Learn Serve Lead 2018
The AAMC Annual Meeting Focused Discussions With Lunch
Saturday, November 3, 11:45 a.m.-1:15 p.m.
Austin Convention Center: Hall 5, Level 1

**Climate and Culture Across Academic Medicine: Tables 1-49**

1. **Addressing Health Disparities by Understanding and Addressing Psychological Trauma**
   Seven percent of Americans will develop PTSD in their lifetime, and even more among marginalized groups. However, there is little research on traumatic experiences disproportionately faced by women and people of color as a result of incarceration, police brutality, and domestic violence. This gap in knowledge may perpetuate social inequalities. This discussion will outline the social impact of PTSD and strategies for including marginalized persons in community-based research, patient care, and policy reform.
   Table Host: Sydney Russell Leed, SUNY Upstate Medical University

2. **Addressing Rising Mental Health Concerns and Crisis Management During Medical School**
   With increasing concerns regarding mental health-related issues such as depression and anxiety among medical students, it is important to recognize the existing stigma that often prevents students from seeking help. Creating an environment and culture that encourages students to seek assistance is essential. Furthermore, medical schools should develop crisis management teams in preparation for the potential of an unfortunate event, such as a student death, including from suicide.
   Table Host: Jennifer Caceres, Florida Atlantic University

3. **Authenticity, Love, and Purpose in Medical Education**
   Medical education is out of balance. It must play a central role in fostering the core values of professional development, empathy, humanity, and well-being, in addition to developing expertise. To “reclaim” medical education, we strive to convene a dialogue with an empowered community of faculty, staff, and learners about how authenticity, love, and purpose can be reintroduced and imbued throughout medical education as a moral foundation.
   Table Host: Rajesh Mangrulkar, University of Michigan Medical School

4. **Change Management and the Implementation of Strategic Plans**
   Strategic planning is a well documented and formal process that follows specific steps, generates milestones, and is measurable. But what happens after the formal strategic planning process is complete and changes are imminent? This discussion will focus on how to influence change and will provide tips for being a part of the change that arises from a new strategic plan. What are some successful (and unsuccessful) tools and tips you can share with colleagues around change management?
   Table Host: Katy Stevenson, University of Rochester School of Medicine and Dentistry

5. **Character in Medical Education: What Is It and Why Should It Matter?**
   What is character? Why should it matter in medical education? Never have medicine’s values and norms been more challenged than now. In this age of fluid learning, changing sociocultural norms, and rapid advances in technology, medical education must be flexible and adaptive while steadfastly holding to the enduring values of our profession. A renewed focus on character has the potential to enrich competency frameworks, enhance well-being, and, ultimately, transform medical education to better serve patients.
   Table Host: Andrea Leep Hunderfund, Mayo Clinic School of Medicine

6. **Chief Wellness Officers and Deans for Wellness: Building New Programs**
   Chief wellness officers and deans for wellness have been proliferating and are likely involved in the design of specific programs. This is a networking opportunity to meet others with similar titles and exchange ideas and best practices among those in similar positions. Let’s build a community.
   Table Host: Kathleen Nelson, Keck School of Medicine of USC

7. **Creating a Continuous Quality Improvement Process for a New Medical School from the Ground Up: Challenges and Opportunities**
   At Carle Illinois College of Medicine, the world’s first engineering-based medical school, we are committed to cultivating a robust culture of evidenced-based learning by developing a meaningful and sustainable quality improvement system. Every academic culture is unique. By sharing experiences and discussing institutional assessment opportunities and challenges, the discussants are invited to reflect on and contribute to greater knowledge about creating a culture of improvement.
   Table Host: Iuliana Balascuta, Carle Illinois College of Medicine

8. **Creating a Positive Clinical Learning Environment**
   Mistreatment remains a serious concern for medical schools, with studies showing alarmingly high and persistent rates of mistreatment reported by medical students. This table will discuss LCME requirements for the educational environment and mistreatment. Collectively, participants will explore methods for assessment and strategies for improving the learning environment.
   Table Host: Samantha Buery-Joyner, VCU School of Medicine, Inova Campus

Have a topic you’d like to discuss?
Lead your own discussion at Tables 124-171.
Defining and Achieving Salary Equity in Academic Medicine
Numerous studies have cited pay inequities for women and underrepresented minorities at academic institutions across the country. To eliminate salary inequities, leaders must understand the process for defining equity, implement a methodology for analyzing current salary issues, and devise a plan if inequities are found.  
Table Host: Marisha Burden, University of Colorado School of Medicine

Design of Faculty Compensation Systems in Academic Medicine
As we progress toward novel reimbursement systems, such as value-based care, compensation systems in academic medical centers may need to realign. This discussion addresses potential steps and ideas for appropriately compensating, rewarding, and incentivizing medical school faculty for all mission areas in this new era. Though the focused discussion is primarily directed to problem-solving around academic physician compensation models, it is open to a discussion of nonphysician faculty compensation as well.  
Table Host: Michael Dobbs, University of Kentucky College of Medicine

Designing a Faculty Peer Review Program and Downstream Evaluation
In an ongoing effort to improve the overall quality of the educational environment for medical students, we initiated a pilot program to provide peer-to-peer feedback for lecturers. The aim was to provide constructive feedback in order to improve all lecturers’ teaching skills. Discussion points include the evaluation logistics of a critique matrix; qualification and commitment requirements of the peer reviewer pool; distribution of the review; and potential positive or detrimental downstream impacts.  
Table Host: Joy Sturtevant, Louisiana State University Medical School

Effects of Curricular Integration on Faculty Image and Institutional Roles
Curricular integration has unexpected consequences for faculty members who previously ran department-based courses. In many cases, it has a dramatic effect on how they view themselves and their roles within their institutions. However, curricular integration also has the potential to open new opportunities. We will discuss how curricular integration affects faculty identity and how the “chaos” of the process affords significant opportunities for faculty growth, redefinition, and leadership.  
Table Host: Neil Osheroff, Vanderbilt University School of Medicine

Emerging Issues for GME Leaders
Whether in or aspiring to GME leadership positions, join this discussion to report on and to gather feedback on what affects our day-to-day working environment. Though trained as physicians or educators, the majority of those in GME positions likely have limited formal education in financial management, strategic and succession planning, corporate mergers, or advocacy, regardless of GME titles such as dean, director, or designated institutional official. With your GME colleagues, share the “things that keep us up at night,” receive reinforcement, and, possibly, get some answers to those questions.  
Table Host: Jacqueline E. Levesque, Baylor College of Medicine

Engaging Hospital Partners for Clinician Wellness
Clinician burnout is a critical issue in modern health care. A key component driving clinician wellness and burnout is the work environment — most commonly, the hospital(s) where clinicians practice. The response to burnout necessitates a true partnership among academic health centers and hospital partners that focuses on clinician wellness. This discussion will explore successes and lessons learned in engaging hospital partners in clinician wellness amid the myriad pressures faced by all of us.  
Table Host: Christina Runge, Medical College of Wisconsin

Faculty Diversity, Equity, and Inclusion at Academic Medicine Centers and Graduate Schools Focused on Biomedical Science
Per the AAMC Faculty Roster data, there continues to be a shortage of underrepresented minority faculty. The AAMC works to support the retention and promotion of minority faculty through culturally relevant approaches via the Minority Faculty Leadership Development Seminars. The AAMC wants to develop a better understanding of member institutions’ interventions for physicians and scientists to identify collaborations and best practices in order to help shape a national research agenda around faculty diversity, equity, and inclusion.  
Table Host: Chantel Fuqua, AAMC

