Tables 1–50 Center: 6A

1 Achieving the Quadruple Aim: How Do AMCs Welcome Rigorous Measurement of Their Process, and What Should Those Measures Be?

Achieving the Quadruple Aim—“improving the work life of providers”—requires transformative change. What are the metrics that reveal the transformation, the signs that we have fundamentally altered norms and processes and built an environment in which faculty flourish? What measures can we capture, and which ones do we need to create? The UNC School of Medicine has embraced the Quadruple Aim. We invite colleagues to join us as we think through elegant frameworks for measuring success.
Facilitator: Sue Tolleson-Rinehart, UNC Chapel Hill

2 Breaking the Silence: Intercultural Dialogues About Race and Racism for Faculty

Recent societal events have catalyzed the need for our health professions students and medical educators to begin having meaningful dialogue about race and racism. No longer can faculty ignore or avoid these difficult conversations. This discussion will focus on sharing best practices of faculty development on how best to engage in, sustain, and deepen intercultural dialogue on race, racism, oppression, and the invisibility of privilege.
Facilitator: David Acosta, UC Davis School of Medicine

3 Campus Community: Student Communication

Our student services team works continuously to improve communication to the student community. While email communication is our official medium, students struggle to keep up with repeated mass mailings. In response, we developed a weekly newsletter as our primary communication tool; it helped, but it is imperfect. Students have Snapchat, Facebook, email, newsletters, Blackboard, etc. How might we support successful communication for our busy students in this content flood/overload?
Facilitator: Kiersten Hallquist, University of Vermont College of Medicine

4 Developing a Wellness Program that Promotes Personal Wellness: Mitigating the Prevalence of Stress, Fatigue, and Depression Among GME Trainees

Provider wellness programs are becoming increasingly recognized as an important tool for ensuring provider health and enhancing patient safety and health outcomes. The need for GME wellness programs is critical due to the known high prevalence of stress, fatigue, and depression among GME trainees. This discussion will provide opportunities for participants to share lessons learned and best practices for GME wellness efforts across institutions and provide future opportunities for collaboration.
Facilitator: Alan Smith, University of Utah

5 Effective Faculty Development in Distributed Learning Models at Regional Campuses

Regional campuses respond to vital needs in medical education. One-third of U.S. medical schools have regional campuses. It is important to create and maintain, in all geographically separate locations, climate and culture conducive to effective teaching and learning. In this discussion, we will explore successful models in faculty development for regional campuses. We invite experts and novices alike to share ideas related to design, delivery, support, and recognition of faculty development.
Facilitator: Ralitsa Atkins, WSU Elson S. Floyd COM

6 Faculty Salary Equity Studies—Shedding Light or Generating Smoke?

Faculty salary equity studies identify differences in compensation, particularly differences related to gender and ethnicity. However, it is difficult to compare equity studies because of variability in analytic methods. What type of policies and/or procedures should be implemented to address and prevent salary inequities? Who should be responsible for monitoring trends in compensation? Are some types of inequities worse than others? Join to share experiences and consider new approaches.
Facilitator: Elena Fuentes-Afflick, UCSF

7 Gold Humanism Honor Society—How Do You Incorporate Service After Selection?

After selection into the Gold Humanism Honor Society, students are spread out across multiple campuses. Come to share ideas about other schools’ best practices for involving GHHS members and incorporating and creating service opportunities for those students.
Facilitator: Amy Kline, TCMC

8 How Can We Better Combat the Hidden Curriculum That Medical Students Are Observing Daily in Their Clinical Years?

Incorporating medical students into the development of a professionalism and ethics program designed to address the “hidden curriculum” provides an invaluable tool for increasing the program’s relevance and effectiveness. Through the process of “reciprocal mentoring,” students are empowered to combat the hidden curriculum while faculty gain the benefit of a unique perspective on topics such as interprofessional communication and patient safety. Discussion co-written by medical student Rebecca Shafer, COM Class of 2017.
Facilitator: Robin Ovitshy, SUNY Downstate

9 Implicit Racial Bias Training of a Medical School Admissions Committee: Lessons Learned and Strategies for the Future

In the summer of 2012, our 140-member medical school admissions committee took the Black-White Implicit Association Test. Aggregate results were presented to the committee and discussed. The class selected following this exercise was the most diverse class in our history at that time. We now include a workshop on implicit bias in our annual orientation. We will discuss lessons learned and strategies to increase awareness of—and reduce—implicit racial bias in medical school admissions.
Facilitator: Quinn Capers, The Ohio State University College of Medicine
10 Improving the Efficiency and Efficacy of a Data-driven Holistic Review Admissions Process

Holistic review in undergraduate medical school admissions has been widely adopted as a means of leveraging diversity in support of institutional mission through the balanced consideration of both quantitative and qualitative metrics. Internal research and evaluation can reduce time and labor spent on reviews while maintaining the integrity of a data-driven holistic review process. Participants will discuss ways of measuring the efficiency and efficacy of their admissions practices.

Facilitator: Christina Grabovski, Oakland University
William Beaumont School of Medicine

11 Is There Any Value to a Chair’s Letter for Residency?

Chairs and staff spend countless hours compiling and editing letters for residency applications, but does anyone read them closely? PRO: the letter is a good summary of a student’s medical school career and may shed more light on the career choice of a student beyond the MSPE. CON: if you have not worked directly with a student before writing a letter, is that letter not read or valued by a residency program? Come debate the merits of the chair letter in the modern world.

Facilitator: Corinne Lehmann, University of Cincinnati/Cincinnati Childrens Hospital

12 LGBT and Sexual/Gender Minority Topics in Academic Medicine

This will serve as a roundtable for discussion of topics related to LGBT and sexual/gender minority (SGM) populations in our academic medicine mission areas. Suggested topics include curricular efforts in UME/GME and LGBT/SGM climate issues in academic medical centers, though additional topics can (and should) be suggested by participants.

Facilitator: John Davis, Ohio State University

13 Medical Missions and Institutional Culture

Medicine is a service profession, yet academic health centers struggle to maintain a culture of service. Short-term medical missions are popular with both faculty and students and can have lifelong impact on cultural sensitivity and awareness of the scope of human needs. Anecdotal experience suggests mission work can have lasting impact on cultural sensitivity and awareness of the scope of human needs. Additional topics can (and should) be suggested by participants.

Facilitator: Christina Grabovski, Oakland University
William Beaumont School of Medicine

14 Mentoring Across the Continuum of Medical Education (CME, GME, UGME): A Core Skill—Who Are They? How Do We Develop and Support Them?

Mentoring is a core part of faculty development across the continuum of medical education. Mentoring has many definitions to fill our vocabulary and conversations. What is your favorite definition? How do we achieve “developmental mentoring” for your targeted audience? Is it realistic to create a “community of practice” of mentors at your institution to support faculty, educators, and learners? How does mentoring cross interprofessional roles for leadership, education, and career development?

