residencies. This discussion will give participants the tools needed to teach these topics for learner resilience and readiness.

**Table Host:** Nicholas Kman, The Ohio State University College of Medicine

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**Elevate Yourself: Crafting a Successful Medical Education Elevator Pitch**

It is not uncommon to feel like an impostor or have anxiety when networking! You can take control by effectively preparing a 30-second to one-minute elevator pitch. Adapted from an Academic Medicine Last Page (Dzara and Kesselheim, 2018), this discussion will enable participants to work through a four-step process to develop updated pitches. Participants will practice, receive formative feedback, and leave with a polished elevator pitch to facilitate networking, mentoring, and collaboration.

**Table Host:** Kristina Dzara, Harvard Medical School

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**Enabling Technologies for Medical Education**

Artificial intelligence. Virtual reality. Learning analytics. As the digital transformation of medical education continues, advanced technologies are becoming available to support faculty and learners, but do our institutions have the necessary infrastructure to adopt these tools? Join our table as we discuss how to remove barriers to adoption and consider which enabling factors such as staff training, technical standards, and other software would be of value if openly available to the community.

**Table Host:** Johnmar Patton, AAMC

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**Exploring Education Programs for Physicians and Scientists To Meet Training Needs That Serve Competency-Based Education: What Is the State of the Art?**

Trends in competency-based education require special training in innovative instruction and assessment methods. As content experts, physicians and scientists need to have specialized education training to better fulfill their responsibilities and meet accreditation standards. A menu of education programs with evidence of success will be presented to explore the most efficient ways to achieve this goal, including workshops, seminars, certificate, diploma, and master’s degree programs.

**Table Host:** Ara Tekian, University of Illinois at Chicago College of Medicine

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**Fulfilling LCME Element 6.3: Navigating Tensions Between In Vitro and In Vivo Self-Directed Learning**

Self-directed learning (SDL) is a means to an end (learning) and an end in itself (a skill). LCME Element 6.3 requires that “the faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning.” We will discuss tensions inherent in the planned stimulation and documentation of student curiosity (in vitro SDL) and compare them with participants’ natural experience of SDL in their own practice (in vivo SDL).

**Table Host:** Robert Lebeau, Rutgers Robert Wood Johnson Medical School

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**Growing Our Own: Establishing GME at a New Institution**

Developing medical education at an institution requires a different skill set than running an established program. Institutions need to embrace a cultural shift to academics while focusing on developing an infrastructure for success. In this discussion, participants at various stages of establishing or growing GME will share lessons learned, but will also identify challenges in their institutions and, with the help of peers, develop strategies to overcome them.

**Table Host:** Brintha Vasagar, Bayhealth

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**Health Humanities: Collaboration on Teaching and Scholarship**

The foci of the table will be how to achieve learning moments with either curricular or cocurricular efforts and how to understand and approach learning using artifacts, prompts, and shared dialogue. The table is a space for sharing resources, teaching and learning stories and moments, pedagogical best practices, and perhaps even scholarship and dissemination. We will build on international and national efforts supporting health humanities.

**Table Host:** Alice Fornari, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Health Systems Science in Medical Education: What? Why? How?
In 2016, the American Medical Association published a report identifying the need to include systems science as part of the medical education curriculum. The CanMEDS Framework and the ACGME core competencies require physicians in training to demonstrate competencies in systems thinking, leadership, management, team collaboration, and advocacy. What are the best practices for training medical students, residents, and fellows to develop these competencies? In what context? What are knowledge gaps?
Table Host: Abi Sriharan, University of Toronto

How Are We Teaching and Assessing Physical Exam and Recognition of Abnormal Physical Findings in the Clinical and Nonclinical Setting?
The “death of the physical exam” has been a topic in the literature for many years. Can we afford to give up this skill? It is often by physical exam that hypotheses are developed, and physical exam provides unique information that is not covered in the history. It has been said through research that 10% of cases are completely changed by physical exam. We will discuss how we assess physical exam skills, not just “doing” an exam, and why they are not assessed well in clinical skills exams.
Table Host: Paul Lecat, Northeast Ohio Medical Universities

How Can We Make Scholarly Activity Achievable and Appealing to Medical Students, Trainees, and Faculty Without Taking Away From Other Responsibilities?
Involvement in scholarly activity is increasingly recommended for medical students and required by accrediting bodies for trainees and faculty, yet frequently, little training is provided to medical students or medical professionals regarding research and scholarly writing. What can we do to facilitate student, trainee, and faculty success in and enthusiasm for scholarly activity while respecting their primary responsibility of caring for lives? Share ideas and wins and challenges from your institution.
Table Host: Kari Nelson, University of Nebraska Medical Center

Improvement During the Continuum of Medical Education: Self-Directed Learning or Error?
The role of learning curves and longitudinal assessment data across the continuum of medical education is receiving increased attention. Competency-based assessment and advances in statistical modeling afford increased precision for estimating an individual’s ability to learn and improve in the future, rather than relying on point-in-time estimates that treat change in performance as error. This discussion will offer perspectives on the use of longitudinal assessment in health care.
Table Host: Moshe Feldman, School of Medicine, Virginia Commonwealth University

Incorporating Evidence-Based Integrative Health Training Into Medical School Curricula – An Idea Whose Time Has Come?
As the prevalence of chronic disease increases in the United States, our health care system is challenged to address lifestyle factors that contribute to morbidity and mortality. Health care has traditionally focused on the treatment of disease rather than illness prevention. Integrative health may play a role in addressing this gap. Should medical students be trained more comprehensively in preventive care, behavior modification, and promotion of optimal health through diet, exercise, and stress reduction?
Table Host: Sarah Wood, Florida Atlantic University Charles E. Schmidt College of Medicine