Gender Equity in Academic Medicine: How Can We Become Effective Change Agents at Our Institutions to Reduce Salary Disparities and Other Gender Gaps?
A recent news story about a doctor in Texas who said that female physicians “don’t work as hard” as their male counterparts and deserve to be paid less once again brings to forefront the gender gaps in medicine. Many institutions continue to struggle with how to address the issues of salary inequities and underrepresentation of women in positions of leadership. We will discuss initiatives that have been effective in bringing about change and how we can become effective change agents.  
Table Host: Rose Maria van Zuilen, University of Miami Miller School of Medicine
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17 GME Institutional Leadership Competencies
The complexity of the GME environment continues to evolve amid the accountability expectations of GME leaders to engage the clinical and educational enterprises. With responsibilities that encompass educational, fiscal, and administrative components, compliance and accreditation, and faculty and learner development and well-being, the GME office not only assumes a broad scope of responsibility but must also embed capacity for resilience and adaptability. With an eye to emerging and horizon issues, this discussion considers the driving competency areas vital for GME leaders.
Table Host: Sharon Hall, Charleston Area Medical Center

18 Great Expectations: Addressing the Inclusivity of Community, Volunteer, and Adjunct Faculty in Medical Education
The LCME requires medical schools to have a “sufficiency of faculty” to educate their learners. As such, community faculty often make up a large part of our faculty ranks. Is the culture of academic medicine becoming more inclusive of this group of educators? How do we develop similar standards as with our paid faculty (e.g., promotion, benefits) while managing time and budget constraints, as well as university requirements (e.g., Title IX)? Come share your thoughts and develop next steps.
Table Host: April Heiselt, University of Nevada, Reno School of Medicine

19 Guidance for Coordinators and Support Staff in Providing a Positive Climate and Culture for Students: Striking the Right Balance
By representing the frontline to students, support staff have a huge impact on the student experience, with interactions ranging from permissive to punitive. What messages are we trying to send to students? What type of professional development tools and coping mechanisms can we offer staff to help them provide positive interactions while balancing the needs of students with institutional requirements and expectations?
Table Host: Ruth Sanchez, Houston Methodist Hospital-Texas A&M Partnership

20 “I Don’t Want You” as My Doctor: Navigating the Traumatic Stress of Patient Bias
Underrepresented medical students and residents who move into clinical and hospital settings face the added pressure of navigating incidents that range from overt, derogatory racism to more subtle but also degrading microaggressions. We need to better understand patient bias in the clinical teaching environment and to determine the strategies that students and residents use to cope with and mitigate bias. Participants will discuss training, policy, and support opportunities.
Table Host: Wendi El-Amin, Southern Illinois University School of Medicine

21 If We Are Serious About Diversifying Medicine, Why Are We Still Using the MCAT?
New research indicates that the new MCAT is even more discriminatory against black and brown students than was the older version, yet it remains in use as a major factor in gaining an interview to medical school. How can we possibly diversify the medical profession if we don’t address this barrier? What would an alternative look like? How can we convince admissions committees, at the very least, to reduce the MCAT’s importance as a factor?
Table Host: Dianne Kraft, Texas A&M College of Medicine

22 Improving the Culture in Academic Health Centers: How Do Academic Health Centers Keep Employees and Patients First While Keeping the Bottom Line Positive?
With the emphasis on compliance, accountability, performance, analytics, pay for performance, and how to measure everything, how do we maintain a positive culture in academic health centers and put employees and patients first? This table will discuss what schools are doing to keep culture positive throughout the organization and how they put people first at every level of the organization.
Table Host: Joann Strobbe, University of Nevada, Las Vegas, School of Medicine

23 Keeping All the Plates Spinning: Helping Academic Medicine Promote Faculty Health and Wellness as a Road Map for Teaching Medical Students Life Skills
Do you ever feel as though you are juggling too much given your professional responsibilities, family obligations, health, and wellness? Burnout, compassion fatigue, and depression affect both faculty and students. Physicians, especially females, have higher suicide rates than professionals in many other fields. This discussion will explore methods for incorporating and practicing health-life balance as a means for modeling such behavior for our learners.
Table Host: Beth Choby, University of Tennessee College of Medicine

24 Learners as Leaders in Diversity, Inclusion, and Equity
The table will feature a discussion on the role that learners (e.g., students, residents) can play in creating an institutional culture that embraces an intersectional view of diversity, inclusion, and equity. Topics will include expanding definitions of diversity (e.g., disability, gender identity); examples of initiatives spearheaded by learners and the successes and challenges they have experienced; and ways for administration and faculty to support these initiatives and culture.
Table Host: Priyanka Chugh, Cooper Medical School of Rowan University
25 LGBT and Sexual and Gender Minority Issues in Academic Medicine
This facilitated discussion is designed to be a continuation of the annual, informal conversation about current issues related to LGBT and SGM topics in academic medicine, including curriculum and climate issues. The purpose of the discussion is to network around current issues, solutions, and best practices and to foster the establishment of structures to continue the work beyond today’s discussion.
Table Host: John Davis, University of California, San Francisco

26 Medical Student Wellness: Implementation and Assessment of Activities That Promote Well-Being
Most institutions are focusing time and resources on addressing the topic of student wellness in order to ameliorate burnout and promote resilience. The nature and scope of these activities vary; at the same time, institutions face common challenges in measuring outcomes of the activities in sample sizes that are sufficiently large enough to generate meaningful data. The discussion will address the different approaches and activities aimed at promoting a culture of wellness among students and the strategies for measuring outcomes.
Table Host: Michelle Lizotte-Waniewski, Florida Atlantic University Charles E. Schmidt College of Medicine

27 #MeToo and Academic Medicine: Progress or Backlash?
The #MeToo movement is eerily quiescent in academic medicine. Why are women in medicine reticent to speak out? Some male colleagues set limits on their relationships with female trainees, including no one-on-one advising or mentoring and no closed-door meetings. By setting these limits, are the men saying that they don’t trust themselves to behave ethnically, or are they assuming that the women will make false accusations about inappropriate behavior? Either way, what is the fallout for women trainees?
Table Host: Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac

28 Monitoring Medical Students’ Mistreatment Experiences: Beyond the AAMC’s Graduation Questionnaire (GQ) Data Metrics
The AAMC’s Graduation Questionnaire (GQ) is an important tool for monitoring mistreatment of students and sustaining a respectful culture. The discussion will focus on data metrics that peer institutions routinely track for improving the GQ outcomes. Proposed topics include (1) using AAMC’s Y2Q mistreatment data as early benchmarks; (2) assessing measures that target prevention of mistreatment; and (3) incorporating GME or patient outcomes with implications for the medical student learning environment.
Table Host: Sara Kim, University of Washington School of Medicine

29 Moving Beyond Honors: Should All Medical Schools Adopt Pass-Fail Grading for the Clinical Years?
Hauer and Lucey (Academic Medicine 2018) rightfully note that objectivity in clerkship grading is an illusion and therefore advocate for competency-based assessment. The pressure to achieve honors creates stress for students and faculty, fosters competition instead of cooperation, and changes the focus from learning and self-reflection to grades. Do honor grades really provide residencies with the information needed to select qualified applicants? Should we move all U.S. medical schools to pass-fail grading?
Table Host: Mark DiCorcia, Florida Atlantic University Charles E. Schmidt College of Medicine