Facilitator: Alice Formari, Hofstra Northwell School of Medicine

15 Mistreatment and Marginalization in the Clinical Learning Environment: Emerging Definitions and Strategies for Prevention

Learner mistreatment has become an area of major focus in the medical education literature, and progressively more sophisticated frameworks for describing mistreatment have emerged. We will explore some of these emerging frameworks, including the distinction between incidental- and environment-based mistreatment, share relevant experiences from our own institutions, and consider new strategies for identifying at-risk learners and preventing mistreatment and marginalization.

Facilitator: Timothy Dyster, Columbia University College of Physicians and Surgeons

16 Moving Beyond Student Deficits: Developing Innovative Academic and Nonacademic Strategies to Promote Success and Increase Diversity in Medicine

Underprepared racial and ethnic minorities and first-generation students are likely to benefit from targeted academic and social support throughout their educational endeavors to be successful in reaching their medical school goals. Let’s discuss strategies that foster support and academic success for students along the pre–health educational continuum. We will highlight our findings from interviews of URM and first-generation premedical students about their strategies for success.

Facilitator: Adrianne Haggins, University of Michigan

17 Physician Compensation Models and the Clash of Missions: How to Design a Model That Is Fair?

This topic will discuss what academic medical centers, both private and public, are considering for pay-for-performance models for physicians and how this may affect the research and educational missions. We will discuss how the future of payment reimbursements and MACRA may also affect the faculty members’ salary and how to plan and prepare for the “tenure” discussions.

Facilitator: Joann Strobbe, University of South Florida

18 Physician Heal Thyself: Identifying Obstacles to Faculty Wellness and Proposing Solutions

There is much focus on wellness of medical students, yet academic and institutional culture can lead to unhealthy behaviors among faculty themselves. Modeling healthy behaviors for students may require changes in institutional culture to improve wellness of faculty. This discussion will explore examples of institutional practices that affect faculty wellness, identify challenges limiting change, and propose solutions for implementation within the context of academic medical centers.

Facilitator: Heather Billings, West Virginia University

19 Physician Reentry: Returning to Clinical Practice After an Extended Absence

It is not uncommon for physicians to leave clinical practice to pursue a career in academic medicine or hospital administration or to cope with an illness or take care of family members. Returning can be very challenging. This discussion will consider the barriers as well as the resources available for reentering physicians. We will focus on the important considerations and advance planning during all career stages.

Facilitator: Holly Mulvey, American Academy of Pediatrics

Focus Area

| Education of Future Physicians and Scientists | Science in Health & Healthcare | Value of Academic Health Systems | Climate & Culture Across the Continuum | Vitality of Academic Medicine |
20 Providing a Framework to Help Learn, Serve, and Lead: Cultural Competence Education at the Indiana University School of Medicine
This session discusses the development of four workshops aimed at advancing the cultural competence of students, residents, faculty, and staff at the Indiana University School of Medicine. Topics covered in these 60-minute, interactive workshops are cultural competence, microaggressions, unconscious bias, and cultural humility. Participants will review each of the workshops, examine assessment measures and data from the first 25 presentations, and consider both implications and future steps.
Facilitator: Paul Porter, Indiana University School of Medicine

21 Storytelling: Deans and Directors Engaging in Fundraising Activities
Great storytelling captures people’s attention and drives them to action. When facts and characters, logic and emotion, and cause and effect work together artfully, the resulting stories affect us in a deep way. As data take on a larger role in medical school’s communications, many groups have realized that stories bring the numbers to life. When facts and characters, logic and emotion, and cause and effect work together artfully, the resulting stories affect us in a deep way. As data take on a larger role in medical school’s communications, many groups have realized that stories bring the numbers to life, and together they powerfully convey a group’s impact. The point is not simply to tell stories. The point is to engage, inform, persuade, motivate, and inspire.
Facilitator: Ernie Hughes, Morehouse School of Medicine

22 Student Affairs: Supporting our LGBTQ Students
The goals of this discussion are to share ways in which we support our LGBTQ students and engage in dialog about effecting change at our home institutions.
Facilitator: Karen Syms, Boston University School of Medicine

23 Student-Driven Multicultural Programs to Promote Diversity and Inclusion
Participants will discuss how their schools enhance collegiality and caring among their students. Reducing fear, enhancing a safe environment in which to ask questions, and improving objectivity of those with little experience with other cultures, races, ethnicities, and religions will be the focus. How to initiate new programs in schools with limited resources can be shared within the group.
Facilitator: Kathleen Franco, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

24 Universal Fellowship Start Date: The Time Is Right
Making the transition from residency to fellowship can be difficult. Currently, residents are expected to navigate this transition with minimal time between endeavors. This experience has an impact on the trainee as well as the institutions they are leaving and going to, which—at best—requires flexibility. This table discussion will review recommendations being suggested by a GME work group and seek input on how to implement them. Come be a part of the future of GME, and help create pertinent change.
Facilitator: Mark Woodward, Reading Health System

25 Using the SJT in Selecting Medical Students and/or Residents
This session is for those interested in hearing from others who are currently using an SJT in student selection and/or those who are interested in implementing such a measure.
Facilitator: Edwin D Taylor, Quillen College of Medicine, East Tennessee State University

26 White Institutional Space in Academic Medicine: A Discussion of How Whiteness Is Created and Maintained in the Education of Future Physicians
Within the literature, there are many examples describing how white institutional space creates hostile and oppressive systems that marginalize people of color. In this discussion, we will revisit parts of the literature and discuss any similarities in the ways that people of color experience academic medicine. The discussion will conclude with action steps, including strategies for identifying and resisting white institutional space (for both people of color and white allies).
Facilitator: Dave McIntosh, University of Louisville

27 Women in Leadership: Are We Making Progress?
Despite the great strides made in building a pipeline of women in medical school, there remains continued evidence for salary gaps, resource allocation, and leadership opportunities for women in academic medicine. In the business world, companies that have diverse leadership teams perform better than their counterparts that do not. With the myriad challenges ahead, we must leverage the intellectual capital of women in an inclusive leadership culture.
Facilitator: Carolyn Meltzer, Emory University

28 Integrating Foundational Science into the Clinical Years of Undergraduate Medical Education
It is important for physicians to have a strong understanding of the biosciences that underlie clinical practice. To address this issue, many medical schools are attempting to reintroduce basic sciences during the clinical years. Although most modern curricula have successfully integrated clinical materials into the preclinical phase, the overt integration of basic sciences into clinical courses has proven to be challenging.
Facilitator: William Cutrer, Vanderbilt University School of Medicine

29 Mentoring Junior Faculty to Become Translational Researchers: Results From the NIH-funded Mentoring Translational Researchers Program
This focus discussion will cover two topics: an interactive discussion based on real, anonymized cases and evaluation of results obtained from an NIH-funded program for faculty development. The objectives are to address specific issues of the mentor-mentee relationship, discuss how to mentor physician-scientists into becoming translational researchers, and share the LSU Health Sciences Center experience with the faculty development core to mentor translational researchers.
Facilitator: John Estrada, California University of Science and Medicine

30 The Role of Genetics and Genomics in Health Care Education and Delivery
With the Personalized Medicine Initiative, the broadening of available genetic tests, and the ever-increasing cost of health care, the role of genetics in diagnosis, management, and education has blossomed in the past 10 years. During this table topic time, we will explore better genetic education for all health care professionals and how this will affect patient care, costs, and outcomes.
Facilitator: Debra Regier, Children’s National Medical Center

