**Toolkit for Early Educators**

Presenter(s):                  Susan Lehmann, Dennis Popeo
Title of Presentation:         **Bridging the gap: Facing challenges and taking opportunities for success as a clinician educator**
Date and time of presentation: 2:30-3:45 PM on Thursday, June 15, 2017

List specific educational objectives for this session:
Learning Objectives: By the end of the workshop participants will be able to: 1) Discuss the elements of promotion important for the clinician educator 2) Discuss how to develop a clinician educator portfolio 3) Identify an opportunity for scholarship in their current activities 4) Describe a personal plan for adding scholarly work in their weekly schedule

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Many individuals in academic psychiatry are interested in advancement in their career, but are hindered by a perceived knowledge gap of the promotions process and a lack of time in balancing clinical, scholarly, and educational responsibilities. This workshop will help attendees define a clear bridge to move forward in the promotions process. The session will demystify the usual promotions process for clinician-educators and will help participants develop a roadmap to advance their career goals over the next year Session Format: 10 minutes: Introductions and participant goal-setting focusing on the "gaps" that participants see as impeding their progress in academia. 10 minutes: Dr. Popeo will describe the importance of mentorship and an educational portfolio, and give recommendations to maximize the positive impact of these tools. 25 minutes: Pair/Share. Participants will consider strategies to incorporate these recommendations (identification of a mentor, defining elements to put in educational portfolio) in their own careers through sharing with a peer. Last 5 minutes will involve pairs reporting to large group. 10 minutes: Dr. Lehmann will describe time management skills necessary to balance the multiple tasks that clinician educators are assigned and will discuss strategies for finding opportunities for scholarship in their day-to-day educational tasks. 30 minutes: Pair/Share. Participants will consider opportunities to turn their current tasks into scholarship, as well as drilling down on making time to achieve their career goals. Last 10 minutes will involve pairs reporting back to large group 5 minutes: Summary of key points reviewed Experience: Dr. Susan W. Lehmann is an Associate Professor at the Johns Hopkins University School of Medicine where she directs the Psychiatry Clerkship and has been co-director of the ADMSEP Education Scholar Program. Dr. Dennis M. Popeo was recently made an Associate Professor of Psychiatry at the NYU School of Medicine and is the director of the Inter-Clerkship Intensive, a high impact multi-specialty learning experience that serves to bring back aspects of pre-clinical learning to the clinical years. He, along with Dr. Lehmann, won the ADMSEP Scholarly Publication Award last year.

Presenter(s):                  Laura Roberts
Title of Presentation:         **A Leadership Bootcamp for Academic Psychiatrists**
Date and time of presentation: 4:00-5:15 PM on Thursday, June 15, 2017

List specific educational objectives for this session:
Objectives -- Participants will identify the five missions of academic medicine and where one's interests, strengths, and commitments fit -- Participants will identify their academic strengths and weaknesses -- Through interactive role-playing activities, participants will learn strategies for navigating and negotiating through the milestones of academic psychiatry.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Working in academic psychiatry is both creative and complex. The colleagues are extraordinary and the setting is inspiring. Nearly all early-career faculty experience unsettling feelings of being overeducated but underprepared, however, for such labor-intensive everyday duties as writing letters of recommendation, participating on committees, formatting their curriculum vitae, leading committees, negotiating with one's supervisors, and meeting quality performance metrics. Managing duties and dynamics and advocating for oneself are essential to

success in an academic career. Without some know-how about such fundamentals in the culture of academic medicine, it will be difficult to turn to the bigger work of academic psychiatry: improving the health of the public, mentoring students, and caring for people with mental illness. This workshop is a down-to-earth discussion of strategies for success academic psychiatrists. The workshop will focus primarily on practical habits that may be adopted in preparing for academic advancement. Participants will identify their strengths and potential weaknesses and possible adaptive approaches to their areas of weakness. This workshop will involve interactive learning exercises and Q&A formats, and it will have a tone of warmth and collegiality. References -- Roberts LW, Hilty D (editors). Handbook of Career Development in Academic Psychiatry and Behavioral Sciences. Second Edition. Arlington, VA: American Psychiatric Association Publishing, 2017. (in press) -- Roberts LW (editor). The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. New York: Springer Science+Business Media, LLC, 2013.