30 Peer Mentorship Programs: What Type of Training Is Needed and What Are the Potential Benefits?
When seeking help, students often feel more comfortable approaching peer mentors before faculty mentors. For this reason, peer mentors should be adequately trained to know how to handle academic and personal issues that mentees might bring to their attention. It is also important to develop a tool for effectively matching mentees to mentors. Furthermore, there are aspects of peer mentoring that not only help mentees but that may also result in growth of the mentor in areas of leadership and open-mindedness.
Table Host: Joanna Duran, Florida Atlantic University Charles E. Schmidt College of Medicine

31 Physician Leadership: Leading Change From the Frontlines
Two years ago, the University of Utah Health’s chief medical officer, Dr. Thomas Miller, recruited 50 existing physician leaders from every department and service line to build value. Today, these engaged leaders advance policies, communications, and influence across the enterprise. Developing an engaged physician leader workforce has proven to decrease burnout and give physicians a voice in determining change. How have other health systems engaged their physician leaders?
Table Host: Thomas Miller, University of Utah Health

32 Positive Psychology Approaches to Wellness and Resilience
Wellness of students, residents, and physicians continues to emerge as a priority in need of improvement. Thus far, much of the research on wellness has focused on preventing stress, anxiety, depression, and burnout, yet interventions to improve wellness have shown mixed effectiveness. With the goal of providing new insights, this discussion will focus on positive psychology approaches that aim to achieve high satisfaction and motivation rather than avoid negative states.
Table Host: Moshe Feldman, Virginia Commonwealth University, School of Medicine
33 Practices of Caring as 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

34 Promoting Diversity in Academic Medicine Through Publishing Educational Innovations
Advancing diversity in academic medicine faculty and administrative leadership positions is essential to developing an environment that promotes a wide range of perspectives, mutual respect, and inclusiveness for all. We will discuss ways in which we can encourage trainees and junior faculty who are underrepresented in medicine (e.g., women, LGBTQ, and racial and ethnic minorities) to recognize the value in publishing educational materials that reflect this diversity. This discussion will cover recent research on implicit bias, the efficacy of the Implicit Association Test in measuring bias, and strategies that have proven to reduce implicit bias.
Table Host: Anumita Chakraborty, SUNY Upstate Medical University

35 Promoting Well-Being in GME
The burnout rate among residents is alarmingly high. Does the responsibility for decreasing burnout lie with the institution or department or the individual? Can residents learn skills that promote personal and professional happiness? How can GME programs promote resiliency and well-being in their learners?
Table Host: Sorabh Khandelwal, The Ohio State University

36 Purpose. Joy. Self. Others. How Do We Balance Between Taking Care of Self and Others?
In medicine, there can be a tension between taking care of others (patients, co-workers) and taking care of oneself and one’s family. We will share stories of acting both for others and for ourselves and of times when these were in opposition. For example, did you spend another 30 minutes with a patient, or did you go to the gym? By telling our stories, we will gain insight into how others manage competing demands and share some of our professional and personal joys.
Table Host: Dimitri Cassimatis, Emory University School of Medicine

37 Reflecting on Implicit Bias, and Strategies to Mitigate Our Biases Moving Forward
We strive to be fair and provide equitable services, but research has found that health care providers unintentionally treat people differently according to their gender, sex, sexual orientation, and ethnicity. The result is worse treatment outcomes. Reflection can serve as a powerful tool in combating bias. This discussion will cover recent research on implicit bias, the efficacy of the Implicit Association Test in measuring bias, and strategies that have proven to reduce implicit bias.
Table Host: Anumita Chakraborty, SUNY Upstate Medical University

38 Sexual Harassment and Its Repercussions During the Medical Education Process
Since the advent of the #MeToo movement, countless women have shared stories about and drawn attention to workplace sexual harassment. Meanwhile, a report published by the National Academies in Sciences, Engineering, and Medicine found the issue to be prevalent but minimally addressed, especially in medical education. We will discuss why we have remained silent and how we can establish and put into action a plan to remedy the situation.
Table Host: Joan Chou, SUNY Upstate Medical University

39 Strategies for Successfully Educating the Millennial Generation of Medical Students
Millennial medical students are becoming predominant learners. Their characteristics influence the effectiveness of teaching and learning. They have particular points of view on education and not the same preferences and expectations of their predecessors. Therefore, it is necessary to develop novel learning formats, modalities, and cognitive styles in the context of competency-based education. The key is understanding specific and effective instructional strategies.
Table Host: Gary Ventolini, Texas Tech University Health Sciences Center

40 Summer Research Programs as a Pipeline for Enhancing Students’ Diversity
The summer research program appears to be a promising strategy for increasing the number and diversity of high-quality medical school, biomedical PhD, and MD-PhD program applicants and may support the development of a broadly diverse workforce of clinicians, researchers, and educators who will promote health, advance research, and address health disparities in our communities.
Table Host: Irena Tartakovskyl, AAMC

41 Taking the Pulse of Your Clinical Learning Environment
Academic medical centers grapple with ways to assess their clinical learning environments. From the field of organizational psychology, two constructs can assess local culture: perceived organizational support and psychological safety. This discussion will identify how internal assessments of perceived organizational support and psychological safety correlate with areas of the Patient Safety/Teamwork domain of the ACGME Survey and can permit health systems to assess aspects of their environment.
Table Host: Robin Hemphill, Virginia Commonwealth University
42 The Nameless Elephant in the Room: Strategies for Establishing Shared Institutional Language Around Implicit Bias
Implicit bias has become an area of increasing focus in the medical education literature; however, for both learners and educators, articulating the specific type of bias that underlies an interaction or encounter remains often difficult. This lack of shared language is a barrier to capturing and solving bias-related problems. At this table, we will discuss vocabulary relevant to implicit bias and explore strategies for establishing shared institutional vocabularies relevant to bias.
Table Host: Timothy Dyster, University of California, San Francisco

43 The Next Frontier: Peer Mentoring — What Works, When, How, and Why?
Mentoring is a timeless aspect of personal and professional growth with benefits to both mentees and mentors. In an era in which clinical and academic pressures threaten our ability and availability to mentor students and others, peer mentoring (and its variants such as group or team mentoring) has emerged as a complementary mechanism for career support. In this discussion, we will report on informal and formal experiences with peer mentoring and generate strategies for creating programs to support peer mentoring.
Table Host: Grace Huang, Beth Israel Deaconess Medical Center

44 The Use of Coaching for Student Development and Wellness
Coaching of students by faculty and peers is finding application for the professional development of students and can enhance student (and faculty) wellness. This discussion provides an opportunity for those involved with such programs and those interested in developing a program to examine best practices, advantages and disadvantages, and what can be seen as the yield of these programs.
Table Host: Kira Zwygart, University of South Florida Morsani College of Medicine

45 To Fit or Not to Fit?
For most, race within academic medicine is a difficult topic to discuss, making it a delicate issue in terms of creating solutions that improve the climate for traditionally underrepresented populations. Moore (2007) described the space within academe as white institutional space. This discussion will explore how use of the term “fit” perpetuates white norms and values in academic medicine as it relates to an applicant’s qualifications for residency or fellowships.
Table Host: Artina Dawkins, Wake Forest Baptist Health