Have a topic you’d like to discuss about the Climate and Culture Across Academic Medicine or Science in Health and Health Care?
Write your topic in and lead the discussion at Tables 31–50.
51 Academic Health Systems Are Vital for Success and Stability of Modern Society
Hippocrates is the father of modern medicine, and Greek and Latin cultures rapidly grew the knowledge base better than the Mesopotamian culture of medicine of ancient Egypt. Today, the same elements exist in reformed packaging still influencing medicine and society. The only difference is that academic health systems, based on recording and writing down observations, analyzing such rationally, and eliminating guesses that the "gods" would have permitted hitherto have made today safer and more successful.
Facilitator: Michael Williams, University of Virginia Health System

52 What Are and Should Be the Educational Tools Used in AMCs to Teach Value in Health Care?
As the value-based approach to reimbursement continues to evolve, AMCs are working furiously to keep ahead of the curve. But are we doing a good enough job in training our learners in the “New World”? What tools should we use to ensure that our students, residents, and faculty understand this rapidly evolving environment? What important differences are there between public and private AMCs’ approaches to this challenge? Are there best practices? Are they absolute or local?
Facilitator: Michael Williams, University of Virginia Health System

53 What Can We Expect for Academic Medicine in Light of the Election, and How Can We Best Position Ourselves for Success?
This meeting immediately follows the national election. Let’s discuss what we can expect from a new administration and Congress, as well as approaches to take for academic medicine advocacy.
Facilitator: Russ Molloy, Hackensack Meridian Health

54 Academic Health Centers and Corporate Medicine
The effect of corporate medicine’s influences on academic medicine will be discussed. Academic medical centers have the potential to come under the influence of a corporate culture in order to survive financially. What effect does this have on patient care and the training of future physicians?
Facilitator: Arthur Sanders, University of Arizona College of Medicine

55 Developing Faculty Development Programs that Promote Faculty Vitality, Life-long Learning and Academic Skills
Faculty development initiatives have a unique opportunity to affect faculty life. By facilitating and promoting effective teaching practices and professional development opportunities, faculty development promotes faculty vitality and life-long learning. This discussion will focus on models for clinical teaching faculty and residents as teachers; peer coaching and evaluation; and methods for increasing participation in faculty development to effectively engage faculty in life-long learning.
Facilitator: Andrea Berry, University of Central Florida College of Medicine and SGEA Faculty Development Special Interest Group

56 Faculty Vitality and Engagement
The stressors on academic faculty continue to increase with the need for increased clinical productivity, the EMR, research funding, and work life balance. How do we keep the work force engaged in the important tasks of patient care, teaching, research, and institutional engagement with a workforce more interested in time away than time at work? How do we ensure that the next generation of academicians will be there to Learn, Serve, Lead?
Facilitator: Lois Geist, University of Iowa

57 Passing the Torch: How to Improve on School-Instituted Medical Educators Pathway Programs
Medical schools across the country are adopting Medical Educators Pathway programs. SUNY Downstate has added this track, encouraging students to develop the program further by adding a student steering committee, peer-teaching programs, and other opportunities for students to develop curriculum and to mentor faculty reciprocally. Are these methods effective? Should students be taught how to teach their “millennial” classmates? What accounts for this explosion of interest in medical education in students? Discussion co-written by medical student Alex El Sehamy, MS3 SUNY Downstate COM 2018
Facilitator: Lee Eisner, SUNY Downstate College of Medicine

58 Peer Coaching in Medical Education
Peer coaching is a professional development model that has been used for many years in teacher education and is gaining in interest among medical educators. In peer coaching, faculty partner with a colleague to hone teaching or other skills. Coaches gain insights into their own teaching as they assist colleagues. Educators can “break the isolation and tap the craft knowledge of others” (Robbins 1991). This table topic brings together those interested in exchanging ideas about this model of faculty development.
Facilitator: Lisa Coplit, Frank H. Netter MD School of Medicine

59 Preparing Your Physicians and Other Clinicians for MACRA, the New Medicare Physician Payment System
CMS is dramatically changing the way physicians and other clinicians will be paid as of 2019, to focus the payment system on quality and efficiency rather than on volume of services. At the same time, the agency is introducing many mandatory new payment systems, such as Comprehensive Care for Joint Replacement. In the face of all these changes, what are you doing to prepare and succeed?
Facilitator: Ivy Baer, AAMC