Increasing Students’ Understanding of Disabilities — How We Can Improve Care and Reduce Stigma
One in four patients have some form of disability, best described as a medical condition that hinders an individual’s functionality and optimal quality of life. Lack of understanding about disability in physicians may contribute to stigmatization, patient avoidance, and poorer quality of care. Increasing discourse about disability early in medical education may also reduce stigma regarding mental health illness, a major invisible disability among medical students and professionals.
Table Host: Yelim Chung, SUNY Upstate Medical University

Innovations and Updates for Educating Physicians Entering Rural Practice — From Evidence to Action
Recently there have been several opportunities for innovation in the education of physicians intending to enter rural practice. The goal of this focused discussion will be to bring together those participating in federally funded and other initiatives in both UME and GME in addition to individuals interested in the subject of preparing a rural physician workforce. The goal will be to share the recent evidence, as well as ongoing opportunities to grow the success of your own programs.
Table Host: David Schmitz, University of North Dakota School of Medicine and Health Sciences

Innovative Objective Structured Clinical Examination Stations That Can Address Racism and Other Biases
Racism and other biases can significantly interfere with learning, clinical work, and team effectiveness. Formative objective structured clinical examinations (OSCEs) provide an opportunity to develop strategies for managing such challenging encounters. With adequate feedback and debriefing, learners can reflect on their own performance, practice new skills, and compare their experiences with those of others. We will discuss three innovative types of OSCE stations that address these sensitive issues in a pediatric residency.
Table Host: Elizabeth Kachur, Medical Education Development, Global Consulting/Maimonides Medical Center

Integrating and Emphasizing Community Health Principles and Service Into Medical Education
Many of the diseases that physicians see in clinics and hospitals across the country are due to social or ecological factors that cannot be truly addressed in the clinic. Targeted community health programs have been shown to reduce risk factors and improve the health of patients but are often overlooked in medical education. This discussion will highlight evidence-based community programs and outline the importance of emphasizing community health principles in medical education.
Table Host: Casey Mohrien, SUNY Upstate Medical University

Isn’t It Time for Biomedical Science PhD Programs to Also Go Through Curriculum Reform?
What new directions should academic medical centers take to recruit and train PhDs in biomedical sciences? Change in structure and curriculum of medical schools and challenges to a research career path are altering the professional identity of basic scientists. What new skills are needed? Job posts for basic science faculty demand multidiscipline expertise and medical educator skills. How do we increase the diversity of the science education and research teams that train our future physicians?
Table Host: Shirley (Lee) Eisner, SUNY Downstate College of Medicine
Learn Serve Lead 2019: The AAMC Annual Meeting
Focused Discussions With Lunch
Saturday, Nov. 9, 11:45 a.m.-1:15 p.m.
Phoenix Convention Center: North, Hall A, Level 3

92 LCME Site Visits and Continuous Quality Improvement (CQI): Feedback From Recent Visits and Best Practices for CQI
Discussion will target sharing information on recent developments with LCME site visits from those who have just gone through and those with upcoming visits. Topics are likely to be visit structure and which elements are receiving increased emphasis. Additionally, this table will discuss best practices for satisfactory compliance with LCME 1.1 on CQI of accreditation elements.
Table Host: Sara Weir, University of Michigan Medical School

93 Leadership Education and Development in Undergraduate Medical Education: Experiences, Outcomes, and Best Practices
Leadership development is increasingly important in physician careers, and many medical schools are now offering leadership training. However, there are no accepted standards for medical student leadership education, and only minimal data exist on the outcomes of these programs. This discussion aims to pull together educators in medical student leadership development to share experiences and outcomes and to discuss a national interest group and collaboration for faculty in these roles.
Table Host: Margaret Hadinger, Lehigh Valley Health Network

94 Learner Saturation: Addressing the Challenge of Too Many Learners, Too Little Space
New health professions programs are opening and others are increasing class sizes without increases in available clinical experiences. Similarly, schools are changing clinical partners due to merger mania. Host institutions and hospitals struggle to respond, often decreasing learner satisfaction and diminishing the value of the clinical experience. This discussion will allow participants to explore challenges and brainstorm solutions to address these issues.
Table Host: Nell Krost, University of Michigan Medical School

95 Learning Through Continuous Assessment — Finally Taking Advantage of What Technologies Offer
In general, more assessment is always better and an array of mobile technologies now afford nearly continuous assessment. Adaptive technologies can analyze and automate assessments and push content targeted to individual learner needs. We’ll discuss the potential for such technologies to transform learning across the continuum of medical education and the barriers that still need to be overcome before these technologies can be effectively implemented.
Table Host: Owen Willis, Osmosis

96 Lessons Learned From More Than 20 Interviews of Transition to Residency Courses
Join us to discuss best practices and course design pearls about transition to residency (TTR) courses. Faculty members from the University of Colorado share what they have learned in the past year from more than 20 interviews of TTR course directors, a deep literature review, data shared at a national symposium of TTR course directors, and lessons learned from running a TTR course for six years. Come share your best practices and get linked into a national group of TTR educators.
Table Host: Matthew Rustici, University of Colorado

97 Misuse of PowerPoint Presentations in Lectures to Medical Students — Are We Becoming Robotic Teachers?
A lecture should excite the interest of the medical student and incorporate the art of storytelling about patients. There has been a trend to create elaborate PowerPoint presentations filled with factual information, and the lecturer spends most of the time reciting the text in the slides. It becomes “robotic teaching” — automated reading of the slides. The Powerpoint should ideally be a small list of bullet points — the actual power lies in the power of explanation by the teacher.
Table Host: Shivayoji Bhusanmuth, St. George’s University School of Medicine

98 Narrative Medicine Opens Learners to Creative Discoveries and Personal Insight to Counter Burnout and Deepen Trust
This focused discussion will open a conversation about the concepts and methods of narrative medicine, an approach to physician education and practice that combines creative expression with disciplined personal and team insight. By inviting learners into a deep exploration of a work of art, narrative medicine unlocks perception of ambiguity and paradox, the very stuff of clinical care. The facilitator will give participants a memorable experience of the method — not talking about it but doing it. Join us in doing some real work.
Table Host: Rita Charon, Columbia University