46 Tuning In to the Impact of Annual Evaluations on Faculty Culture: Time to Turn the Dial?
Creating an appreciative culture supports excellence through constructive feedback while promoting faculty vitality and success. Annual faculty evaluations create summative assessments of performance according to standards established by the department, medical school, or university. Using examples, we will discuss the importance of aligning the annual faculty evaluation process with the goal of supporting self-directed professionals in successful goal-setting and achievement.
Table Host: Lee Learman, Florida Atlantic University Charles E. Schmidt College of Medicine

47 Turning Thought Into Action: How Awareness Can Shape Strategies for Overcoming Implicit Bias
We all possess implicit bias. You. Me. Everyone. Simply having bias is not the issue, but, as providers, we must recognize that these biases have consequences for our patients. Let’s work together as we undertake the lifelong journey of discovering and addressing our implicit biases. Our discussion will challenge assumptions, foster dialogue, and highlight research and education that helps us recognize our biases and overcome them to make equitable health care decisions that benefit society.
Table Host: Adrian Rhodes, SUNY Upstate Medical University

48 UME Admissions: Lessons Learned From Using Video Interview Formats for Selection to Medical School
Video interviews for GME selection have generated much discussion. A few schools are implementing a video interview component as part of the UME selection process. Admissions leaders from these schools will discuss the approaches they are using, the obstacles they are addressing, the benefits they are realizing, and the insights they have gained so far.
Table Host: Stephen Smith, University of Texas at Austin Dell Medical School

49 Where Are You Struggling? Well-Being and Resilience as Complex Organizational Endeavors
Medical education often takes learners to the edge of their biopsychosocial coping abilities. More than ever, health care recognizes that clinician stress and burnout are eroding our ability to thrive in our demanding environments. Many institutions have taken steps and devoted budget to well-being and resilience programs, and this focused discussion will provide an opportunity to share lessons learned and concerns. Discussion will then move to a gap analysis of what further change and support would truly sustain shared responsibility for cultures of well-being.
Table Host: Siddharth Ashvin Shah, Greenleaf Integrative
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Education of Physicians and Scientists: Tables 50-104

50 A New Way of Looking at Competence: Educating the 21st-Century Physician
Don Berwick, MD, described the current generation of physicians as “the most challenged by moral choices in perhaps a century.” What are the competencies needed to ensure that our learners can thrive? What are the qualities essential for future physicians? How can medical education change to teach these qualities? Join us for this thought-provoking discussion in which we will explore a new way of thinking about competence in medical education.
Table Host: William Cutrer, Vanderbilt University School of Medicine

51 Access to Supplemental Educational Resources Used to Study for Institutional and USMLE Board Examinations
Medical students are using personal finances to purchase ancillary educational resources to improve performance on their institutional and USMLE board exams. Results from my previous study reported a large knowledge gap between faculty perceptions of what ancillary resources they think students are using versus what students are in fact using. In this discussion, participants are invited to report on the resources that they provide or recommend to their students.
Table Host: Crystal Graff, Medical College of Wisconsin

52 Agile Instructional Design for Medical Education
Agile development methodology can be used to design, deliver, and continuously improve a curriculum so that it reaches learners more quickly and addresses emerging needs more effectively. We will discuss the opportunities and challenges associated with identifying a minimum viable product (MVP) for education, employing iterative instructional design, and implementing systems to solicit continuous feedback.
Table Host: A.J. Kleinheksel, Medical College of Georgia at Augusta University

53 Altmetrics: A New Way to Demonstrate the Impact and Reach of Your Work
In a world in which scholarship can be shared with the swipe of a finger, traditional means of measuring the quality and dissemination of scholarship, such as the impact factor, are no longer sufficient. We will explore the world of alternative metrics — or altmetrics — and how attendees can use them to demonstrate the impact and reach of their work. We want to hear from those of you who have never heard of altmetrics and those who are already integrating them into your scholarship.
Table Host: Toni Gallo, Academic Medicine, AAMC

54 Artificial Intelligence (AI) for Precision Medical Education: The Next Wave of Technology-Augmented Learning and Career Advising
Artificial intelligence (AI) leverages big data and ultrafast computing to impact humanity. Medical schools and residencies impart massive amounts of scientific data and teach critical thinking. Collaborative design of a precision education curriculum could up-skill learners to high-tech literacy, promote coping, and mitigate stress from data overload and lower-tech (EMR) use. AI neurocomputing fundamentals could augment educators’ understanding of learners’ critical thinking and career aptitudes.
Table Host: D. Douglas Miller, Medical College of Georgia at Augusta University

55 Augmented Reality
From surgery to hospital navigation, from medical education to health maintenance, augmented reality (AR) is going to be a penetrant and pervasive technology in our futures. How can we embrace the best aspects of AR and knowledgeably resist the worst? Used responsibly, AR holds great promise for authentic, situationally embedded educational experiences and productive enhancements to health care. How do we ensure this positive outcome?
Table Host: Kevin Facemyer, University of Nevada, Reno School of Medicine

56 Case-Based Learning with Standardized Scenarios in the Preclinical Years: Best Practices
Whether they are the primary didactic tool of the preclinical years or whether they are employed as a tool to enrich foundational basic science teaching with clinical correlations, case-based learning scenarios are a critical element of the educational experience at the majority of U.S. medical schools. In this discussion, participants will share perspectives on best practices from their institutions and gain insights from the experiences of other institutions.
Table Host: Robert Means, James H. Quillen College of Medicine, East Tennessee State University

57 Challenges, Solutions, and Achievements in Academic Coaching
Do you have a coaching program and want to share ideas with others? Or are you thinking about starting a coaching program? Academic coaching is becoming increasingly popular in medical education. During this discussion, participants will explore the range of coaching applications in medical education, share challenges, and discuss ways to address those challenges.
Table Host: Kimberly Gifford, Geisel School of Medicine at Dartmouth

58 Clerkship EPAs: Can It Be Done?
This roundtable discussion will explore the possibility of developing clerkship EPAs and consider their utility in relation to aligning LCME and ACGME standards for the clerkship. We will discuss the methods of evaluation currently used in one third-year clerkship.
Table Host: Nagaraj Gabbur, Zucker School of Medicine at Hofstra Northwell Health at Long Island Jewish Medical Center and North Shore University Hospital
59 Competency-Based Assessment for Residency Education: Focus on OPAs (Observable Practice Activities)
With the Next Accreditation System reform in graduate medical education, the focus has shifted from time-based assessment to competency-based assessment. Clinician-educators need to master a new vocabulary, including competencies, milestones, entrustable professional activities (EPAs), and observable practice activities (OPAs). OPAs are discrete activities that can be easily observed, requiring limited faculty time. We will discuss OPAs and their use in the new competency-based assessment system.
Table Host: Andreea Seritan, University of California, San Francisco

60 Creating a Network of Clinical Curriculum Assistant Deans
Many schools have created assistant dean positions to oversee clerkships, subinternships, and electives. These individuals may also have responsibility for oversight of precursory clinical skills courses or the integration of basic and clinical sciences across the curriculum. No professional organizations currently support these assistant deans in identifying and collaborating with one another. Participants will discuss challenges and opportunities in their roles and share ideas for enhancing peer networking.
Table Host: Danielle Roussel, University of Utah