60 Qualitative and Quantitative Research Methodologies: A Window to Scholarly Manuscript Review
A majority of publications in the medical education literature reports on qualitative and/or quantitative research findings. A good working knowledge of research methodologies is, therefore, essential for improving the manuscript evaluation process and, thus, journal quality. We will explore qualitative and quantitative research methods, including meta-analysis and, on this basis, discuss the fundamental issues and focus in evaluating a journal article.
Facilitator: Shaheen Lakhan, California University of Science and Medicine
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<tr>
<th>Session</th>
<th>Title</th>
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<th>Facilitator(s)</th>
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<tbody>
<tr>
<td>61</td>
<td>Social Media for Professional Development as a Medical Educator</td>
<td>Social media enable an immediate exchange of information and ideas around shared areas of interest. For medical educators, this means fostering communication and collaboration among a global network of teachers, learners, clinicians, and patients. Explore how medical educators can harness the power of social media to join this international community and increase the dissemination and impact of their work.</td>
<td>Elissa Hall, Mayo Clinic</td>
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<td>62</td>
<td>What Is the Role of Assessment and Certification in Fulfilling Academic Medicine’s Social Contract with Society?</td>
<td>Our social contract requires medicine to regulate itself to ensure the public of its members’ adherence to minimum standards. Medicine has met this duty by creating auditors within the profession: accreditors, certifiers, and active participation in licensure. As medicine evolves, do these methods of self-regulation meet the public’s expectations and our professional duty? If not, how might our system of self-regulation improve?</td>
<td>Margaret Chisolm, Johns Hopkins University</td>
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<td>63</td>
<td>The Continuum of Identification, Development, Maintenance and Renewal of Leadership in the Academic Medical Center</td>
<td>Topics of this talk will include identifying future leaders within the institution through formal succession planning; introducing new leadership into an institution through a well-managed search process; appropriately balancing internally and externally recruited leaders; advising the internal candidate who is not chosen for the position; improving the performance of leaders through constructive evaluation, review processes, and formal courses; and losing internally developed talent to other institutions.</td>
<td>Harry Wollman, Alexander, Wollman and Stark, Search and Consulting</td>
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<td>64</td>
<td>#TweetUp @AAMC 2016: Join Elissa Hall, @erhall1, Larry Hurtubise, @hur2buzy, and Elizabeth Ryan, @ElizabethRyanNU, for a Twitter in #MedEd table talk. A TweetUp is an in-person meeting welcoming all Twitter users. TweetUp co-facilitators will engage participants in discussing (and tweeting about) how to use Twitter for 1) ENHANCING integration in #MedEd, 2) INCORPORATING at regional conferences, 3) MAXIMIZING #MedEd organization use, and 4) STRATEGIZING ways to engage the @AAMC community in active online discussions, including crowd sourcing of ideas, collaborative partnerships for scholarly projects, and social knowledge creation.</td>
<td>Elissa Hall, Mayo Clinic</td>
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<td>65</td>
<td>A Delicate Balance: Building Confidence Through Self-Awareness in First-Year Students</td>
<td>Foundational in the development of confidence necessary to succeed with new students are medical science educators. These educators recognize and reinforce the student’s appreciation for the variety of learning required and provide the unvarnished truthfulness necessary to accepting and integrating aptitude and challenge. How do successful medical science educators routinely integrate self-awareness in learning? What skills support truthfulness? When does self-awareness weaken confidence?</td>
<td>Mary Ann Clemens, Elson S. Floyd College of Medicine, Washington State University</td>
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<td>66</td>
<td>Assessing and Implementing Change to a Third-Year Curriculum: Half LIC and Half Block Format</td>
<td>This discussion will provide an overview of the assessment used to evaluate the third-year curriculum at The Commonwealth Medical College and propose monumental changes based on feedback received from the students, faculty, and LCME. An overview of the assessment for the LIC, the structure of the redesigned third-year curriculum (LIC and block), and the preliminary assessment data regarding the LIC and block format of the third year will be introduced. Discussion co-facilitated by Carien Williams.</td>
<td>Michelle Schmude, The Commonwealth Medical College</td>
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<td>67</td>
<td>Assessment of Medical School Applicants to Determine Psychosocial Suitability to Endure the Academic Demands Required by Medical Education</td>
<td>The discussion will focus on sharing recommendations for assessment of applicants to medical schools in several psychosocial areas that can predict (or not) the students’ ability to successfully complete their medical education. Discussion areas will include 1) emotional maturation, 2) social maturation, 3) interpersonal and intrapersonal skills, 4) empathy and compassion, and 5) academic preparedness and resilience.</td>
<td>Eugenia Curet, UT-TRGV School of Medicine</td>
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<td>68</td>
<td>Best Practices Focused on Advising Medical Students on the Development of the USMLE Step 1 Intensive Study Plan (ISP)</td>
<td>Often, medical students struggle with the design and use of an effective study schedule for their USMLE Step 1 Intensive Study Plan (ISP). This discussion will explore best practices related to creating an effective ISP schedule and daily activities, studying from high-quality resources, working questions as study tools, using practice tests to inform progress, maintaining wellness, and assessing readiness. Please bring questions, suggestions, and sample resources.</td>
<td>Eron Drake, Central Michigan University, College of Medicine</td>
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<td>69</td>
<td>Best Practices in Documenting Novel Experiences in Undergraduate Medical Education</td>
<td>As academic medicine is innovating and becoming more flexible, quite often the university systems used to document curriculum are not adaptable to describing our initiatives. Come discuss your challenges and solutions in documenting your new educational initiatives in registration and transcript systems. This topic may be of interest to registrars, IT professionals, directors of curriculum, and associated deans and directors.</td>
<td>Sara Weir, University of Michigan Medical School</td>
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<td>70</td>
<td>Beyond the Clinic: How to Teach and Incorporate the Social Determinants of Health Into Medical Training and Practice</td>
<td>As we move toward value-based care, we must look beyond patients as they present in the clinic to individuals in their community. Thus, to deliver effective, high-quality, and high-value care, we must address the barriers our patients face to good health, namely the social determinants of health, such as food and housing. Learning about these issues has not been a formal part of traditional medical training. How do we teach this to our trainees as our roles as providers evolve?</td>
<td>Dennis Hsieh, Harbor-UCLA Medical Center</td>
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71 Can We Do Both? Balancing Assessments to Drive Student Competence and Board Exam Success
Medical schools are ranked partly on exams (MCAT and USMLE exam success. Assessment (and curriculum) innovation is thus constrained by overemphasis on MCQ exam preparation and practice. Health care requires knowledge, competence, and compassion. Come discuss how to drive competence and caring in the limited amount of time allowed for learning and assessment MD courses. How can we best assess future graduates while mastering the demands for quantitative data as a measure of success? Facilitator: Dawn DeWitt Elson, S. Floyd College of Medicine

72 Can We Teach How to Receive Feedback?
Though much has been done to help faculty with their skills to provide effective, actionable feedback for students, residents, and other learners, we spend little effort on how to prepare learners to receive feedback. Similarly, faculty often do not know how to apply the feedback they receive in teaching evaluations to systematically improve their performance. Come discuss and learn from each other how to train both teachers and learners to approach feedback and use it to improve performance. Facilitator: Alison Holmes, Dartmouth College

73 Clinical Supervision: An Outcome-based Approach
Clinical supervision is difficult, entailing professional and personal development of residents within time constraints of demanding patient care, maintaining standards for patient safety, acting as gatekeepers of their professions, and ensuring residents’ achievement of program outcomes. This discussion will focus on how to deliver meaningful clinical supervision “on-the-run,” how to emphasize achievement of outcomes by the residents, and how to align the above to the developmental level of the residents. Facilitator: Rukhsana Zuberi, Aga Khan University

74 Closing the Gap from the MSPE to the Start of Residency: Can We Use the AAMC Core EPAs to Generate a Report for Residency Program Directors?
The MSPE is generated before Oct. 1 and mainly contains information for the first three years of medical school. Considering the rotations and experiences in the fourth year, residency directors would benefit from additional information about incoming residents’ skills and abilities. Can the AAMC Core EPAs for graduating medical students provide a framework for a report to program directors? Would schools be willing to provide this report, considering the importance of the education continuum? Facilitator: April Buchanan, University of South Carolina School of Medicine Greenville

75 Community Service and the Undergraduate Medical Education: Should It Be Part of a Formal Curriculum or Should Students Just Be Left to Their Own Devices?
Come discuss what your school has been doing, or not doing, in the way of formal community service learning. As we prepare the next generation of physicians and scientists, most of whom have already been model citizens in their quest to become medical students, should we simply encourage ongoing participation as the students see fit? Or should we require reflection and provide structured learning with service-oriented activities in order to improve students’ future community effectiveness? Facilitator: Dimitri Cassimatis, Emory School of Medicine

76 Competencies for Rural Practice
In 2008, a group of rural medical educators used a nominal group process to establish competencies important in rural practice. In the past year, five rural medical educators have conducted a national survey of peers, assessing the relative importance of these domains and refining them further for use in rural education and practice. The results of this study will serve as a basis for discussion of how these domains and competencies might be used in rural and other underserved settings. Facilitator: Randall Longenecker, Ohio University Heritage College of Osteopathic Medicine

77 Competency-based Assessment: Benefits and Potential Pitfalls of Approaches to Document Trainees’ Competence in Health Professions Education
Defensible performance decisions, involving competencies and milestones, require well-structured, systematic approaches to assessment. Participants will discuss essential building blocks of a competency-based assessment system. Then, the facilitator will ask participants to reflect on and discuss assessment strategies and policies that can adversely affect decisions of learner competence in different contexts. Participants will receive a handout of best practices and relevant resources. Facilitator: S. Beth Bierer, Cleveland Clinic