**Friday, June 16, 2017**
**A1.**

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|---|---|
| Presenter(s): | Anthony Crisafio, Stephanie Cho |
| Title of Presentation: | Big Data Clerkships: The Clerkship Administrators as Researchers |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
Objectives: At the end of the workshop, participants will be able to: 1) provide the rationale for using research methodology and statistical analysis to answer clerkship-related questions 2) discuss open-source research methodology and ethics 3) enable clerkship administrators to frame questions and collect data in a way that allows analysis or use existing data

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Clerkships routinely collect a significant amount of data including survey feedback, evaluation completion time, and detailed grade analyses that have the potential to answer many clerkship questions. Unfortunately, many clerkship administrators do not know how to utilize these data. With basic guidelines, clerkship administrators can begin to use existing data to systematically improve their students' experience and share evidence-based educational practices with the larger community. Methods & Session Format: This workshop will provide step-by-step guidance on how to write a research question, how to utilize existing data or collect new data, what statistical tests to use, and how to present the results. We will include a PowerPoint and group activities throughout. The PowerPoint will focus on how to frame a research question, specific aims, and hypotheses to be tested. We will review the different types of data and what statistical tests are available. We will briefly touch on what statistical tools are available for clerkships to use to analyze data. We will then cover how to conduct a retrospective and prospective analysis, how to formulate a data analysis plan, and how to present your analysis using a real-world example from the GW clerkship. Throughout the presentation, we will walk the participants through the process from a research question to end-stage analysis and presentation. We will finish the workshop with a focus on the takeaway messages from this workshop.

**A2.**

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| Presenter(s): | Omair Abbasi, Henry Blieier, Abigail Kay |
| Title of Presentation: | Learning Trangenerational Cultural Competency: Using Ourselves as an "Imperfect Instrument." |
| Date and time of presentation: | 11:15 AM-12:30 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Objectives 1. Understand the concept of implicit bias 2. Understand key factors in cultural and transgenerational competency 3. Have ways of addressing transgenerational and cultural competency in the medical student education by being able to openly identify implicit without potentiating defensive responses.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: We live in a society that is made up of people of diverse cultures, and we practice in academic institutions where we find ourselves exchanging not only cultural beliefs but also intergenerational experiences. Cultural competency has become a course that we often teach our students. However, in a world of trigger warnings, safe spaces, and heightened awareness of inequality, we may find ourselves in a situation in which we have unknowingly displayed implicit bias. This phenomenon also seems to have an intergenerational dissonance, where those of us who have lived unaware of our own biases are abruptly made aware of them either through direct feedback or written evaluations from students. This can often result in a tense confrontation or the way we see ourselves and those around us. One can draw parallels between implicit bias and defense mechanisms. Much like the contents of the unconscious, we are not aware of our cultural blind spots and often when forced to face them, we can become strengthened in our defenses and resistant to change. It is key that we learn to educate both ourselves as well as our students how to help others be aware and understanding of their potential bias in a

manner that fosters growth rather than promoting resistance. Session Format 0-10 minutes - Overview of the literature 10-20 minutes - Personal anecdotes from speakers 20-30 - Unconscious bias survey and other tools to assess possible underlying bias 30-35 -Breakout Session with small groups discussing incidence of bias 35-55 small group discussions on ways to address this issue in medical student education and foster dialogue 55-75 large group discussion 75-90 Go over educational recommendations.

**A3.**

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| Presenter(s): | Robert Averbuch, Richard Holbert |
| Title of Presentation: | Teaching with Digital Video: Nuts and Bolts…and Beyond |
| Date and time of presentation: | 11:15 AM-12:30 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Educational Objectives: At the conclusion of this presentation, the participant should be able to: 1. Capture video clips from a variety of sources including DVDs, Web-Based/Streaming Video Services, DVRs, and more 2. Edit captured videos, add transitions, and insert "rendered" clips into presentations 3. Appreciate the wide range of uses for video in teaching Psychiatry

Content of the session: **Provide an abstract** or outline of **key points to be made**

Background: There is a growing interest in using audiovisual clips in Psychiatric education. Popular/commercial films can provide a particularly powerful and efficient way to illustrate psychopathology, while enhancing student enjoyment of the learning process.1 With the advent of digital video, it would seem to be easier than ever to incorporate video clips into didactic presentations. Yet, all too often, technical glitches, and technophobia limit application of this valuable tool of pedagogy. Successful incorporation of digital video into presentations depends on a number of factors, most importantly a practical knowledge of this relatively new medium and how it works. With the explosion of streaming video services and web€ based videos, the technical "know-how" required is rapidly changing. Summary: This workshop is an outgrowth of a prior ADMSEP offering "Teaching with Video" and will review many of the basics discussed in that session, including very practical step-by-step instruction. We begin with the concepts of capturing video from TV, TiVo, DVR, etc. Once participants learn how to digitize (capture) video, they will learn how to make edits to clips, shorten segments, and add transitions and titles. Ultimately, participants will learn how to insert the finished product into a PowerPoint presentation. Going beyond digital video basics, we will explore the use of a wider variety of video resources and how to capture from web-based and streaming digital media sources such as Netflix, YouTube, etc. Conclusions: When used properly, video clips can increase student interest, enhance retention, refocus attention, and enliven discussion. With greater access to film and video now more than ever before, it's an ideal time to learn the basics of this powerful medium...and beyond! References: 1. Fox G. Teaching Normal Development Using Stimulus Videotapes in Psychiatric Education. Acad Psychiatr. 2003; 27: 283-288.