99 New Directions for Clinical Learning Support
The growth mindset is essential to medical education and the development of clinical skills. Our discussion will focus on how learning support can be woven into the clinical curriculum to support the needs of all learners. We will deliberate about how to avoid the stigma associated with learning support, how it can be introduced in a positive frame, and what the optimal timing is to introduce learning support into a student’s trajectory.
Table Host: Susan Farrell, Harvard Medical School

100 New Medical School Discussion: Helping One Another With Preliminary, Provisional, and Full Accreditation
Participants from new schools or who have experience with new schools and are interested in discussing how best to support one another throughout the Liaison Committee on Medical Education (LCME) accreditation process are encouraged to join this discussion.
Table Host: Paula Wales, Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine

101 Our Misinformation Era: Are We Ready to Embrace Wikipedia-Editing as a Teaching and Learning Strategy in Health Professional Schools?
Wikipedia is the most-used health information source on the planet, yet health professional schools generally don’t train students how to improve it. This is a lost opportunity. As of 2018, there have been 40 “students in the health professions” courses with Wikipedia editing assignments. A total of 1,054 students have added 659,000 words, 8,560 references, and 85 images to 562 Wikipedia pages viewed over 53 million times. Is your school next? Let’s discuss this emerging movement.
Table Host: Amin Azzam, University of California, San Francisco
Learn Serve Lead 2019: The AAMC Annual Meeting
Focused Discussions With Lunch
Saturday, Nov. 9, 11:45 a.m.-1:15 p.m.
Phoenix Convention Center: North, Hall A, Level 3

102 Pathways to Rural Practice: Innovative Strategies and a Growing Community of Practice in Rural Health Professions Education

Over the past several decades, champions for rural medical education have developed a variety of program structures — tracks, pathways, areas of concentration, elective sequence — to inform and encourage medical students in their preparation for rural practice. The presenter will engage table participants around an identified variety of program structures and best practices, and solicit ideas for continuing to build a community of practice that engages other specialties and health professions.

Table Host: Randall Longenecker, Collaborative for Rural Primary Care Research, Education and Practice (Rural PREP)

103 Perpetual Faculty Development Program in Medical Education: Startup and Maintenance Courses To Build a Team of Skilled Medical Educators

Advances in medical education and the evolving accreditation regulations have made it vital for medical schools to build a team of skilled medical educators to achieve and maintain the required standards of excellence in medical education. To attain this goal, startup and maintenance courses addressing the principles of medical education and their applications are designed as core curriculum and individual faculty development programs.

Table Host: Ghaith Al-Eyd

104 Physician Education Debt and Medical School Cost of Attendance and What Does It Take To Repay Loans?

High-level trends and recent data on cost and debt will be shared to facilitate a data-informed discussion. Topics can also include repayment plans, specialty choice factors, and whether there is a breaking point in terms of debt (and if so, what would that be)? If any of these or similar topics are of interest to you, this is the lunch table to join! Table attendees will include some AAMC staff with topic expertise, and very likely some medical school financial aid professionals.

Table Host: Julie Fresne, AAMC

105 Physician Harassment by Patients: Trends, Support, and Preparation

During our medical training, students are taught repeatedly about the impact physicians can have on an individual’s access to care and the importance of the physician-patient relationship. However, we are rarely taught about how patients can also negatively affect physicians’ ability to do their work. This discussion will cover the true burden of physician harassment and how medical schools can respond to these trends to better prepare and support an increasingly female physician population.

Table Host: Humayra Mayat, SUNY Upstate Medical University

106 Professional Identity Formation

How do our learners develop their professional identities and how do the education, training, and practice environments affect that process? How can we understand that trajectory and what steps can we take as educators to be a positive influence? How does our own developmental process affect how we see our learners? Spend an hour considering these important questions and sharing your thoughts.

Table Host: Linda Lewin, Emory University School of Medicine

107 Residency Selection Within a Competency-Based Medical Education System: Will We Need To Change Our Approach?

In the transition to competency-based medical education, traditional academic grades and test scores will eventually be obsolete. Given the strong reliance on these metrics in the interview selection process, residency programs will need to adapt their approach to application screening. This change will require a paradigm shift which must consider the volume of applications and the limited resources available to select candidates to interview. We will discuss these issues and innovative solutions.

Table Host: Holly Caretta-Weyer, Stanford University School of Medicine

108 Role of Clinical Faculty in Undergraduate Medical Education – What Is Too Much or Too Little?

What role do clinical faculty play in UME in your institution? What are basic science educators’ perceptions of the role? What are students’ perceptions of the role? How do you optimize interaction between basic science and clinical faculty? What are some roadblocks in engaging clinical faculty in your institution? Are there faculty development programs in your institution dedicated to helping clinical faculty become better educators? What are some of your success stories?

Table Host: Manas Das, University of Massachusetts Medical School

109 Screening for Humanism and Professionalism in Medical Trainee Selection Processes

Discerning the humanistic, professional, resilient, and empathic characteristics of candidates is a long-standing problem. Traditional metrics such as standardized test scores, letters, and grades don’t tell us much about these traits. A number of new tools are available to assess these things, including multiple mini-interviews and situational judgment tests. We will discuss how these tools might be used in screening trainees across the continuum of medical education.

Table Host: Brigham Willis, Phoenix Children’s Hospital and Creighton University School of Medicine

110 Service Learning: Building Longitudinal Community Partnerships for Service and Education

Demographics reflect an increasingly diverse population. Students will be expected to treat all patients with the traditional set of technical and scientific skills but also with cultural humility. To address patient needs, students require greater understanding of communities outside the clinical space and skills to work collaboratively with partners, addressing the whole health of the patient and community. Are longitudinal service learning experiences the answer?