78 Continuous Accreditation Review and Quality Improvement of One’s Medical Education Program—Ideas and Strategies
Come share your thoughts and ideas about how you’re accomplishing (or would like to accomplish!) the LCME requirement for continuous review of accreditation standards and the quality-improvement approaches and outcomes you’re targeting. Learn how other programs approach continuous accreditation review of standards and quality improvement in their MD degree programs. Facilitator: C. Randall Clinch, Wake Forest School of Medicine

79 Continuous Quality Improvement and Strategic Planning
The purpose of this table discussion is to review best practices for implementing continuous quality improvement (CQI) strategies in undergraduate medical education. Participants in this table discussion will also identify barriers and facilitators to CQI and describe methods for addressing challenges in CQI. Facilitator: Chanita Hughes-Halbert, Medical University of South Carolina

80 Creating and Sustaining an Academic Coaching Program for Learners
Academic coaching is increasingly being recognized as a way to improve learners’ self-monitoring and create physicians who are life-long learners. Coaching can also help guide learners through a competency-based educational program. Best practices for coaching are still emerging in the literature, so at this lunch discussion, we will share experiences and support one another as we create and administer coaching programs at our own UME and GME training sites. Facilitator: Nicole Deloria, Oregon Health & Science University

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**Focus Area**

- Education of Future Physicians and Scientists
- Science in Health & Healthcare
- Value of Academic Health Systems
- Climate & Culture Across the Continuum
- Vitality of Academic Medicine
Curriculum Mapping as a Tool to Facilitate Curriculum Development, Review, and Tuning: CalMed School of Medicine (CalMed-SOM) Experience
The CalMed School of Medicine’s innovative, integrated curriculum is an amalgam of active learning pedagogies. It carefully integrates USMLE content and LCME-specified experiences listed in LCME Standard 7 (e.g., adolescent medicine, geriatrics, cultural competency). This complex blending of content and pedagogies requires an efficient mapping process that runs in parallel and facilitates curriculum development to ensure that it complies with LCME standards and addresses content gaps and redundancies.
Facilitator: Ghaith Al-Eyd, California University of Science and Medicine School of Medicine

Enhancing Physical Examination Skill in Medical Education
The skill of clinical observation is essential for enhancing the quality of patient care and limiting excessive reliance on technological examination methods. How might we improve learners’ clinical skill outcomes through related teaching and research in both UGME and GME? Can we create and make more explicit a national consensus recommendation?
Facilitator: Eugene Corbett Jr, University of Virginia

Enhancing Training Opportunities for U.S. Medical School Graduates—Those at Risk for Not Matching and Those Who Do Not Match
As competition continues to increase for the set number of residency slots, it becomes critical to ensure that all graduates from U.S. medical schools have viable options to pursue graduate medical education in accredited U.S. programs. In view of the projected physician health care shortage, it is imperative that we address this dilemma with short- and long-term solutions. This table discussion seeks to explore those options so that all U.S. graduates have a fair opportunity to continue their training.
Facilitator: Lauree Thomas, UTMB

ERAS Is the Gateway to Interviews for Residency—In Light of Problems for Students and Program Directors, Should We Reexamine How It Works?
The past few years have seen medical students applying to increasing numbers of residencies and program directors receiving hundreds, if not thousands, of applications. The system is not working. In light of the dilemma of how to aid students and program directors, should we consider some changes in the ERAS program?
Facilitator: Sidney Weissman, Northwestern University

Expanding GME at the VA: An Investment in the Future of Medicine
The VA currently touches the training of over 70 percent of America’s physicians. VACAA provides the funding to expand GME by 1,500 positions with an emphasis on primary care and psychiatry but also some critical access needs. This table discussion will answer questions about how the VA can use all its facilities for training based in a medical home/integrated health model and how you can afford going above your CMS cap.
Facilitator: Edward Bope, The Veterans Health Administration

Exploring the Intersections and Synergies Among Medical Education, Evaluation, and Research on Evaluation
The study of practices, methods, and theories that underlie how value, merit, or worth is determined is defined as “research on evaluation” (ROE). ROE studies are conducted across disciplines (e.g., education, public health, public policy), and results inform how evaluators navigate their work as evaluation/research directors, quality improvement managers, and consultants. This discussion will explore potential interest in, the need for, and the contribution of research on evaluation to medical education.
Facilitator: Anne Vo, Keck School of Medicine of USC

Games for Assessment and Learning
A roundtable for exploring the different ways that schools, residencies, and other institutions are using computer-mediated games to foster learning and assess learner outcomes. Come and share your experiences with developing and delivering interactive educational tools, whether desktop, mobile, VR, etc. Let’s catch them all.
Facilitator: Gregory Baker, NBME

One AAMC area of impact is to promote a culturally competent, diverse, and prepared workforce. The focus was put on situational judgment tests (SJTs) to better select future health care workers. What shortcomings exist now that would necessitate a change? Which of those shortcomings might SJTs address, and what new problems might it cause? How can future SJT research and implementation be shaped to better serve the needs of schools, prospective applicants, and our culturally diverse society?
Facilitator: Kelly Dore, McMaster University

Have a topic you’d like to discuss about the Value of Academic Health System or the Vitality of Academic Medicine? Write your topic in and lead the discussion at Tables 89–100.
101 How Do We Give First-generation College Students Enough Support to Keep Them on the Pre-med Track? 
If we want to diversify the medical profession, we have to support students earlier in their academic careers. I run a grant-funded program that supports first-generation, financially challenged students who aspire to be doctors. While this program seems to be working (i.e., good retention rate, higher GPAs than their peers), I would love to share ideas with colleagues around the country who are doing similar work.
Facilitator: Dianne Kraft, Texas A&M College of Medicine

102 How to Make Curriculum Mapping Meaningful 
Curriculum mapping is a resource-intensive (fiscal and human) endeavor. During this discussion, we will talk about how the schools represented are using the maintenance or build of the curriculum map in creative ways to get the correct information to the correct stakeholders within the institution for proper curriculum review. We will also brainstorm ways to elevate this process to truly accomplish the spirit of the LCME continuous quality improvement.
Facilitator: Deborah DeWaal, University of South Florida Morsani College of Medicine

103 Identifying, Assessing, and Assisting Struggling Students: Shared Approaches, Tools, Resources, and Aspirations
The reasons for academic struggles are many and varied, from inappropriate study strategies to undiagnosed learning disorders to social, motivational, or psychological problems. Correct assessment is vital to addressing the underlying issues, planning for remediation, and maximizing the chances for each student’s success. There is little in the medical education literature to support any particular approach to assessment, remediation, or evaluation of efforts. The purpose is to share resources and ideas.
Facilitator: Christine Peterson, University of Virginia School of Medicine

104 Integration of Global Health in all Medical School Curricula to Meet the 21st-Century Physician Needs
Integration of global health in medical school curricula is imperative in today’s medical education. Our recent experience at CalMed-School of Medicine suggests that by using established LCME accreditation standards and identifying cross-cutting topics and shared competencies such as those attributed to population health, public health, and sociobehavioral health, the discipline of global health can be integrated into all medical curricula effortlessly.
Facilitator: Anvar Velji, California University of Science and Medicine—School of Medicine