61 Current Medical Education: The Perspective of Course Director, Former Student, Parent, and Clinical Teacher and Mentor — Positive Progress or Not?
There have been many and dramatic changes in the format of medical education. For example, the focus has shifted from classroom learning to step studying, as the initial screen for residency. Many courses are now pass-fail. Has this enabled the reduction in stress for students or made things more complex?
Table Host: Alice Rhoton-Vlasak, University of Florida College of Medicine

62 Developing and Deploying CPD (Continuous Professional Development) as a Critical Success Factor to Enable Academic Health Systems to Succeed
Academic health systems traditionally treated CPD/CME as appendages to help clinicians meet regulatory and certification needs. As physicians have begun to play larger leadership roles within their institutions, the value of CPD has been increasingly appreciated. CPD can address the learning needs of all six ACCME competency domains, enabling physicians to lead their units or institutions in achieving success (high performance in meeting the Quadruple Aim).
Table Host: Morris (Moss) Blachman, University of South Carolina School of Medicine (Columbia) and Palmetto Health

63 Developing Physicians as Effective Teachers
Learning to teach is a complex undertaking. Teachers must make several decisions in an instant while keeping in mind the strengths of their students as individual learners, building a repertoire of instructional strategies, and commanding deep knowledge of subject matter. In what ways do we skillfully prepare physicians to be effective teachers?
Table Host: Randi Stanulis, Michigan State University

64 Directors and Faculty of Advanced Degrees (Master’s and Doctorate) in Health Professions Education Programs — National and International
Advanced degrees in health professions education (and various other names) are becoming more common, with diverse options available. Opportunities to explore and attend these degree programs continue to increase. Join faculty and administrators involved in such programs and working in medical education learning environments to hear their stories and learn about the important career opportunities that have opened up. These opportunities can be a source of faculty vitality as faculty members become increasingly skilled medical educators. Students welcomed, too!
Table Host: Alice Fornari, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

65 Disability-Based Education in Medical School and Residency: Proactively Teaching for Shifting Patient Populations
Nearly 20% of the U.S. population lives with a disability. With the average life span of persons with disability increasing, the number is expected to rise. Despite the identification of disability education as an area of need, many physicians and frequently lack the training to communicate effectively with and treat patients with disabilities. This group discussion will focus on troubleshooting ways to transition from “experience”-based knowledge acquisition to formal ward- and bedside-based teaching.
Table Host: Jonathan Santoro, Massachusetts General Hospital

66 Educating Learners About Clinical Decision-Making in Primary Care
It is important to educate medical students and residents about best practices in clinical decision making in the primary care clinic. Particular elements of primary care clinical practice such as time constraints and a desire to engage patients in the process make decision making about clinical care markedly different than decision making in the inpatient setting. Primary care providers need to be comfortable tolerating uncertainty and know when — and when not to — pursue workups.
Table Host: David Power, University of Minnesota Medical School

67 Educating the Medical Educator
What do your organizations do in the way of programs and workshops to educate faculty on the latest trends in medical education (at both medical schools and health care facilities)?
Table Host: Karen Bruynell, Brigham & Women’s Hospital
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68 Effecting Change in an Evidence-Based Medicine (EBM) Curriculum: Defining the Librarians’ Role
EBM skills — recognizing a knowledge gap, asking a clinical question, searching for literature — remain integral to undergraduate medical education. As actively engaged collaborators in UGME instruction and research, librarians, according to the literature, can support successes and address failures of specific EBM instructional initiatives. How can medical librarians better support UGME and GME? Let’s talk about what you see as critical issues and challenges, along with your successes.
Table Host: Harold Reiter, McMaster University

69 Emerging Assessments of Personal Competencies in Medical Education
The assessment of personal competencies has been a particular challenge for medical programs, creating an exciting yet crucial area of investigation for medical education researchers. Each year, new assessments are introduced, making it difficult for educators and researchers to stay up-to-date. This discussion will feature some of the emerging noncognitive assessment tools used for admissions and in-program evaluations.
Table Host: Ardis Hanson, University of South Florida

70 Emerging Case Studies in Virtual Reality for Medical Education
Virtual reality (VR) is an emerging technology with the promise to enhance anatomy education, create better simulations and clinical experiences, and boost empathy in our medical students. The discussion will look at the experiences and lessons learned at the University of California, Irvine, with the use of embodied VR experiences. It will focus on implementation of VR from a medical education leadership perspective, including cost considerations and strategies for faculty and student adoption.
Table Host: Warren Wiechmann, University of California, Irvine, School of Medicine

71 Establishing a Statewide Medical Student Emergency-Responder Network for Sexual Assault and Domestic Violence
In the era of the #MeToo movement, what is the responsibility of medical students and health care professionals in challenging sexual assault and violence? At Cooper University Hospital, we have created a student-run emergency responder team to provide crisis counseling and medical services to survivors. The discussion will center on the plan to expand the network to other organizations, as well as the merits of incorporating training-oriented simulations into the medical school curriculum.
Table Host: Prasanth Romiyo, Cooper Medical School of Rowan University

72 Everything You Want to Know About Educational Data but Were Afraid to Ask (at Home)
Increasingly, the medical education continuum is awash in data from and about learners and faculty and data generated by processes and systems. Data are a valuable asset when used correctly; but access, governance, and standards pose challenges. Come share and learn about successes and challenges of using data to support educational CQI and student learning; creating a data-driven culture; and making the strategic investments needed to support enterprise educational data consumption.
Table Host: Boyd Knosp, University of Iowa Carver College of Medicine

73 Expanding, Enhancing, or Launching an LIC in Your Curriculum? Discuss Principles, Benefits, and Challenges
Longitudinal integrated clerkships (LICs) are increasingly used in medical schools as an effective way to deliver clinical training. The LIC model embraces continuity, integration, patient-centeredness, and a developmental progression with increasing autonomy and responsibility for students. As schools grapple with how to expand existing LICs, enhance their LICs, or launch an initial LIC, it may be helpful to discuss their innovations in a practical hands-on discussion.
Table Host: Sarah Wood, Florida Atlantic University Charles E. Schmidt College of Medicine

74 Geriatrics in Medical Education: Are We Meeting the Needs of Our Growing, Aging Population?
There is a shortage of physicians treating older adults in America. As compared with other specialties, geriatrics generates less interest among medical students and residents. For comprehensive care, it is imperative that medical educators adopt mechanisms that enhance geriatric training. This discussion will provide opportunities for networking, exchanging methods, and outlining strategies for infusing geriatrics within basic science and clinical medical education curricula.
Table Host: Jeannine Noneillada, NYU Winthrop Hospital and Stony Brook University School of Medicine

75 GME Expansion to Educate Physicians at the VA: Choice Act and MISSION ACT
We will talk about the opportunities for residents to train at the VA and will illustrate how the residency sponsor can get paid for the time they spend there separate from and above the CMS cap. We will discuss the Choice Act and the expansion allowed through Veterans Access, Choice, and Accountability Act and the recently passed MISSION Act, which broadens the way rotations and affiliations work. There will be ample time to discuss any issues with education at the VA.
Table Host: Edward Bope, Veterans Health Administration
How Do You Measure Success of a Leadership Curriculum?
The diversity and depth of interprofessional education experiences help construct, deconstruct, and reconstruct medical students’ emerging professional identity as future physicians in collaborative care teams. Moreover, could a longitudinal, developmental approach to interprofessional education, especially when vertically and horizontally integrated into medical curricula, lead to enduring professional identity integration of the core competencies of interprofessional collaborative practice?
Table Host: John Luk, University of Texas at Austin Dell Medical School