Table Host: Rose Rodriguez, Kaiser Permanente School of Medicine

111 Should Pediatrics Clerkships Offer an “Outpatient Track Only” for Students Not Interested in Pediatrics?

Due to paucity of pediatric inpatient training sites, some programs offer alternatives that are not well-designed. An outpatient track would offer more training and should suffice for students not interested in pediatrics as a profession. It will require adjusting the NBME, but this should not be a difficult issue.

Table Host: Etan Klichovsky, Frank H. Netter MD School of Medicine, Quinnipiac University
112 **Should We have an AAMC Affinity Group for Accreditation?**

Many schools have established distinctive positions for associate deans, assistant deans, and other administrators with a full or partial effort dedicated to accreditation and also quality improvement activities. An informal network (listserv) with more than 100 members has been established that is very active with questions and discussion related to accreditation. Would an AAMC Affinity Group help support faculty and staff with dedicated roles for accreditation?

*Table Host: Thomas Svolos, Creighton University School of Medicine*

113 **Standard Setting: Putting Science Behind the Test Cutoff Point**

If you cannot assess it validly and reliably, you might as well not run the curriculum because it will amount to groping in the dark. Medical educators need to know the significance of a set percentage point and how to derive and make it a meaningful measure of student achievement. We will discuss a systematic approach to standard setting in professional assessment with the Objective Structured Clinical Examination as an example.

*Table Host: Francis Achiike, Texas A&M College of Medicine*

114 **Step 1 Practices and Procedures**

The focus of this discussion is to explore various strategies and support offered to students as they prepare for USMLE Step 1. Participants are encouraged to come prepared to discuss the following Step 1 topics: resources; academic programs designed for prep; peer-to-peer support; study strategies; policy and procedures; financial considerations for Step 1 prep; and evidence-based data collection and research.

*Table Host: Zsa-Zsa Booker, Wayne State University School of Medicine*

115 **Strategies to Effectively Teach Millennial Medical Students**

Medical students of the millennial generation are rapidly becoming the predominant learners. Millennial students have a particular view of education and do not have the same preferences and expectations of their predecessors. Therefore, we are required to develop a nourishing instructional interaction with different formats, novel modalities, and various cognitive styles, all in the context of competency-based education. We will discuss specific strategies and teaching schemes faculty may use to involve this generation.

*Table Host: Gary Ventonlini, Texas Tech University Health Sciences Center Permian Basin*

116 **Taking Care of Men in a Women’s Health Center: The Transgender Experience in a Resident Community Outreach Continuity Clinic**

Providing health care resources for transgender and gender nonconforming patients has its challenges. Certainly, caring for men in an OB/GYN resident community outreach clinic is a unique experience for our transgender male patients, other patients, and our providers. No matter how unique the circumstances, the importance of providing gynecological care and screening for transgender male patients who have female organs is paramount.

*Table Host: Mark B. Woodland, Reading Hospital/Tower Health*

117 **Teaching and Assessment of Professionalism Made Easy – The What and the How!**

Professionalism is an important outcome in the education of health care professionals. Professionalism is also a complex outcome, consisting of multiple traits and multiple definitions. We will tease apart and prioritize the areas of inclusion most important to health care and discuss the assessment methods most likely to generate the best validity evidence to provide defensible results.

*Table Host: Rukhsana Zuberi, Aga Khan University*

118 **Teaching the Netflix Generation**

Video on demand is now an expectation for entertainment purposes, and many students turn to videos when trying to learn medicine. How can faculty and schools meet students where they are by effectively incorporating videos into classroom and clinical education? How can you identify high-quality existing videos, and when and how should you develop your own videos? Let’s explore our strategies for making the most of what videos have to offer medical education.

*Table Host: Caleb Furnas, Osmosis*

119 **The Challenge and Benefits of Integrating Professional Values Into Foundational Science Courses**

To successfully provide comprehensive care, future physicians must be able to combine compassion, professionalism, and communication skills with a readily accessible scientific knowledge base. Do medical school educators have an obligation to help impart these values as part of their courses? We will discuss approaches schools are using to incorporate attributes such as professionalism, communication, teamwork, and self-improvement skills into science courses during the preclerkship curriculum.

*Table Host: Neil Osheroff, Vanderbilt University School of Medicine*

120 **The Evolution of a Postbaccalaureate Premedical Pipeline Program From a Graduate Certificate to a Master’s Degree**

In 2014, The University of Arizona College of Medicine - Phoenix began its postbaccalaureate premed program, which grants direct entry to the medical school upon successful completion. The program has adapted to better equip students for success in medical education. We will discuss evaluation methods used for program improvement and the implementation of these changes to the curriculum, clinical training, student support resources, standardized exam preparation, admissions requirements, and degree type.

*Table Host: Stephanie Hatlestad, University of Arizona College of Medicine - Phoenix*

121 **The Transition for Medical School Students to GME Over Time**

The discussion will address the factors that affect senior medical students obtaining residencies. Attention will be focused on the 50% increase in medical graduates in the past decade, the introduction of the Electronic Residency Application Service®, and the fact that although the number of residency positions has kept pace with the number of graduates, the number of residency positions in sought-after specialties and premier hospitals has not. This trend has served to increase the number of programs to which senior students apply.