105 Integration of Osteopathic Postgraduate Education with ACGME-Accredited Programs
By 2020, all postgraduate medical education programs must be accredited by the ACGME. Over the next several years, osteopathic postgraduate programs will need restructuring to be in compliance with ACGME standards. Pathways to accreditation, maintaining an osteopathic orientation, timelines, and impact on present teaching hospitals and faculties are a few of the most obvious challenges. Sharing of ideas, difficulties, and successes with colleagues will be the focus of the discussion.
Facilitator: Barbara Schuster, University of Georgia

106 Interprofessional Education and Collaborative Practice of Future Physicians
The topic will provide a foundation for the exploration of interprofessional education and collaborative practice. Specifically, discussion will focus around IPE, collaborative practice, and patient-centered care to achieve the Quadruple Aim that includes enhancing patient experience, improving population health, reducing costs, and provider self-care.
Facilitator: Holly Gerzina, NEOMED

107 Interprofessional Education as Means to Enhance Collaboration and Promote Effective Team-based Health Care
Meaningful interprofessional education (IPE) is the path toward team-based health care of the future. Our mantra for IPE is students learning about, from, and with each other. Educators developing IPE activities struggle to implement these activities for their students in the curriculum. This discussion will focus on educators’ experiences in developing IPE activities, strategies to implement IPE, and methods of assessing competency.
Facilitator: John Szarek, The Commonwealth Medical College

108 Interprofessional Education in Core Clerkships
Medical students may be better able to understand the various roles on the clinical team after experiencing clinical teamwork during rotations, so interprofessional training during the third and fourth years of medical school can be an important curricular component. Coordinating these sessions can be logistically challenging. Have you instituted an IPE experience in a core clerkship, or are you considering adding this to your curriculum? Come exchange ideas about how to make it work.
Facilitator: Sara Petruska, University of Louisville

109 Is It Time for Medical Schools to Embrace Wikipedia as a Teaching and Learning Tool?
At the end of 2013, Wikipedia’s medical content consisted of over 155,000 articles supported by more than 950,000 references across 255 languages. At least 94 percent of medical students use Wikipedia as an information source, yet we do not train them to use this popular resource critically or contribute to its overall value. Is this a lost opportunity for our learners and Wikipedia’s global audience? Come debate whether it’s time medical schools embrace rather than shun Wikipedia.
Facilitator: Amin Azzam, University of California, San Francisco

110 Leadership Curriculum 2.0: Where Are We Now?
Last year, we had a robust discussion centered on teaching medical students leadership skills to succeed in our health care world of rapid changes that challenge life-work balance and have burnout rates now greater than 50 percent. So one year later, where are we now? We will share follow-up on our certificate program based on emotional intelligence and would love to hear from you. Come and tell us what you are doing and the barriers you face, or use the shared experiences you hear to create your own ideas.
Facilitator: Robert Barraco, USFHealth Morsani College of Medicine

111 Leadership Training for Students and Residents
With the challenges facing health care, the public, payers, and the government increasingly look to physicians and other health care practitioners for solutions. Many of these challenges involve complex issues that require frontline leaders who can understand the problems and develop appropriate solutions to the challenge at hand. As such, the topic for this session is how best to train frontline leaders in health care. What content, timing, and method can develop the leaders we need in health care?
Facilitator: Alan Dow, Virginia Commonwealth University
112 Longitudinal Integrated Curricula in Evidence-Based Medicine—Learning and Assessment
A recent survey of 17 schools suggests that many are devising approaches to integrated and longitudinal EBM curricula. However, the literature consists mostly of reports of isolated interventions or small clusters of interventions, some with associated assessment. Assessments aligning to EPA 7 or other institutional definitions of competency are needed. This discussion will provide an opportunity to share efforts in this area, and review successes and strategies to address common barriers. Facilitator: Carla Lupi, Florida International University Herbert Wertheim College of Medicine

113 Medical Student Mental Health and Resiliency
Join others in a discussion of models and programs to promote medical student resiliency. Discuss the variables that you and others have identified that both support and challenge medical student wellness. Review existing efforts to provide mental health services and wellness programming. Identify future goals for strategies and programs that best promote resiliency in medical students. Facilitator: Margaret Rea, UC Davis School of Medicine

114 Monitoring Student Progress and Remediating Struggling Learners: It Takes Two . . . or More!
As we transition to competency-based curriculum and assessments, our responsibility is to ensure that students achieve the competencies expected. Come discuss best practices in how schools monitor student progress and transitions during preclinical and clinical phases. We will share how our school has engaged both learners and key faculty in developing individualized improvement plans to provide students with the support and tools needed to successfully achieve these competencies. Facilitator: Todd Felix, Penn State College of Medicine

115 Pairing and Sharing: Mentoring and Advising Medical Students to Be Physicians in the 21st Century
This group discussion will cover career advising, mentoring, and scholarship development of medical students as they matriculate through school. Participants will talk about collaborative ideas and innovative thoughts regarding sharing medical students across faculty within the school, helping students mature into competent first year residents, and supplying students with the skill set necessary to match into competitive residency programs. Facilitator: Allison Vanderbilt, University of Toledo, College of Medicine

116 Pitfall and Pearls in Assessing Professionalism in Residents
The RRC’s core competency of Professionalism has resulted in program directors having to face the challenges in assessing a competency that is of paramount importance and yet not readily quantified. This table topic will offer an opportunity to discuss new approaches to this complex problem and share ideas to improve the process. Facilitator: Ellen Friedman, Baylor College of Medicine

117 Postbaccalaureate Premedical Programs: What They Are, Who They Serve, and How They Contribute to Our Emerging Physician Workforce
Currently, about 15 percent of all entering U.S. medical students have participated in postbaccalaureate programs. Would you like to learn more about the 200-plus postbaccalaureate programs available to students aspiring to medical careers? Are you involved in a postbaccalaureate program at your institution? Are you interested in the role of postbaccalaureate programs in diversifying the physician workforce? If you answered “yes” to at least one of these questions, please join our discussion. Facilitator: Wanda Lipscomb, Michigan State University

118 Preparing Medical Students and Residents to Promote Health Equity
We will discuss strategies and share materials used to teach medical students and residents about health disparities and how to promote health equity for medically underserved and/or disadvantaged populations. Participants will brainstorm methods to prepare trainees to work upstream to address the social determinants of health and to work as effective members of interdisciplinary health professional teams. Facilitator: Cynthia Haq, University of Wisconsin, School of Medicine and Public Health

119 Preparing Students and Residents for Scholarly Activity
Scholarly activity such as research studies and QI projects are required for residents in all specialties and are becoming more important to medical students as the undergraduate curricula broadens. But many faculty, while expert clinicians, educators, and/or administrators, do not have a strong enough background in research basics to feel comfortable as mentors. This focused discussion will explore models to provide and evaluate research training across the continuum. Facilitator: Karen Hughes Miller, University of Louisville School of Medicine