**A4.**

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|---|---|
| Presenter(s): | Eric Meyer, Curt West, Kelly Cozza, Matthew Goldenberg |
| Title of Presentation: | Effective Faculty Development and Student Communication Across a Geographically Separate Clerkship in the Digital Age |
| Date and time of presentation: | 11:15 AM-12:30 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Objectives: By the end of the workshop, participants will: - identify methods for leveraging digital communication to connect a community of geographically separate clerkship faculty and students. - create their own "flipped clerkship" using online learning modalities. - design student assessments and program evaluations that promote constructive formative and summative student-faculty interactions.

**Do you anticipate any change in the physician's practice?  Please explain:**

Rationale: The Uniformed Services University of the Health Sciences (USUHS) has been sending clerkship students across the United States to clinical clerkships for over 20 years. LCME standards require that clerkship students in Texas, Hawaii, and other sites have comparable clinical experiences. Two key challenges in ensuring comparability are didactic teaching and student clinical assessment. Effective faculty development and use of online education methods are two tools that can improve comparability (Yu et al, 2009; Holland et al, 2014). With the ongoing drive to increase the use of digital education (distributed synchronous and asynchronous learning, electronic assessments, etc.) and pressures on faculty time (productivity requirements) our clerkship sought to overcome challenges to faculty development and communication, and to improve and promote interactions between faculty and students. Hemmer (2012) elegantly describes a model for high quality clerkships at geographically separate sites, while Marimuttu (2012) noted that students engaged with faculty in delivering meaningful care is critical to attracting future psychiatrists. This workshop will explore recent successes in optimizing technology to improve faculty development, faculty-faculty and faculty-student communication, and student evaluation. Participants will learn to design and apply similar tools in their own programs. Methods and Session Format: - Cozza (10 minutes): Audience will be asked to explain struggles and benefits of digital learning, communication, assessment that they are using in their clerkship. - Goldenberg (5 minutes): Common themes identified will be shared and sorted, with exploration of sources of frustration/benefits - West (20 minutes): Update/literature review of tenets for directing successful geographically dispersed clerkships, with focus on digital learning - Meyer (15 minutes): Present examples of how a clerkship might integrate technology. Participants will be asked to identify pros/cons of each example, while highlighting that the digital components of each solution are similar - but the implementation, or human engineering, is different. - Cozza/West/Meyer/Goldenberg (30 minutes): Workshop "mini-groups" will be asked to develop a solution to different common situations in geographically separate clerkships. After 10 minutes, groups will present their solutions to the audience at large. - Cozza/West/Meyer/Goldenberg (10 minutes): Closing remarks, questions. References: - Hemmer PA: Directing a Clerkship over Geographically Separate Sites. In Morgenstern BZ (Ed.), Guidebook for clerkship directors. (489-516). Syracuse, NY: Gegensatz Press. 2012. - Holland NR, Grinberg I, Tabby D: A standardized online clinical education and assessment tool for neurology clerkship students assigned to multiple sites. Perspect Med Educ. 2014 Jan;3(1):41-5. doi: 10.1007/s40037-013-0097-5. - Marimuttu V & Chandwani N: Improving recruitment into psychiatry: teaching strategies to enhance undergraduate interest. Medical Education Online, 2012. 17. - Yu TC, Wheeler BR, Hill AG: Effectiveness of standardized clerkship teaching across multiple sites. J Surg Res. 2011 Jun 1;168(1):e17-23. doi: 10.1016/j.jss.2009.09.035. Epub 2009 Oct 13.

**A5.**

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| Presenter(s): | Brenda Roman, Lindsey Allison |
| Title of Presentation: | Clicker Questions Are Not Enough: Using Peer Instruction to Develop Critical Thinking Skills |
| Date and time of presentation: | 11:15 AM-12:30 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Objectives: At the end of the session, participants will be able to: 1. Define peer instruction 2. Learn effective techniques in facilitating a peer instruction session 3. Identify effective uses of peer instruction within the medical school curriculum

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: With increasing focus on active and engaged learning (1), medical schools are under pressures to "flip the classroom" in which information "transfer" is completed outside the classroom, and assimilation or application of learning is done within the classroom. It is clear from the evidence that active and engaged learning improves student success with course material. Peer instruction is a "flipped classroom" strategy developed by Eric Mazur at Harvard for pre-medical physics courses (2-3). It is an interactive, evidence based teaching method where students prepare between classes, answer meaningful questions in class, first individually, discuss their answers with peers, and then commit again to an answer. Peer Instruction is more than using "clicker questions" to see whether students have done the reading. It requires faculty to carefully craft concept-probing multiple option questions that progressively build upon each other in the classroom so that by the end of the session, students have