*Table Host: Sidney Weissman, Northwestern University Feinberg School of Medicine*
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<th>The Unique Health Needs of Veterans Seeking Care Outside the VA Health System</th>
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<td>Less than 20% of U.S. military veterans receive all of their health care from the Department of Veterans Affairs (VA). Many veterans do not understand the significance of informing non-VA providers of their military service, as their unique experiences and exposures may cause debilitating physical and/or psychological health effects years or decades later. This discussion will focus on health issues associated with military service, and topics which should be included in medical school curriculum.</td>
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<td>Table Host: Arte Shelton, Veterans Health Council, Vietnam Veterans of America</td>
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<th>The Use of an NIH-Developed Comprehensive Tobacco Cessation Program as a Component of a Medical School Curriculum</th>
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<td>Discussion will center on participants’ experience with tobacco cessation education. We will discuss and detail a curriculum developed through an NIH grant that includes the Rx for Change website and web-based faculty tutorial, virtual patients, and standardized patients ready for use by any school. We will talk about ready-to-use classroom and role-play cases, as well as assessment tools and methods. Integration of tobacco cessation techniques for all students at Albany Medical College will be highlighted.</td>
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<td>Table Host: Henry Pohl, Albany Medical College</td>
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<th>124</th>
<th>Transforming a Medical Student Into an Aspiring Physician Leader for the 21st Century of Health Care</th>
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<td>Participants will collaborate and explore leadership curricula by sharing best practices as well as trials and tribulations endured through creation of such programming. Elements to explore include institutional limitations, cross-college collaborations, leadership communities, formative instruction, case-based discussion, journal review, and project-based learning.</td>
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<td>Table Host: Jeremy Laukka, University of Toledo</td>
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<tr>
<th>125</th>
<th>Understanding the Benefits and Challenges Associated With Three-Year Medical School Curricula</th>
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<td>In 2017, the average debt of graduating medical students was $192,000. In an effort to reduce this education debt burden, the debate about three-year medical school curricula has been revisited. The Consortium of Accelerated Medical Pathway Programs has expanded to include 17 programs. While skeptics worry that the three-year medical school curriculum takes away from the learning of professionalism and humanism, advocates believe it fosters innovation and smoothens the transition to residency.</td>
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<td>Table Host: Nicholas Brennan, SUNY Upstate Medical University</td>
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<tr>
<th>126</th>
<th>Use of High-Fidelity Simulation in Preclinical Medical Student Curricula</th>
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<td>Adding high-fidelity simulation for medical student education has been recently gaining popularity for integration in curricula. Traditionally, use of this teaching modality has been incorporated for clinical students during specific rotations. We have expanded high-fidelity simulation to the preclinical years and have found it to be widely accepted and enjoyed by the students.</td>
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<td>Table Host: Katherine Normand, McGovern Medical School, University of Texas Health Science Center at Houston</td>
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<tr>
<th>127</th>
<th>Use of Situational Judgment Tests in Medical School Admissions: Best Practices</th>
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<td>More than 40 U.S. medical schools now use situational judgment tests (SJTs) (primarily CASPR) to better evaluate the nonacademic attributes and interpersonal skills of applicants. The results of the test can benefit both the applicant and the school as “fit” is assessed either when selecting candidates to interview or admitting applicants after the interview. As more medical schools adopt SJTs, at what stage of the admissions process should the results be considered?</td>
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<td>Table Host: Gwyneth Offner, Boston University School of Medicine</td>
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<th>128</th>
<th>Using Technology To Enhance Student Learning Outside the Classroom</th>
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<td>This session will look at ways to enhance teaching through technology and what technological tools can be used outside the classroom to create a more interactive platform for teaching and learning. While lectures and other forms of traditional teaching have been the foundational teaching strategies, we are now in a culture where technology is highly influential, so how do we use this to capture our students’ attention and expand their learning efforts?</td>
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<td>Table Host: Mark Howse, Morehouse School of Medicine</td>
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<th>129</th>
<th>VA Partnerships: Education, Clinical Care, and Research</th>
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<td>This discussion will explore the many ways the Veterans Health Administration partners with academic institutions to improve education and clinical care. Many of these partnerships involve research with notable results. More than 122,000 health care professions students receive part of their training at VA facilities each year, making the contribution of the VA in the medical education arena significant. Clinical care and providers and faculty are often shared, creating robust communities of care.</td>
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<td>Table Host: Marjorie Bowman, Veterans Health Administration</td>
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<tr>
<th>130</th>
<th>VA Rotations: Expanding GME Through the Choice and MISSION Acts</th>
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<td>More than 44,000 residents receive part of their clinical training through the VA each year. The Choice Act recently provided the opportunity to add 1,500 new GME positions, and this discussion will review the results to date. The MISSION Act grants authority to add additional GME positions to care for underserved veterans, and the provisions of that law will be discussed. There will be an opportunity to discuss current partnerships and new affiliations.</td>
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<td>Table Host: Edward Bope, Office of Academic Affiliations, Veterans Health Administration</td>
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<th>131</th>
<th>Venturing Beyond the Walls of Traditional Medical Education: A #FOAMed Experience</th>
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<td>In this age of blogs and podcasts, knowledge acquisition has become more accessible, faster, and global. Medical students are using technology much more to supplement their learning. How can the world of medical education maximize this evolution while ensuring that the information accessed is credible? What is #FOAMed? How have educators embraced digital scholarship and global communities of practice? What challenges does FOAM (free open access medical education) pose? Bring your experiences as learners and teachers to the discussion.</td>
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<td>Table Host: Antonia Quinn, SUNY Downstate Health Sciences University, College of Medicine</td>
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**Learn Serve Lead 2019: The AAMC Annual Meeting**

**Focused Discussions With Lunch**

Saturday, Nov. 9, 11:45 a.m.-1:15 p.m.
Phoenix Convention Center: North, Hall A, Level 3

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**132 Video-Based Assessments and Interview Tools for Residency Selection: What Should Our Next Steps Be?**

As the residency selection process attempts to balance holistic review with efficiency, some specialties have piloted video-based tools to add to the screening workflow. The most well-developed of these is the Emergency Medicine Standardized Video Interview. As stakeholders in medical education, we will discuss what our responses could be to this development — in supporting applicants, in using these in selection decisions, and in viewing these instruments through a validity lens.