120 Professionalism and Emotional Intelligence
Emotional Intelligence can be broken down into four domains and 20 components (Goleman). It is possible to use this as a framework to analyze professionalism lapses and direct remediation. How can these skills be taught? Facilitator: Sally Fortner, University of New Mexico

121 Public/Population Health in Medical Education
Integrating public/population health into medical education is essential to preparing future physicians to meet the intensifying demands to improve the health of the population, the patient experience, and the cost of health care. We welcome all to share promising practices for incorporating population health in the continuum of medical education, UME, GME, and CME. Facilitators of the group served on the AAMC Expert Panel on Public/Population Health and will share findings from their report. Facilitator: Yumi Jarris, Georgetown University
122 Reinvigorating Your Medical Humanities and Bioethics Curriculum Using an Active-Learning Format That Increases Student Satisfaction and Learning
For many medical students, the aspirational goals of medical humanities courses—to help develop, enhance, and maintain empathy, to improve communications skills, and to deal with the ambiguity of the healing process—get lost in the harsh realities of GPA and Step 1 scores. I will cover the nuts and bolts of an innovative active-learning program that allowed us to significantly improve student satisfaction, enhance learning, and increase enrollment in medical humanities electives.
Facilitator: Steven Waldman, University of Missouri–Kansas City School of Medicine

123 Resident Physicians and the ACGME Scholarly Activity Requirement: Promoting a Research Culture During Residency
The ACGME mandates that residents engage in scholarly activity, and programs vary on what is required. At our institution, we require residents to design and conduct a research project. They review the literature, write a protocol, seek IRB approval, collect and analyze data, and interpret and present findings. Residents present their projects at a hospitalwide research day. In this discussion, I will cover our model and explore others’ best practices for promoting a research culture during residency.
Facilitator: Karen Hagglund, St. John Hospital and Medical Center

124 Science Behind the Passing Grade: Making Sense of an OSCE Cut-off Point
With increasing emphasis on competency-based medical education, assessment is receiving more critical attention. Standard setting is more than just fixing a passing grade. Medical educators need to know the significance of a set percentage point and how to derive and make this a meaningful measure of student achievement. We will discuss a systematic approach to standard setting in professional assessment with an Objective Structured Clinical Exam (OSCE) as the focus.
Facilitator: Francis Achike, California University of Science and Medicine, School of Medicine

125 Sharing of Best Practices of Active Teaching Methods in Preclinical Medical School
As we all start to think about ways to cut back on didactics, what are some ways you and your colleagues have used to engage students? What are your best practices that actively involve students in preclinical topics areas including basic sciences and others such as professionalism, behavioral health topics, safety, and bioethics? We know about flip class rooms, IRATS, GRATs, etc., let’s share what works and what does not work in an interactive sharing session.
Facilitator: Pamela Duke, Drexel University College of Medicine

126 Shifting the Culture of the Residency Interview Process: Identifying Issues, Finding Solutions
Residency directors, deans of student affairs and undergraduate medical education as well as medical students are invited to come together to discuss the difficulties of the complex residency application and interview season and to begin the conversation to shift the culture that is becoming unmanageable. Time will be spent identifying challenges and brainstorming solutions.
Facilitator: Sandra LaBlance, Oakland University William Beaumont School of Medicine

127 Should the USMLE be Pass/fail?
Although the U.S. medical licensing examinations (USMLE) Step 1 and 2CK are pass/fail for the purposes of licensure, three-digit scores are also produced. Residency program directors use USMLE scores to screen applicants, despite poor correlation between scores and resident performance. Should the USMLE Step 1 and/or 2CK be purely pass/fail? What, if any, alternative measures of student performance could be captured to guide program directors in “screening” residency applicants?
Facilitator: Jesse Burk-Rafel, University of Michigan

128 State Authorization and AAMC Agreement—How Can We Work Together?
How can medical schools work together with state authorization laws to help our students obtain and complete necessary away rotations? What can we do to help clinical sites realize the weight of the AAMC Affiliation Agreement and not require our students to complete additional items in order to complete a rotation (such as background check and drug screening) when those items have already been completed at our schools?
Facilitator: Kristin Randall, University of Utah School of Medicine

129 Strategies to Promote Success on USMLE Step Exams
While the majority of test takers achieve scores that enable them to pursue the specialties of their dreams and continue in those specialties, some students struggle. Across the U.S., faculty and staff use various resources to address these issues at various times in the academic years. This session invites AAMC members to share their response to these challenges and their successes. The goal of the session is to share resources and experiences and strategies for success.
Facilitator: Jennie Ariail, The Medical University of South Carolina

130 Student Scholarly Projects in Undergraduate Medical Education
Scholarly projects offer an in-depth investigation of topics of interest to students during the course of their undergraduate medical school education with the goal of creating critical thinkers and lifelong learners. How this is organized and accomplished varies widely. This focused discussion will provide an opportunity to compare approaches and share advice about how to successfully develop and manage student scholarly projects.
Facilitator: Heidi Nelson, Oregon Health & Science University

131 Teaching About the Social Determinants of Health in Medical Schools
Social accountability has gained recognition as a core mandate and key issue facing medical schools. Access to medical care remains important, yet education, urban design, community services, and income have a greater impact overall, according to the Centers for Disease Control and Prevention (CDC). Medical students and postgraduates should learn about the enduring impact that public policies and social programs have on people’s health. Participants will discuss and share solutions.
Facilitator: Melanie Rock, University of Calgary

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132 Teaching and Assessing Clinical Reasoning Skills: Combatting the Bad Habits of Multiple-Choice Test Question Studying

Multiple-choice question (MCQ) testing is used for high-stakes exams in medical education, leading students to practice MCQs throughout training. MCQs overuse leads to premature closure and poor clinical reasoning skills. Schools must teach clinical reasoning, give students opportunities to practice, and assess this skill. This is a resource-intensive effort—how do schools address this critical need? How can schools ensure that graduates can think like doctors in a cost-effective manner?

Facilitator: Kimberly Brown, UTMB

133 Teaching Medical Students in the Third Year: Can We Control the “Quality”? REGARDLESS OF WHETHER THE PRECEPTORS ARE HOSPITAL EMPLOYEES, MEDICAL SCHOOL EMPLOYEES, OR VOLUNTEER FACULTY, WHO IS REALLY TEACHING OUR STUDENTS, AND WHAT IS BEING TAUGHT? ARE STUDENTS FOLLOWING A SYLLABUS? ARE THEY JUST PREPPING FOR A SHELF EXAM? WHAT IS THE RIGHT MIXTURE IN THIS BLENDED ENVIRONMENT? ARE RESIDENTS MORE INTERESTED IN PROVIDING SKILLS TRAINING OR DIDACTICS?

Facilitator: John Graneto, Kansas City University

134 Teaching Medicine and Health Care as Performing Arts

Interactions between health care professionals and patients—and with each other—can be conceptualized as performances, and 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. The discussion will focus on how we can incorporate these into existing curricula.

Facilitator: Stephen Schoenbaum, Harvard Medical School

135 The Challenge of Integrating Basic Sciences into the Postclerkship Curriculum

It is important for physicians to have a strong understanding of the biosciences that underlie clinical practice. To this end, many medical schools are attempting to reintroduce basic sciences in the clinical years. Although clinical material is routinely integrated into the preclerkship phase, the overt integration of basic sciences into clinical courses has proven to be a challenge. We will discuss approaches schools are using to incorporate basic sciences into the postclerkship curriculum.