feedback on what they know (and don't) and how they are thinking about key content domains to improve their learning. Faculty learn what and how their students are learning, provide "ust-in-time" teaching moments when needed, and identify students who may need additional support in a course. Method and Session Format: There will be an overview of peer instruction, with demonstration of the technique using the audience response system with the participants in this workshop as the learner group. 10 minutes Overview of Peer Instruction by Dr. Roman 30 minutes Demonstration of Peer Instruction by Dr. Roman and Lindsey Allison 15 minutes Question and Answer 20 minutes Preparation for using Peer Instruction and outcomes of Peer instruction at BSOM 15 minutes Question and Answer References: 1. Liaison Committee on Medical Education Standards. http://www.lcme.org/2015-reformat-project.htm Accessed November 17, 2014. 2. Eric Mazur (1997). Peer Instruction: A User's Manual Series in Educational Innovation. Prentice Hall, Upper Saddle River, NJ 3. C. Crouch & E. Mazur (2001). Peer Instruction: Ten Years of Experience and Results, Am. J. Phys., v69, 970-977

**A6.**
Presenter(s):                              Stuart Slavin
Title of Presentation:                 Burnout in Clinical Faculty: Stressors and Solutions
Date and time of presentation:   11:15 AM-12:30 PM on Friday, June 16, 2017

Objectives are needed to define the intended outcome and goals of the presentations given.   After reviewing the objectives the prospective learner should be able to answer some of these questions: What knowledge will I gain? What skills will I acquire? What attitudes will the program change? What practice outcomes can be expected?

**List specific educational objectives for this session:**
1. Describe stressors and disheartening factors in one's work setting and personal life.
2. Identify strategies to change the environment and reduce stressors and disheartening factors.
3. Describe strategies that can be used to better manage these stressors and disheartening factors.

Content of the session: **Provide an abstract** or outline of **key points to be made**

In this session, stressors and disheartening factors experienced by faculty in work and life will be initially explored. Strategies to reduce stressors and reduce the negative impact of these stressors will then be discussed and participants will hopefully leave the session with concrete plans for how they can address stress and burnout in themselves and their colleagues.

**B1.**

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| Presenter(s): | Carol Tsao, Kirsten Wilkins, Lloyda Williamson |
| Title of Presentation: | Physician and Trainee Wellness: A Focus on Systemic Issues and Remedies |
| Date and time of presentation: | 2:00-3:15 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**

Objectives: At the end of the plenary, participants will: 1. (Tsao) Discuss the data on interpersonal engagement and reflection in physician well-being. 2. (Wilkins and Goldberg) Discuss the advantages and disadvantages of including medical student wellness as a responsibility of the psychiatric educator. 3. (Williamson) State the case for pre-clinical medical students participating in service projects as a means of increasing emotional intelligence and decreasing burnout.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Physician well-being has relatively recently been identified as a high priority for our profession. The rates of burnout, depression and suicidality for medical students, resident/fellow and practicing physicians are substantial. Much focus has been given to improving self-care with the hope of increasing resilience. During a plenary last year, one speaker questioned whether the profession is misguidedly addressing what are systemic problems with individual, even clinically-based, remedies. In this proposed plenary, we wish to continue the conversation. Methods and Session Format: Each speaker/speaker team will be allocated 15 minutes. *Tsao and Williamson - large-group presentation * Wilkins (with Goldenberg) - debate-style Q&A to follow the three presentations.

**B2.**

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| Presenter(s): | Kathryn Stuenzi, Katherine Walia, Serena Sherrell, Susan McCarthy |
| Title of Presentation: | The Role of the Clerkship Team in Faculty Development, Recruitment and Retention: Programs in Transition |
| Date and time of presentation: | 2:00-3:15 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**

Objectives: 1.) Identify factors that motivate faculty to teach 2.) Identify barriers to teaching and how the clerkship team can help mitigate them 3.) Discuss the roles each member of the clerkship team can play in faculty recruitment, development & retention 4.) Understand strategies that help with information sharing & how to pass the baton during times of transition

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: A successful clerkship requires enough preceptors to meet the enrollment numbers who have a desire to educate medical students and understand clerkship expectations, learning objectives and expectations of them as an educator. Through this faculty survey and literature review we will demonstrate challenges that clinicians face in order to educate medical students. We will identify ways to mitigate barriers to effective teaching which allows us to utilize the talents of each member of the clerkship team, and communicate our appreciation of our faculty's contribution. Methods & Session Format: Each Clerkship Team will present information on: 1.) the background of their department and/or institution as it relates to challenges or strengths in RD&R; 2.) the roles of each member of the team in RD&R; 3.) lessons from transitions related to RD&R; 4.) needs assessment based on the survey (TOTAL TIME: 40 minutes, 20 minutes per team) Overall results of the survey (5 minutes) Q&A (15 minutes)