Table Host: Nicole Deionio, Virginia Commonwealth University

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**133 Virtual Reality: Utility, Downfalls, and Implementation**

This discussion will focus on the use of virtual reality in medical education. Does your institution use it? If so, what are the benefits and pitfalls you have seen? If you have not used it, why not? Do you think it could be helpful? How could the use of virtual reality be implemented? And are there certain educational topics best covered?

Table Host: Lindsay Blick, Phoenix Children’s Hospital

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**134 Walking a Mile in Their Shoes: How To Incorporate Community Learning Opportunities in the Medical School Curriculum**

Before judging someone, you must understand their experiences, challenges, and thought processes — or “walk a mile in their shoes.” This adage is relevant in medical education, where an understanding of social determinants of health is crucial to addressing the health inequities our patients face. This discussion will explore innovative, hands-on, and patient-centered methods of experiential learning that will foster the development of empathetic and culturally competent future physicians.

Table Host: Carla Boutin-Foster, SUNY Downstate Health Sciences University

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**135 What Does My Ideal Medical Educator Profile Look Like? What Elements of My Educator Role Do I Need to Develop? How Do I Document and Share My Growth?**

LCME accreditation standards require that medical schools offer “opportunities for professional development to each faculty member” in support of their role as a medical educator. As the recipient of these opportunities, what areas of your educator role do you feel you need to develop? What are your preferred methods of engagement in professional development? How will you document and reflect on your development? How will you make your thinking visible to your colleagues and students?

Table Host: Paul Leslie, Ross University School of Medicine

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**136 A Proactive Approach to Strengthening Holistic Review Processes**

Standing at the crossroads of institutional-centric missions, self-reflection, and responsibility can be daunting for institutions. So many questions arise. How did we get here? How do we approach this? Where do we start? Join us for a candid talk about our journey.

Table Host: Louis Perez, Texas Tech University Health Sciences Center School of Medicine

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**137 What Skills Do Today’s Program Directors Need Help With?**

Being a residency program director requires many more skills than it used to. With the average time program directors stay in their roles being under five years, many new (or old) to the job find themselves needing training to help them in the changing accreditation environment. The AAMC is looking to develop a skills program for program directors and is looking for feedback about the most important areas to consider. Come join a discussion about what skills are needed to be an effective program director in 2019 and beyond.

Table Host: Mona Abaza, University of Colorado School of Medicine

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**138 Why Do Students Fail the USMLE STEP 2 CS and How Can We Help?**

The USMLE STEP 2 CS is a high-stakes exam that all medical students must pass to graduate. Most students are able to pass this exam, but it is costly, requires travel and expense, and when a student fails, must be repeated. Let’s discuss some evidence about faculty and student perceptions about these issues.

Table Host: Franklyn Babb, Texas Tech University Health Sciences Center School of Medicine

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**139 You May Walk the Walk, But Can You Talk the Talk? Teaching Communication Skills to Medical Students**

Medical students constantly focus on examination success to pass medical school. However, medicine is an inherently humanistic profession that relies on communication skills, not only between physicians and patients but also in physician teams. How can we teach students valuable communication skills? Should these skills be taught in preclerkship curricula? What are ways to make communication, presentation, and public speaking skills among students as valuable as the medical content we teach?

Table Host: Shelley Jain, SUNY Downstate Health Sciences University

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**209 Teaching Communication: New Challenges and Strategies**

How do we teach the critical skill of communication? Current medical students are digital natives, more comfortable with texting than face-to-face interaction. Topics will include the medical “threesome” (doctor, patient, and computer), improvisation and imaging techniques, inclusivity, and empathy, among others. Relevant literature will be discussed. Most important, we will learn from each other. Let’s join together to brainstorm and share our experiences and aspirations in teaching communication to medical students.

Table Host: Nancy Rennert, Norwalk Hospital, Yale School of Medicine, and University of Vermont Larner College of Medicine
140 Data Repositories in Medical and Health Care Education: The Missing Active Learner-Intelligent Machine Link

Academic health systems can access data repositories for collaborative research to surface precision medicine insights from patient data. Medical education has no scaled, shared, learner-focused data repository for collaboration. Because of relatively small cohort sizes of medical schools and residencies, one program cannot generate and curate sufficient data or secure staffing and infrastructure for real-time advanced artificial intelligence analytics of learner data and metadata. In this discussion, a case will be made for use of a learner data repository.

Table Host: Donald Douglas Miller, Augusta University

141 Health Systems Science

Health systems science is often described as the third essential science that complements traditional pillars of basic and clinical sciences in medical education. Undergraduate medical education and graduate medical education programs have to meet the evolving needs of health care systems. Educators, policymakers, and health care system leaders have to come together and reform medical education.

Table Host: Khuram Ghumman, Frank H. Netter MD School of Medicine, Quinnipiac University

142 Integrating Basic Science Into Clerkship Education: Making Better Clinical Decisions

Medical schools struggle to integrate basic science teaching into clinical rotations in a way that supports clinical reasoning. Basic science knowledge is increasingly cognitively integrated with clinical knowledge as expertise develops, thus making it difficult for expert clinicians to access their encapsulated basic science knowledge and share it with learners. We will discuss best practices to support novice learners in cognitively organizing their clinical knowledge using basic science causal mechanisms.

Table Host: Amy Wilson-Delfsse, Case Western Reserve University School of Medicine

143 The Science of Learning in Action: Incorporating Population Health Education To Bridge the Link Between Basic Sciences and the Clinical Curriculum

Research shows that using the techniques of retrieval practice and interleaving will facilitate building interconnected networks of knowledge. Health systems science (HSS) has been proposed as the third pillar of learning as the different HSS competencies bridge the basic and clinical sciences. In this discussion, we will discuss how you can leverage and integrate social determinants of health education as an approach to reinforcing foundational science knowledge in clinical care.