Facilitator: Neil Osheroff, Vanderbilt University School of Medicine

136 The Importance of Endometriosis Education for Future Physicians

Why does a disease that affects 1 in 10 women receive so little attention? Why are patients receiving false information from their physicians about endometriosis? Let’s talk about how we can pave the way to increase awareness around endometriosis. If you are not sure exactly what endometriosis is, come to the lunch discussion and learn more. Coming to lunch today could be your first step in helping give this disease the attention that it deserves.

Facilitator: Aleshia Carlsen-Bryan, MIT

137 The Medical Student Wellness, Resilience, and Mindfulness Curriculum

Medical students often struggle with academic and personal situations that may be heightened by the stress of medical education. They will also practice in increasingly challenging health care scenarios that will require strong coping skills and burnout prevention and management. This focused discussion will center on curricular strategies, competencies and EPAs related to student self-care, life-long learning, resilience, and mindfulness throughout the undergraduate medical education program.

Facilitator: Hector Eduardo Velasco, Touro University, California

138 The Parallel Curriculum

Join us to discuss your student’s use of commercial content material, such as review books, question banks, and marketed videos, to support or supplant your school’s curriculum. Should medical schools embrace or battle this trend? How might we change this movement? How might we make the most of or capitalize on the attention these resources receive? What are your experiences and thoughts on the “parallel curriculum”? Should medical schools embrace or battle this trend? How might we change this movement? How might we make the most of or capitalize on the attention these resources receive? What are your experiences and thoughts on the “parallel curriculum”?

Facilitator: Bonnie Granat, SUNY Downstate College of Medicine

139 The Patient’s Voice in Educating Future Physicians: Gaining Support From Decision Makers to Embed Patient Involvement Into Educational Programs

Active involvement of patients in medical education has grown as a result of trends in health care delivery, policy, and research that emphasize participation of patients in their care and patient-centered outcomes. A survey of patient-as-educator initiatives found that most barriers to sustainability were related to institutional support. The “Vancouver Statement,” published after a recent international conference, identifies actions to support sustained patient involvement in education.

Facilitator: Angela Towle, University of British Columbia

140 The Role of Community, Volunteer, and Adjunct Faculty in Medical Education

As more schools of medicine incorporate volunteer (community, adjunct, etc.) faculty in their medical education curriculum and within their clinical research, many questions have developed. For example, what professional development do community faculty need to successfully educate medical students and residents? What types of benefits should community faculty receive for their efforts? Join the discussion and brainstorm the future of community faculty in medical education.

Facilitator: April Heiselt, University of Nevada, Reno School of Medicine

141 The Use of a Pre-enrollment Program to Establish a Foundation for Professional Identity Development

The discussion will focus on a curriculum used to provide incoming medical students with the tools to reflect on the development of their professional identity. The curriculum engages students in self-reflection to understand the obligation they have to be excellent students who have the potential to become great physicians. The curriculum consists of eight 90-minute sessions embedded in a five-week academic program.

Facilitator: Chenits Pettigrew, University of Pittsburgh School of Medicine
142 There's Too Much Material in This Course!—Addressing Cognitive Overload in the Design of Medical School Curricula

Training future physicians is a multifaceted, painstaking task due to its interdisciplinary, experiential, yet knowledge-based character. Despite increasing adoption of integrated curricula, medical students are overloaded with information delivered via lectures, textbooks, e-learning, and references. Can curricula be structured to optimize cognitive load? We will discuss theoretical and practical implications using examples from participants’ experiences.

Facilitator: Norma Saks, Rutgers Robert Wood Johnson Medical School

143 Tracking Wellness in Medical Students: How Can Managing Stress Be Integrated Into the Foundations of Medicine Curricula for Both Students and Faculty?

A med student commits suicide days before a former professor shoots the school’s dean. Downstate began a mentorship wellness program this year by students for students. Is it effective? Can it be applied elsewhere? Can faculty-facilitators integrate wellness while modeling it in their own lives? What educational tools can we provide to deal with their stress? If a student is failing, can this challenge be reframed into something positive? Discussion co-written by medical student Zaki Azam, COM 2019.

Facilitator: Joseph Merlino, SUNY Downstate

144 Unity across Medical Students in Schools with Multiple Campuses

Many medical schools have multiple campuses that can spread over large areas. What ways do schools use to promote unity among medical students that rarely interact, and how can good networks be built among multiple campuses? What databases and alumni organizations can be involved in joining medical campuses that involve different hospitals and locations?

Facilitator: John Drevik, Mercer School of Medicine

145 USMLE, Step 1 Influences on Preclerkship Students, Faculty, and the Curriculum: Best Practices for Supporting Students and Meeting Curricular Goals

Scoring well on USMLE, Step 1 has become an increasingly important goal for students in anticipation of the selection process for residency— and for medical schools as a performance measure. There is a pressing need to develop best practices for supporting students to develop skills for effective and efficient study to master the curriculum, and to guide self-study toward success on licensure exams. Current practices (successes/challenges) will be discussed with the goal to learn from each other.

Facilitator: Anju Relan, David Geffen School of Medicine at UCLA

146 Using Electronic Health Records to Teach Medical Students and Residents

At this discussion, attendees are welcome to explore the successes and challenges they have had in integrating the electronic health record into the education of future physicians. This includes competencies in the use of the EHR, using EHR data to track learner progress, and other topics of interest.

Facilitator: Johnmarx Patton, University of Michigan Medical School

147 What Is the Role of Clinical Skills Assessments in Medical School Curricula of the Future? During this table discussion, participants will discuss how OSCEs can remain relevant in this era of curricula innovation. Participants will discover how others are using clinical skills examinations to assess competence for advancement into residency. We will also discuss best practices for mapping competence data to EPAs or specialty specific milestones and how this information could potentially be fed forward to residency program directors.

Facilitator: Helen Morgan, University of Michigan

148 What to Do About Unmatched Students

The number of graduate medical education positions is no longer keeping up with the growing number of medical school graduates. Students search for limited, if any, clinical or research experiences for the year. This poses a special problem for students who lose their student status. Is a 100 percent match for students possible? If not, what is the medical school’s responsibility to students who do not match? What counseling and assistance is available for these students?

Facilitator: Nutan Vaidya, Rosalind Franklin University of Medicine and Science

149 Global Ties in Medical Education: Connect With Other U.S. Schools Working on International Initiatives

Many medical schools are engaged with international partners on major educational initiatives. At this discussion table, you will make new connections with colleagues who are working on international initiatives and hear what other schools are doing. This is especially important when these projects are in their early stages and may not yet be highly publicized. Join this discussion to increase our collective knowledge about new and ongoing collaborations between U.S. schools and their global partners.

Facilitator: John F. Mahoney, University of Pittsburgh School of Medicine

Have a topic you’d like to discuss about the Education of Future Physicians and Scientists?

Write your topic in and lead the discussion at Tables 150–171.