**B3.**

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| Presenter(s): | David Elkin, Jonathan Bolton, David Elkin |
| Title of Presentation: | Stories of Illness: Exploring Patients' Experiences of Illness Through Literature |

and the Medical Humanities
Date and time of presentation:     2:00-3:15 PM on Friday, June 16, 2017

**List <u>specific educational objectives</u> for this session:**
Objectives: By the conclusion of this workshop, participants will: 1) have a practical basis for utilizing humanities-based pieces in their own work 2) be able to anticipate the integration of multiple perspectives (psychiatric and narrative-based), and have a more sophisticated sense of the challenges and opportunities offered by a humanities-based approach to teaching. 3) Be able to identify humanities-based resources (film, essays, stories) available to educators in medicine, as well as tools to identify and evaluate their own material.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Medical students encounter patients with physical illness or illness concerns during their clinical years, but struggle to appreciate the meaning of these symptoms from a more holistic or biopsychosocial perspective. Narrative-based approaches, and the medical humanities, offer a powerful means of enhancing students' learning about the subjective nature of illness experience by focusing on the patient's life story, and the unique meaning of illness to that individual. Essays, film clips and art engage the clinical and moral imagination of learners to open a wider perspective on their clinical experiences. Methods and Session Format: We will begin by briefly summarizing narrative-based competency and the use of the humanities in understanding clinical interactions. Participants will then watch a video clip, read two essays aloud together, and then discuss the film clip and essays about abnormal illness behavior. For each exercise, the group will consider: What is happening between clinician and patient in the interaction around illness presentation? How do transference and countertransference affect the interaction? What happens when we as clinicians feel stress, scorn or disbelief around our patient's complaints? How might this play out in the dynamic between us and our patients? How does experience modify, increase or decrease adaptability? How do societal expectations affect the doctor-patient relationship? We will transition to a meta-level discussion, reflecting on our experiences in this mini-seminar and focusing on our own tasks as teachers. We will discuss how to best integrate medical humanities materials--literature, essays, poems, art and film--into educational efforts that deepen students' appreciation of the experience of illness and illness behavior, as well as the application of humanities competency-driven curriculum. References: Charon, R. "Narrative medicine: a model for empathy, reflection, profession, and trust." JAMA 2001. Huyler, Frank. The Blood of Strangers. 1999. Watts, David. Bedside Manners: One Doctor's Reflections on the Oddly Intimate Encounters Between Patient and Healer. 2005.

**B4.**
Presenter(s):                         Dona Hilty, Donald Hilty, Julia Frank, Erin Malloy, Mary Jo Fitzgerald, Ruth Levine
Title of Presentation:              Mid- and Advanced-Career Faculty Development: Opportunities and Transitions for Diverse Leaders
Date and time of presentation:     2:00-3:15 PM on Friday, June 16, 2017

**List <u>specific educational objectives</u> for this session:**
OBJECTIVES. 1) Self-assess strengths, weaknesses and interests at mid- or advanced-career stages, 2) Learn how to seek information, assess it and make decisions on current, and potential roles and responsibilities, and 3) Identify and develop a plan to obtain skills and prepare for transitions.

Content of the session: **Provide an abstract** or outline of **key points to be made**

RATIONALE. Faculty, education administrators and department chairs need an approach for mid- and advanced-career faculty development. Healthcare changes, reduced resources and increasing clinical demands jeopardize academic time for leadership development and transitions to potential new roles are often overlooked. There are unique challenges for all faculty including those who self-identify as underrepresented and/or minorities. At least three essential skills/tasks are needed: 1) reflection on the pros/cons of current roles, 2) seeking information and evaluating new roles in/out of the institution, and 3) balancing interests, productivity and service commitments (e.g., leadership in organizations). In addition, some options like consulting, semi-retirement and/or retirement are

rarely ever discussed. METHODS/TIMELINE. OUTLINE. 00-05 Introduction, objectives and a poll of why attendees have come - Donald Hilty 05-20 Pres'n by Erin Malloy & Mary Jo Fitzgerald bout common leadership positions and their characteristics and transitions in careers - what do we know? 20-30 Discussion: All, with common themes and experiences; questions and answers 30-40 Pres'n by Julia Frank: Unexpected Shifts in Roles Due to Curriculum Reform...a case example of a career change 40-60 Small groups at tables with presenters help; use worksheet as guide...What roles/jobs am I interested in? How should I decide whether to take the job/role(s)? What skills do I need and where do I get them? 60-75 Large group discussion facilitated by Ruth Levine and Donald Hilty, with report from small groups, a look at the elephant in the room: how to succeed at making good decisions, and other challenges. Lastly, next steps (facilitated by worksheet questions and blanks). REFERENCES. 1. Onyura B, Bohnen J, Wasylenki D, et al. Reimagining the self at late-career transitions: how identity threat influences academic physicians' retirement considerations. Acad Med. 2015 Jun;90(6):794-801. 2. Gruppen LD, Frohna AZ, Anderson RM, et al. Faculty development for educational leadership and scholarship. Acad Med. 2003 Feb;78(2):137-41. 3. Silver MP, Williams SA. Reluctance to retire: A qualitative study on work identity, intergenerational conflict, and retirement in academic medicine. Gerontologist. 2016 Sep 1. pii: gnw142. [Epub ahead of print] 4. Helitzer DL, Newbill SL, Morahan PS, et al. Perceptions of skill development of participants in three national career development programs for women faculty in academic medicine. Acad Med. 2014 Jun;89(6):896-903. 5. Golper TA, Feldman HI. New challenges and paradigms for mid-career faculty in academic medical centers: key strategies for success for mid-career medical school faculty. Clin J Am Soc Nephrol. 2008 Nov;3(6):1870-4.