Table Host: Stephanie Mann, University of Toledo College of Medicine

144 Creating a New Regional Medical Campus: Practical Guidelines

Little has been published in the literature regarding the successful development of a new regional medical campus. Recently accepted for publication in the JRMC is a comprehensive overview of the logistics, resources, student services, and affiliations required to successfully create a regional medical campus. A roadmap to support leadership in designing and launching such an endeavor will be discussed by one of the publication’s authors. A checklist will be provided for those considering a new regional medical campus.

Table Host: Michael Flanagan, Penn State College of Medicine University Park Campus

145 Defining the Value of Residents and Fellows in a Health Care Setting

Defining the value of a resident or fellow is extremely important to a health care institution. Yet the struggle is real as many hospitals focus on defining resident value in financial terms, which leads to the ongoing battle to keep many GME programs afloat, including the ability to grow and expand, in these budget-conscious times. This topic has important implications to help health care institutions better understand the value that residents and fellows bring to an organization.

Table Host: Paula Schuiteman-Bishop, Spectrum Health

146 Lessons Learned – An Academic Medical Center Acquiring Community Hospitals

Community hospitals are looking to join forces with academic medical centers (AMCs) to ensure sustainability. We will examine a real-world scenario in which an AMC acquired four community-based, for-profit hospitals. Discussion topics will include governance models, design principles, and processes and tools we utilized to manage the integration. We will discuss challenges in the drive for long-term value and offer lessons learned.

Table Host: Eugene Hong, Medical University of South Carolina

147 What Happened At Hahnemann? Could Your Institution Be Next? The Department Chairs’ Perspective

The closure of Hahnemann University Hospital resulted in the most significant graduate medical education displacement in history, sending 570 residents to new institutions within a month of the event. Two department chairs from Drexel University College of Medicine will review the underlying vulnerabilities that created the crisis, the roles of the ACGME and CMS, the important decisions by the courts, and the ultimate impact on the medical school, the faculty, residents, and the students.

Table Host: Richard Hamilton, Drexel University College of Medicine
148  Addressing the Needs of Second Victims: Identifying Strategies and Best Practices for Caring for Physicians During Adverse Patient Outcomes
This discussion will contend with the fact that physicians and learners are profoundly affected by adverse patient outcomes. The goals for this discussion will be to understand the impact of adverse patient outcomes on clinicians, describe how quality and safety are compromised by providers’ negative emotional responses to adverse patient outcomes, and illustrate a systematic approach to building a robust and sustainable peer-support program.
Table Host: Iris Romero, University of Chicago

149  Alternative Advancement Pathways for Clinical Faculty, Staff Scientists, and Nonfaculty Clinical Preceptors in Academic Medical Centers
Come share your experiences and ideas for how academic medical centers can provide career advancement and professional acknowledgments outside traditional promotion and tenure mechanisms. Hear lessons learned from designing a clinical faculty advancement pathway with rigorous criteria that differs from promotion tracks emphasizing scholarly productivity. Additional topics will include ideas for recognizing nonfaculty scientists or clinical preceptors with novel career progression pathways.
Table Host: Michael Fitch, Wake Forest School of Medicine

150  Are There Gaps in Our Evaluation of Gap Years Prior to Medical School?
Gap years between college and medical school has recently been a topic on the AAMC Group on Student Affairs listerv. The specific question offered: What percentage of your matriculating class has taken one to two gap years? The response rate on the listerv was quite robust and varied but respondents lacked the time for discussion. This is an important topic since many undergraduate institutions promote gap years without specifying what should be done during that time. How do we in admissions evaluate the merits of gap years?
Table Host: Rubia Khalak, Albany Medical College

151  Burden or Benefit? Optimizing the Annual Faculty Review Process to Maximize Value for Faculty and Institutions
Processes to conduct annual faculty reviews vary widely and aim to support career advancement and ensure academic accountability. However, they can represent a significant administrative burden on both leaders and faculty. In this discussion, we will share innovative approaches to annual faculty review processes. We will generate a list of strategies to maximize this experience for faculty and administrative leaders beyond procedural obligations.
Table Host: Grace Huang, Beth Israel Deaconess Medical Center, Harvard Medical School

152  First-Generation College Graduates: A Toolkit of Resources for Medical Schools
Many medical schools have started to recognize the unique circumstances of students who are first-generation college graduates (FGCG) and others from similar backgrounds. The UME Section of the AAMC Group on Educational Affairs is creating an online toolkit of resources that can be used by medical schools to support and celebrate their FGCG students. The goal of this discussion will be for schools to share resources that may ultimately be included in the online toolkit.
Table Host: Toshiko Uchida, Northwestern University Feinberg School of Medicine

153  How Does Your School Interact With K-12 Students Throughout Your State or Surrounding Area?
Pipeline programs introduce a variety of students to the health sciences and positively influence diversity. A tenet of the Rural and Underserved Utah Training Experience (RUUTE) vision is to identify, recruit, and nurture students from rural and underserved areas to matriculate and thrive at the University of Utah School of Medicine. We are piloting a K-12 pipeline, which involves presentations in classrooms throughout the state, introducing students to several health science programs. RUUTE is interested in discussing other pipeline efforts.
Table Host: Randy Hansen, University of Utah School of Medicine Rural and Underserved Utah Training Experience

154  How to Effectively Utilize Social Media and Marketing to Promote Your Academic Medicine Program
This discussion will focus on how to effectively utilize social media and marketing to promote your institution’s academic medicine program. Some of the elements that will be discussed include grassroots marketing, relationship marketing, social media strategy, storytelling, and word-of-mouth. We will also focus on how to effectively create unique outreach efforts leveraging your community stakeholders and partners while aligning your marketing efforts with your program’s mission and vision.
Table Host: Reed Esparza, University of Utah School of Medicine