How Should We Measure Master Adaptive Learning?
One model for such learning is the master adaptive learner (MAL): an individual capable of metacognitive reflection and self-regulated learning in health care. Despite the development of a range of conceptually linked scales, core constructs have yet to be identified, and no single MAL measure exists. This discussion aims to bring together educators to share their thoughts and understanding of adaptive learning in medical education.
Table Host: JK Stringer, Virginia Commonwealth University

Implementing an Interprofessional Program in Professional Formation Development with Synchronous and Asynchronous Use of the PFO Online Resources
Drexel University is leading 13 medical, nursing, and health professions schools with the goal of enhancing each school’s education in professionalism and interprofessional communication. The collaborative uses PFO, an online resource for teaching, assessing, and remediating gaps in professional behaviors in health care. Created in collaboration with the Academy for Professionalism in Health Care, PFO is integrated into existing curricula in professionalism and interprofessional teamwork.
Table Host: Owen Montgomery, Drexel University College of Medicine

Incorporating Social Determinants of Health Into Primary Care Clerkship Curricula
The social determinants of health are being increasingly recognized as critical factors in patient and community health. Academic medical institutions are responsible for training the next generation of providers to recognize and address the social determinants of health and create comprehensive health care teams. In this session, we will discuss ways to incorporate teaching on the social determinants of health into medical school and resident curricula and share best practices.
Table Host: Aliza Norwood, University of Texas at Austin Dell Medical School

Interprofessional Integration: Meaningful, Longitudinal, and Developmental Experiences Leading to an Interprofessional Professional Identity
The diversity and depth of interprofessional education experiences help construct, deconstruct, and reconstruct medical students’ emerging professional identity as future physicians in collaborative care teams. Moreover, could a longitudinal, developmental approach to interprofessional education, especially when vertically and horizontally integrated into medical curricula, lead to enduring professional identity integration of the core competencies of interprofessional collaborative practice?
Table Host: John Luk, University of Texas at Austin Dell Medical School

LCME Accreditation: CCQI Challenges and Best Practices
Whether a school is preparing for an upcoming self-study or is already in the midst of a reaccreditation cycle, CCQI and other components of accreditation can present a variety of challenges. This discussion will focus on the CCQI (or other) challenges that participants are navigating and provide an opportunity to share solutions that may be useful for all.
Table Host: Aileen Brasacchio, University of Pittsburgh School of Medicine

LCME Accreditation: Current Experiences, Challenges, and Solutions in Self-Studies
This topic is targeted to those interested in participating in a professional learning community focused on LCME accreditation and compliance with LCME standards (those who serve as survey visit coordinators and colleagues, although all are welcome to attend). We will discuss current challenges regarding management of the self-study process, share information on recent visits, and exchange information and insights with colleagues.
Table Host: Sara Weir, University of Michigan Medical School

Learning Outcomes Related to Professional Behavior in Basic Sciences: What to Teach, How to Evaluate
There is an increasing emphasis on teaching and evaluating professional behavior in the teaching of basic sciences. It seems straightforward in clinical interactions, but it is difficult to figure out what to include in the basic sciences. In basic science courses, the evaluation of professional behavior mostly includes awarding points for attendance, completing assignments on time, and so forth. What other measures can we include? Do students really care when their attention is focused on grades? How do we make it worthwhile and evaluate objectively?
Table Host: Shivayogi Bhusnurmath, St. George’s University School of Medicine
84 Longitudinal Career Development for Medical Students: How to Ensure a Successful Residency Match
Since the inception of the National Residency Matching Program (NRMP), Match competitiveness has increased substantially. Educators are challenged to foster career development and advise students in order to promote a successful Match. In my experience, these responsibilities are best carried out through a longitudinal career development program throughout medical school. I will present the details of our program, which has resulted in high student interest in our specialty and in high Match success.
Table Host: Bethany Skinner, University of Michigan

85 Medical Education Debt and Student Loan Repayment
This focused discussion will address current trends in medical education debt and loan repayment. Information will be available on AAMC resources that help educate students on financial aid and strategic repayment.
Table Host: Julie Fresne, AAMC

86 Monitoring and Evaluation of Program Learning Outcomes Achievement Using Curriculum Mapping-Facilitated Assessment of Student Learning
The process of program evaluation includes determining whether program coursework has effectively enhanced the achievement of program learning outcomes (PLOs), and how well. A variety of direct and indirect measures evaluate students’ performance in achieving PLOs across the MD program and beyond. Among the core tools, curriculum mapping is central to the monitoring and evaluation of PLO achievement by analyzing the connection of exams to course objectives and PLOs.
Table Host: Ghaith Al-Eyd, College of Medicine, California Northstate University

87 Opportunities and Challenges in International Medical Education
Medical education is globalizing. Increasingly, learners and educators travel for educational purposes, academic health centers enter into international collaborations, and regulatory authorities operate internationally. We will discuss how to ensure and improve the quality of medical education in the context of a worldwide scaling up of schools and postgraduate programs. Topics could include accreditation and certification, faculty development, application of new technologies, and research.
Table Host: Sean Tackett, Johns Hopkins Bayview Medical Center

88 Our Expectations of Community Clinical Preceptors: How Much Is Too Much?
Community clinical preceptors have become increasingly important in the clinical education of medical students and are increasingly being used for precepting students on clinical clerkships. With this increased reliance on community clinical preceptors, questions facing clerkship directors involve how much can be feasibly expected of these preceptors. How much can we ask of them without asking too much? What are some possible solutions?
Table Host: Anne VanGarsse, California Health Sciences University

89 Patient Mistreatment of Health Care Professionals
This table will discuss strategies and possible curricula that can enable students and other health care professionals to respond constructively to patient behaviors that disregard or disrespect the dignity of health care professionals. Patient mistreatment of health care professionals affects individual wellness and the quality of patient care. Stanford Medicine is developing and piloting a multimedia curriculum to address the problem. Come share your ideas.
Table Host: Rebecca Smith-Coggins, Stanford University

90 Reducing Student Debt Through the Creation of a Service Commitment/Loan Forgiveness Program
Is the dream of becoming a physician unattainable because of the debt that students incur to attend medical school? With an average of $195,000 in medical school debt (AAMC 2018 Medical School Graduation Questionnaire), we must ask ourselves, What can we do to begin to address the debt issue for our graduates? Our discussion will focus on the processes used to deploy a service commitment/loan forgiveness program within a medical school that is a member of a large health care organization.
Table Host: Michelle Schmude, Geisinger Commonwealth School of Medicine

91 Residency Program Directors and the AAMC: What’s Needed to Work Better Together
This table will explore what resources the AAMC provides that have particular value for residency program directors and how those resources can be improved. We will also discuss what other resources may add value for residency program directors.
Table Host: Mona Abaza, University of Colorado

92 Residency Readiness in the Fourth Year of Medical School: Using ACGME Milestones to Assess and Prepare Medical Students for Residency
In many cases, the fourth year of medical school continues to be a lost opportunity for learning. The popularity of boot camps with an emphasis on the student’s specialty of choice continues to grow. At several institutions, the fourth year is designed to use specialty-specific milestones to improve the transition to residency. The senior year should be more robust with consideration for student assessment for selected ACGME milestones expected of an incoming resident in their designated specialty.
Table Host: Nicholas Kman, The Ohio State University College of Medicine