**B5.**

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|---|---|
| Presenter(s): | Martin Klapheke |
| Title of Presentation: | Getting Started with Psychiatry OSCEs |
| Date and time of presentation: | 2:00-3:15 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Objectives: Members of the audience will be able to: 1. Explain the rationale, benefits, and limitations of OSCEs in the overall assessment of a medical student. 2. Describe the components and planning needed for OSCEs including scheduling and logistics, case selection, standard setting, and grading with Standardized Patients Checklists and Post-Encounter Notes (PEN). 3. Participate and practice completing Post-Encounter Notes for (a) a brief video OSCE and (b) a Skill Station OSCE.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: In recent years medical education has increasingly focused on objective measures of competence. The AAMC has tentatively defined 13 Entrustable Professional Activities (EPAs) that would offer sufficient foundation for ensuring all graduating medical students are prepared to perform certain patient care responsibilities without direct supervision. Psychiatry Objective Structured Clinical Examinations (OSCEs) can provide an objective assessment of students' progress in multiple EPAs. Methods and Session Format: 1. 25minutes: Dr. Klapheke will provide a didactic overview addressing the 3 Learning Objectives (above). 2. 15 minutes: Logistics prevent audience members from participating in an actual OSCE with Standardized Patients during this workshop, but the audience will view a video OSCE stimulus tape of a clinical encounter and will then complete a Post-Encounter Note (PEN). 3. 15 minutes: audience will participate in an OSCE Skill Station and write a PEN. 4. 10 minutes: In small groups, audience members will discuss their experience completing the PENs as well as possible opportunities for developing OSCEs at home institutions. 5. 10 minutes: Large group sharing of comments and well as time for questions and answers. Experience: Dr. Klapheke serves as Psychiatry Clerkship Director and has designed and implemented Psychiatry OSCEs at the University of Central Florida College of Medicine. References: 1. Yudkowsky R, Park Y, Hyderi A, et. al. Characteristics and implications of diagnostic justification scores based on the new patient note format of the USMLE Step 2 CS Exam. Academic Medicine 2015;90(11 Supplement):S56-S62. 2. Hodges B, Hollenberg E, McNaughton N, et. al. The Psychiatry OSCE: A 20-year retrospective. Academic Psychiatry 2014;38:26-34. 3. Khan K, Gaunt K, Ramachandran S, et. al. The Objective Structured Clinical Examination (OSCE). AMEE Guide 81, AMEE Guides in Medical Education, www.amee.org. 2014:1-46. 4. McKinley, DW, and Norcini JJ. How to set standards on performance-based examinations: AMEE Guide No. 85. Medical Teacher 2014;36(2):97-110.

**C1.**

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|---|---|
| Presenter(s): | Caitlin Stork |
| Title of Presentation: | Hearing Patients' Voices through Hearing Voices: Improving Clinical Understanding via a Simulation of Auditory Hallucinations |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
OBJECTIVES: What participants will know or be able to do as a result of this session 1) Identify common deficits in medical students' understanding regarding how AH might affect a patient's functioning 2) Gain personal insight into how AH might affect one's emotions as well as one's ability to complete a variety of activities 3) Identify what aspects of the simulation have the greatest impact upon building understanding and empathy for patients with AH, and how best to emphasize those aspects of the experience. 4) Guide students in identifying particular strategies to provide effective care for patients who AH

Content of the session: **Provide an abstract** or outline of **key points to be made**