Decisions are affected by heuristics, biases, and uncertainty, which in turn affect health, learning, medical practice, and academic leadership. Use in major medical and science journals of concepts developed in behavioral economics will be detailed. Discussion group participants will be queried about how these concepts can be used to improve decisions at the organizational level of the academic health system, with the goal of creating more intelligent organizations.
Table Host: Kathryn Reed, University of Arizona College of Medicine - Tucson

156  Peer Mentoring: Tapping Into an Underutilized Resource
When considering mentoring, visions of senior and junior colleagues meeting together are invoked. However, peers can provide valuable insight into situations others cannot. There are programs and organizations that create these opportunities by placing peers together with the hope of bonding and sharing experiences. Because the participants are peers, barriers are removed and communities are formed. This session will explore a successful peer-mentoring group and provide tips to create and sustain one.
Table Host: Miriam Bar-on, University of Nevada, Las Vegas School of Medicine
157 Precision Faculty Mentoring: Moving Beyond the Basics

Precision medicine customizes care to the individual patient. We propose that “precision faculty development” would customize professional development to the individual faculty member. In faculty development, we have been slow to harness informatics and artificial intelligence to innovate. Should we consider precision faculty development? Is it possible to customize professional development for thousands of faculty members?

Table Host: Charlie Irvin, Lerner College of Medicine, University of Vermont

158 Product Placement and Medical Education

It seems like everyone has something to sell you these days. Academic centers are supporting the commercialization of educational products, and a bona fide medical education industry is surrounding and integrating with academic institutions. Individual faculty are expected to hew to academic values and consider the business case for their efforts. How can we both maintain the credibility and integrity of academia and embrace the rapid innovation and scaling up that occurs in industry?

Table Host: Sean Tackett, Johns Hopkins Bayview Medical Center

159 Program Evaluation in Medical Education: How Do We Know What We’re Doing Right and Where We Need to Improve?

There is often debate about how much test scores (national and “homegrown”) actually tell us about the quality of our courses versus the ability of our students to perform well on exams. Student feedback is another useful data point, but students may not always be the best judge of the quality of the education they are receiving. Join us and share strategies for sifting through the data to figure out what’s working and what’s not. Innovative approaches to evaluation are welcome!

Table Host: Paul Weissburg, Eastern Virginia Medical School

160 Road to Retirement: Charting Your Personal Path

As a recently retired dean, I have great interest in the process that takes one from mere musing to actual retirement. The successful process is not one-size-fits-all, but there are common themes to consider. These themes include fully retiring or cutting back your time commitment; whether to keep an active medical license; how and when to announce your intentions; and what funded benefits will now become your responsibility. Bring your ideas and experiences for a lively discussion.

Table Host: Cynda Johnson, Virginia Tech Carilion School of Medicine

161 Society of Directors of Research in Medical Education — A Discussion on the Development of Medical Education Research Mentored Relationships

The success of today’s health care system depends on the vitality of academic medicine practitioners and their ability to provide high-value educational programming through the use of evidence-based strategies, which is provided through medical education research. Despite formal training opportunities in medical education research, informal training opportunities including mentored training are limited. The purpose of this session is to facilitate a focused discussion on the development of medical education research mentorship relationships.

Table Host: Jason Boaza, Wayne State University School of Medicine

162 Supporting At-Risk Students in the Basic Sciences

Learning strategies, tools, resources, and outside programs used to help at-risk students successfully complete the basic sciences and beyond will be discussed.

Table Host: Adeste Spin, University of Nevada, Las Vegas School of Medicine

163 The Cost of Educating Medical Students and Residents: How Should We Compensate Clinical Faculty for Their Efforts?

Clinical faculty are under tremendous pressure by hospitals and faculty practice plans to produce clinical revenues to support their salaries, fringe benefits, and clinical overhead. These same faculty are also essential in our teaching missions, both for UME and GME. Yet state resources for public institutions have been decreasing, and practice plans and hospital are operating on thin margins and are providing less for mission support. How do we support the academic mission?

Table Host: Joann Strobbe, University of Nevada, Las Vegas School of Medicine

164 What Role Does Technology Play in the Future of Medical and Health Science Education?

Fifty years ago, artificial organs for transplant, medical lasers to treat cancerous tissue, and genome mapping online were but a thing of imagination. As educational pedagogies have evolved to accommodate active learning, distance learning, simulation in learning and interprofessional education, the role of technology has become critical. We would like to generate an interactive discussion to identify challenges and opportunities around technology’s role in the changing landscape of higher education.

Table Host: Sumegha Shah, Perkins & Will

165 When You Build it, But They Don’t Come: The Decline in Attendance at Live Lectures in Medical Education

Low attendance at lectures has been observed as a global problem in higher education, and medical education is no exception. For a variety of reasons, students are increasingly choosing to forfeit the experience of attending live lectures. What does this phenomenon say about the perceived value of the lecture format to today’s learners and about our capacity as educators to engage our students? Is this the final inning for the live lecture, or does it still have a place in academic medicine?

Table Host: Bonnie Lynch, University of Dundee School of Medicine

Have a topic you’d like to discuss?
Lead your own discussion at Tables 166-208.
Learn Serve Lead 2019: The AAMC Annual Meeting

Focused Discussions With Lunch

Saturday, Nov. 9, 11:45 a.m.-1:15 p.m.
Phoenix Convention Center: North, Hall A, Level 3
See You Next Year!

Learn Serve Lead 2020:  
The AAMC Annual Meeting  
Nov. 13-17, 2020  
Washington, D.C.

Future Annual Meeting Dates and Locations

Nov. 5-9, 2021 • San Antonio, Texas
Nov. 11-15, 2022 • Nashville, Tennessee
Nov. 3-7, 2023 • Seattle, Washington
Nov. 8-12, 2024 • Atlanta, Georgia