93 Should the Timing of the USMLE Step 1 Exam Be Moved to After Core Clinical Clerkship Years?
Most medical students across the country take the USMLE Step 1 exam after the first two years in the curriculum. As the exam becomes increasingly clinically focused, should the timing be reconsidered to after the clinical clerkship years? Does experience on the wards translate into higher scores? Some institutions believe that students can better integrate the basic sciences with clinical care. There is a gap in the literature in this area, and a discussion on the merits of such a change is valuable.
Table Host: Mariana Markell, SUNY Downstate Medical Center
94 Standardized Test Options and Relevance in International Medical Education Settings
Many students in international medical schools aspire to pass the USMLE or another standardized test, often in hopes of entering the U.S. residency Match or seeking training in another country. At the same time, many nations are aspiring to improve the quality of medical education in their countries to an international standard, as demonstrated through exams such as the USMLE, while retaining physicians at home. Under these circumstances, what is the appropriate role of tests such as the USMLE?
Table Host: Margaret McDonald, University of Pittsburgh

95 Tailoring Assessments in the Preclinical Years
Given the ever-changing curricular models in the preclinical years, this conversation will focus on how medical schools are adjusting assessments to reflect curricular changes. The discussion will investigate how technology is helping to achieve those assessment needs. Additional topics will include gaps in technology and the solutions needed to continuously accommodate tailoring assessments.
Table Host: Daniel Friedberg, National Board of Medical Examiners

96 Teaching Medicine and Health Care as Performing Arts
Interactions between health care professionals and patients — and with each other — can be conceptualized as performances. There is much that educators of health care professionals can learn and adapt from the performing arts. These include principles of acting, improvisation, coaching and feedback, deliberate practice, and self-management. Discussion will focus on how we can incorporate these principles into existing curricula.
Table Host: Stephen Schoenbaum, Josiah Macy Jr. Foundation

97 The Refrigerator Is Full: As We Put More and More Into the Curriculum, How Do We Decide What to Take Out?
The amount of information and the skills needed to become highly competent physicians in the 21st century continue to grow. Medical schools face the dilemma of how to add content into an already jam-packed curriculum. If something new goes in, then something has to come out! Join our discussion on the challenges faced by medical schools as they pare down content and increase time for self-directed learning and personal care while maintaining high-quality education and adequate board preparation.
Table Host: Lisa Jane Jacobsen, Jacobs School of Medicine, University at Buffalo

98 Timing of the USMLE Step 1 in the Era of Curricular Renovation
The perennial struggle to support students in maximizing both their basic science learning and their Step 1 scores moves sideways as some schools publish cautiously optimistic results after delaying the exam until after the core clinical clerkships. What systems do each of us use to identify the optimal timing for each student? Academic support and curricular reform should be a cyclic process. Are today’s curricular renovations encouraging more of us to rethink our Step 1 timing?
Table Host: Tracy Kedian, University of Massachusetts Medical School

99 Training the Next Generation of Faculty: Teaching Students How to Teach
One of the most important roles that physicians must assume is that of teacher. They will teach medical students, patients, families, and colleagues. How do medical universities and colleges train students to teach? Participants in this discussion are encouraged to share their experiences: what is effective, and what are the challenges as we all try to find places, courses, electives, and certificates to help students learn and practice the art of teaching?
Table Host: Jennie Ariail, Medical University of South Carolina

100 (Un)Spoken Secrets to Clerkship Success: Public Speaking and Presentation Skills
Students must transition from the isolation of studying to the team-based environment of the clinical wards. This change requires a new set of skills in the areas of presentation, communication, and confidence. These skills come into play every day in clerkships when presenting patients, working with a team, and connecting with colleagues and patients. They influence an attending’s evaluation of a student. Can these skills be enhanced preclerkship? Should we spend curriculum time and resources on teaching and improving these skills?
Table Host: Antonia Quinn, SUNY Downstate Medical Center

101 Utilizing a Sampling Approach for Student Evaluations: A Possible Way to Reduce Survey Burnout and Improve Quality of Feedback?
Robust program evaluation benefits from high-quality student engagement, in terms of both response rate and richness of narrative feedback. At the David Geffen School of Medicine at UCLA, we have initiated a sampling strategy with the goal of reducing students’ survey burnout and extracting higher-quality feedback that can drive institutional change. Join us to discuss the use of a sampling approach and collaborate on strategies to improve the quality and impact of student feedback.
Table Host: Tiffany Lee Tsang, University of California, Los Angeles

102 Virtual Reality in Medical Education
Virtual reality (VR) is an emerging field with application to medical education. We will discuss how medical schools are incorporating VR into their curricula and the opportunities and challenges inherent in this process. We will have a few portable VR headsets available to allow participants to get a sense of the opportunities available with this technology.
Table Host: Douglas Danforth, The Ohio State University

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103 Which Students Are Ready for Clerkships (Clinical Years) and How Can We Tell? What Are the Most Accurate Predictors?
Transitioning from the preclinical to clinical years can be difficult for medical students, as the different learning environments require different sets of skills. Suboptimal engagement in the clinical years can impede the development of foundational clinical skills and contribute to graduates’ feelings of being ill-prepared for their postgraduate jobs. The question then becomes, How can we best identify those students in need of remediation before the start of their clinical years?
Table Host: Mark Deutchman, University of Colorado School of Medicine

104 Who REALLY Goes into Primary Care? In Search of More Honest Definitions and Assessment Methodology
The United States has a widely acknowledged shortage of primary care physicians, and yet U.S. schools of medicine are producing them in decreasing numbers. Schools of medicine commonly tout their primary care output based on residency entry rather than on practice entry, which can wildly inflate their primary care output because the majority of graduates in internal medicine and pediatrics go on to subspecialty training. A more honest definition and appraisal of primary care production is needed.
Table Host: Michelle Howenstine, Indiana University School of Medicine

105 A Pre-emptive GME Crisis Intervention Plan
Along with the focus of resident well-being, GME administration has taken a closer look at programs geared toward preventing fatigue, burnout, and risk for suicide. The Indiana University School of Medicine (IUSM) created a triage-like crisis intervention plan to notify programs and hospital systems in the event of an accidental death or suicide. After a death by suicide of a new resident, a contact of the trainee has been added to the crisis intervention plan and will pre-emptively receive information about IUSM programs, including mental health support.
Table Host: Michelle Havenstine, Indiana University School of Medicine

106 Ensuring a Planet for Our Grandchildren: Why Physicians Should Be Advocating for Plant-Based Diets
Food choices play a disproportionate role in the existential issues of our time — from climate change to ecological collapse, antibiotic resistance, water scarcity, and chronic disease. These issues will define and challenge the planet our grandchildren will inherit. By uniting behind and campaigning for a shift to reduce meat consumption while promoting the merits of a plant-based diet, our profession is empowered to tackle global issues with the urgency they require. If we don’t act, who will?
Table Host: Jonathan von Reusner, SUNY Upstate Medical University

107 The Future of Research in Academic Medicine
Research remains a critical component of academic medicine. We will discuss what strategies institutions are using to build research programs. Does your institution support philanthropy geared toward research? Have your promotion rules shifted to support team science? Are there issues interacting with industry in research? The table will be open to group discussion of issues raised by participants.
Table Host: Ross McKinney, AAMC