RATIONALE: Previous research has also indicated that improved empathy on the part of the physician is associated with improved clinical outcomes, including better adherence to medical recommendations or regimens and even reduced healthcare costs (1). As such, particularly given the ongoing integration physical and behavioral health care, there is a greater need than ever to promote the understanding and empathy of all physicians - not just psychiatrists - toward patients with severe mental illness (2). In recent years the use of patient simulation exercises has become increasingly commonplace in medical education (3). In psychiatric education, the ability to provide simulation experiences in which the student is placed in the role of the patient, rather than the clinician, provides a unique opportunity not only for increasing students' empathy toward these patients, but also improving students' understanding regarding how certain psychiatric symptoms can affect the everyday lives of their patients.
METHODS AND SESSION FORMAT: Participants will first complete a brief questionnaire regarding to what degree they believe various aspects of every day functioning might be affected by AH. Participants will then be invited to listen to the "Hearing Distressing Voices" (4) audio track via a small MP3 player while completing a series of cognitive activities and mock interview. After completion of the exercise itself participants will again complete the questionnaire to highlight differences in their appreciation of the functional impact of AH, and discuss these findings with the group. Finally, Dr. Stork will present her findings regarding how the introduction of this exercise has had a significant positive impact upon her clerkship students, including overwhelmingly positive student response regarding its impact (>75% find "Really Valuable") and clear differences in Pre/Post assessment scores. 1. Kelm, Z., et al., Interventions to cultivate physician empathy: a systematic review. BMC Med Educ, 2014. 14: p. 219. 2. Smith, M.K., et al., Hearing voices: evaluation of a medical student training experience about psychosis. Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 2014. 38(4): p. 514-5. 3. Bradley, P., The history of simulation in medical education and possible future directions. Med Educ, 2006. 40(3): p. 254-62. 4. Deegan, P., Hearing voices that are distressing: a training and simulated experience., Lawrence, Editor 1996, The National Empowerment Center, Inc.

**C2.**

| | |
|---|---|
| Presenter(s): | Julia Frank |
| Title of Presentation: | Teaching Medical Students to Make (Instructive) Mistakes |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
Objectives: At the end of the session participants will be able to 1) analyze the cognitive processes that may foster errors in psychiatric diagnostic reasoning and 2) brainstorm ways to translate this understanding into exercises that may be applied in their own settings.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: The possibility of serious, costly medical errors often begins with diagnosis, especially in psychiatry . Beyond the problems that occur in hospital patient management, the term medical error covers misdiagnoses that lead to neglected or inappropriate tests and treatment. For students in clinical settings, first impressions, rushed assessments, a need to focus on dangerousness over other facets of diagnosis, the poor alignment between basic science and clinical nosology, and the pressure to fit phenomena into billable boxes may undermine rather than reinforce the skills needed to understand the pathophysiology of mental phenomena and characterize disorders and diseases accurately. The burden of constant evaluation encourages students to conceal their uncertainties, depriving them of opportunities to reflect on their own reasoning. This workshop demonstrates an exercise involving close analysis of a real patient's illness narrative interspersed with questions that lead students step by step through a process of reflection on how context, cultural differences, limited expert knowledge and stigma may adversely influence diagnostic reasoning in psychiatry. Methods: 5 minutes: Introduction of participants to one another, statement of goals for participation 10 minutes: Brief review of a framework for studying medical errors (Frank) 40 minutes: Presentation of video case of a patient interview, with frequent pauses to elicit participants' expression of their own reasoning process (Frank/group) 10 minutes: Presentation of typical student responses to this exercise and lessons to be drawn about typical errors (Frank) 20 minutes: Brainstorming methods of introducing this topic as a clerkship activity (Group). Speaker: A former clerkship director, Dr. Frank has taught this case to third year clerks over 15 years. Despite many revisions, this exercise consistently induces the majority of students to make (and reflect upon) a major error. Nath, Sara B, Marcus, Steven C, Medical Errors in Psychiatry. Harvard Rev of Psychiatry 14: 204-11, 2006 Bleich, Sara Medical Errors: Five Years after the IOM Report. Commonwealth, July 2005 fundhttp://www.commonwealthfund.org/usr_doc/830_Bleich_errors.pdf.

**C3.**

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|---|---|
| Presenter(s): | Anthony Crisafio, Katie Stuenzi, Serena Sherrell, Beth Weihe |
| Title of Presentation: | Professionalism and Clerkship Administrators |
| Date and time of presentation: | 11:15 AM-12:30 PM on Friday, June 16, 2017 |

**List specific educational objectives for this session:**
Objectives: At the end of the panel, participants will be able to: 1) Apply ethical principles to the administrative organization of clerkships 2) Gain a better understanding of e-mail etiquette, particularly coordinators just starting their careers 3) Identify appropriate professional boundaries for the use of social media 4) Discuss ways to lead without formal experience through building relationships and trust with others

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Clerkship coordinators routinely come into the position with little to no background training in how medical education works and are hired from other fields or directly from school. In these circumstances learning how to build a professional presence, particularly if there is a small age gap between the coordinator and the students. This panel will focus on discussing relevant topics to professionalism for coordinators. Methods & Session Format: Each presenter will spend 10-minutes discussing their topic; topics will include the big four ethical principles, social media and dating apps, email etiquette, and transitioning from student to staff. Presentations will cover current guidelines in healthcare and medical education with particular focus given to administrative staff. After all presentations are completed (approximately 40 minutes), we will spend the remaining time in open discussion to allow for peer education.