108 Academic Medical Centers and the Advancement of Learning Health Systems
Learning health systems engage the clinical, educational, and research enterprises of academic medical centers to advance quality and delivery of care. As more organizations embrace the concept of the “learning health system” and as federal agencies support system growth, hear about the latest developments and discuss how institutions are using the evidence they are generating to implement improvements to patient care, population health, research training, and overall health system operations.
Table Host: Anne Berry, AAMC

109 Adding Value to Care Through Telehealth, eConsults, and Similar Tech Innovations
Innovations in technology, such as telehealth and eConsults, are important strategies that health systems are adopting to help improve quality and value in care delivery. Participants will have the opportunity to discuss their own successes and challenges related to the implementation of such care innovations, including gaining leadership buy-in, engaging providers, and sustaining these new models.
Table Host: Meaghan Quinn, AAMC

110 Alternative Payment Models in Academic Medicine
We will discuss AMCs’ participation in alternative payment models (APMs), such as ACOs and bundled payments. The conversation will concentrate on the clinical and financial outcomes that AMCs have realized through their participation in APMs and will include a discussion of best practices and lessons learned from implementation of these models.
Table Host: Theresa Dreyer, AAMC

111 Open-Educational Practice: Leveraging Crowdsourcing as a Teaching and Learning Strategy
Open educational practice (OEP) is defined as the use of open educational resources (OER) for teaching and learning in order to facilitate collaborative and flexible learning. Since 2013, health professional schools have embraced OEP through Wikipedia-editing courses and assignments. In 2017, 132 U.S. medical students across four medical schools made 3,866 edits to 86 Wikipedia pages, adding 168,200 words and 28 images to pages viewed over 3 million times. Let’s discuss this emerging movement.
Table Host: Amin Azzam, University of California, San Francisco
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112 Rocking Regional Campus Health System Relationships From Affiliation Agreements to Zero Tolerance Policies for Mistreatment
Strong partnerships with regional health systems provide rich opportunities for exceptional education. Given different stakeholder needs, such relationships are often complex. We have successfully navigated long-term partnerships with major regional health systems across Wisconsin to build robust educational experiences in underserved rural and urban settings. Students rate our “statewide campus” as a major strength. We will discuss key approaches to building productive collaborative partnerships.
Table Host: Elizabeth Petty, University of Wisconsin School of Medicine and Public Health

113 Academic Medicine’s Model for Education and System-Based Practices to Minimize Risk of “Viral” EMR Errors Impacting Patient Safety
Record-sharing can be helpful, when accurate. The danger of EMR inaccuracies lies in the risk of their “going viral” throughout a health care system. These may be human errors (e.g., scribes editing chief complaints/histories, retained prepopulated templates, scant review time before signing charts) or system-based errors (e.g., some EMRs may allow only amendments, not corrections). What can be done to minimize errors and facilitate effective corrections before errors affect visits in other clinics?
Table Host: Linda Lippa, Gavin Herbert Eye Institute, University of California, Irvine

114 Applying the Science of Learning to Health Professions Education
Abundant research shows that some learning methods (e.g., testing, interleaving) are better than others (e.g., highlighting), but many students (and educators) do not apply evidence-based practices. Adaptive technologies can analyze and automate assessments and “push” content targeted to individual learner needs. We’ll discuss methods proven to make learning more efficient, how to incorporate those methods into educational experiences, and consider the value they could add to academic health systems.
Table Host: Owen Willis, Osmosis

115 Are We Meeting Expectations? Addressing the Needs of a Changing Physician Workforce
Industries are required to adapt to the changing expectations and values of their workforce in an effort to attract and retain high-quality employees. Academic medicine has been slow to shift its approach to address the current needs of its trainees and physicians in both the learning and work environments. We will discuss what current trainees and recent graduates desire in their work lives. We will creatively challenge the cultural norms of how physicians train and work in both academic and other settings.
Table Host: Nital Appelbaum, Virginia Commonwealth University

116 Black Men in Medicine: Building a Community for Action
The AAMC’s report Altering the Course: Black Males in Medicine drew national attention to the declining trend of black men pursuing medicine. Academic health centers are actively involved in a range of initiatives to address this issue. This discussion will highlight national and local efforts within and outside academic medicine. We will explore how we can build a community to work together to increase the engagement of black men along the medical education continuum.
Table Host: Norma Poll-Hunter, AAMC

117 EPA Assessment in a Distributed Clerkship Model: Making It Work
Research shows that entrustable professional activities are a useful framework for faculty making competency-based decisions on the level of supervision for trainees. They are also useful for providing student feedback on performance of work-based tasks. However, getting this done in a distributed clerkship model is daunting when preceptors are located across a state, region, or nation. This discussion will cover pros and cons, tools, and efforts of one institution in making EPA assessment work in a distributed clerkship model.
Table Host: Machelle Linsenmeyer, West Virginia School of Osteopathic Medicine

118 Maximizing Space Utilization Within an Academic Health System
The academic, research, and clinical components of premier academic medical centers (AMCs) face space shortages, fragmentation, and qualitative and infrastructure issues. Remedies require capital investments to safeguard an AMC’s viability. By employing strategies and tactics to maximize space utilization, such investments can be reduced. This discussion will highlight current practices and success stories.
Table Host: William Orosz, The Ohio State University Wexner Medical Center

119 Methods of Progress Testing in Medical Education
There has been increased interest and use of progress testing to determine students’ mastery of curricula content and readiness to take high-stakes assessments. Come and discuss the ways and methods currently used by your colleagues to measure their students’ mastery of content.
Table Host: Marie Maranki, National Board of Medical Examiners

120 Multiple Mini-Interview Question Development and Outcome Measures
Multiple mini-interview (MMI) is finding more and more application as a method of interviewing potential medical school applicants. Schools that are currently using the MMI are encouraged to send a representative to this table to report on outcomes, competencies measured, methods of question development and questions previously used, logistics, interviewer recruitment techniques, and other challenges.
Table Host: Michelle Whitehurst-Cook, Virginia Commonwealth University
Onboarding for Chairs and Senior Leaders

Onboarding is an essential component of the early phase of leadership development for chairs and senior leaders. However, it is challenging to create an onboarding process that is comprehensive, interesting, and useful as chairs are responsible for a wide range of challenging and complex issues. Join the conversation to share best practices, such as formal seminars, peer mentoring, and coaching, and brainstorm new approaches to accelerating the onboarding and leadership adaptation of chairs and senior leaders.

Table Host: Elena Fuentes-Afflick, University of California, San Francisco

Parallel Curriculum and the Rise of the Medical Education Industry

Formal, informal, and hidden curricula are well recognized. The “parallel curriculum” is a phenomenon created by the rise of the medical education industry, comprising technological innovations in content development, educational methods, and assessment. Students’ use of commercial products is ubiquitous and could confuse or challenge faculty. How can faculty engage with this growing industry to improve their own educational efforts, innovate in scholarship, and enhance professional vitality?

Table Host: Shiv Gaglani, Osmosis

Teaching, Training, and Engagement for Community Benefit: How Leadership Can Break Down Silos and Create a Taxonomy of Social Good

Faculty and staff at academic medical centers are deeply driven by mission, which influences the work they pursue. Yet, many clinical and functional departments operate in silos, with little awareness of what others are doing. And charitable and volunteer efforts by faculty are often lost in health system efforts to quantify impact for community benefit and other needs. We will discuss how to bring all the good work at your AMC together under a coordinated umbrella.

Table Host: David Lubarsky, UC Davis Health

Have a topic you’d like to discuss? Lead your own discussion at Tables 124-171.