**C4.**

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|---|---|
| Presenter(s): | David Schilling, Michael Marcangelo |
| Title of Presentation: | Reviewing 4 years of 5 Clerkship's Criterion Based Grading Systems: What Does It Tell Us? |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**

Objective: To better understand issues in using criterion based grading systems a review of one medical school's 5 clerkships that employ criterion based grading systems was conducted. This review examined these clerkships grading data over 4 year period of time.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Medical school clerkships commonly employ criterion based grading systems in which the criteria necessary for a student to earn a specific grade is enumerated before the start of the clerkship and the same criteria is used for all clerkships over the course of the academic year. Most commonly in a criterion based system it is laid out as to what the different assessments are, how the assessments are weighted, and what the composite score cut-offs are for a student to earn a specific grade. Clerkship directors formal background in medical education tends to be much more significant on the medical part than the education part. The background most clerkship directors have in medical education is practical experience from their involvement in medical education. Do different clerkships and different clerkship directors that use criterion based grading systems use the criterion grading system similarly? For grading issues that arise, do they address them similarly? Are the issues addressed in a manner that is consistent with the philosophy of a criterion based grading system? Answers to these questions may provide insight into the issues that clerkship directors may face with criterion based grading systems. They may also provide answers to some issues or, at least, pitfalls to avoid in addressing some issues. Methods and Session Format: During this discussion group Dr. Marcangelo will review the basics of a criterion based grading system as well as outline some of the most common issues that clerkship directors face in using a criterion based grading system. Dr. Schilling will then discuss the review of clerkships that use criterion based grading systems that was done at his school, what the findings were, and what recommendations this review led to. The final 30 minutes will be used to discuss with the group audience questions on criterion based grading system issues as related to the presentation or the individual audience member's experience. Guidebook for Clerkship Directors, Alliance for Clinical Education, Morgenstern, B; Chapter 15 pg 295-380 Grading Systems, The Center for Teaching and Learning, UNC Charlotte http://teaching.uncc.edu/learning-resources/articles-books/best-practice/assessment-grading/grading-systems

**C5.**

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|---|---|
| Presenter(s): | Howard Liu, Donald Hilty, Brenda Roman, Nutan Vaidya, Janis Cutler, Erin Malloy |
| Title of Presentation: | Career Consultation: Stay a Clerkship Director or Move on to the Next Big Thing? |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

List specific educational objectives for this session:
Objectives will help participants to: 1. Generate one or two aspirational academic position(s) to achieve after their current role 2. Assess strengths and gaps in their knowledge or skills when considering this/these role(s) and weigh the pros and cons 3. Develop next steps of a 5-year career plan via small group consultation with facilitators

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Clerkship directors play an integral role in career guidance for medical students, but they have variable access to career planning resources at their home institutions [1]. While clerkship directors range from early career to senior faculty, ADMSEP's data suggests that psychiatry clerkship directors stay in the role for an average of 6.3 years [2]. This interactive workshop will equip clerkship directors and early career medical educators with principles for career planning, career narratives, and consultation with seasoned faculty development and senior educational leaders on refining their 5-year career plans. Methods and Session Format: This Workshop will have 5 parts over 90 minutes: 1. Introduction, Poll and Objectives - 5 minutes: assess why participants are attending and link the objectives with their interests. 2. Principles for Career Planning - 15 minutes: discuss models for evaluating career opportunities. 3. Career Snapshots from Current or Former Clerkship Directors - 20 minutes: 3 brief narratives from clerkship directors who have remained in their role or chosen a different leadership role in their department or medical center. 4. Career Consultations in Small Groups with Facilitators - 40 minutes: participants will work with facilitators to generate 1-2 potential career aspirations, note strengths/gaps in knowledge/skills, and outline likely next steps in career development using a worksheet. 5. Teach Back - 10 minutes: share pearls from

each table and offer guidance on career development resources. References: 1. Sonnino RE et al. Evolution of faculty affairs and faculty development offices in US medical schools: a 10-year follow-up survey. Acad. Med. 2013;88:1368-1375. 2. Roman B, Briscoe G and Gay T. Psychiatric Educator Supports, Rewards and Resources. Academic Psychiatry 2014;38(3): 316-319.

**C6.**

| | |
|---|---|
| Presenter(s): | Kirsten Wilkins, Ish Bhalla, Brian Fuehrlein, Matthew Goldenberg, Louis Trevisan |
| Title of Presentation: | Simulate to Stimulate: Using Mannequin-Based Simulation in Psychiatry |
| Date and time of presentation: | 9:45-11:00 AM on Saturday, June 17, 2017 |

**List <u>specific educational objectives</u> for this session:**
Objectives 1) Discuss the benefits and challenges of simulation in psychiatry. 2) Compare and contrast simulation versus standardized patients. 3) Describe three potential simulation cases for use in the psychiatry clerkship.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale To engage millennial medical students, educators must be prepared to teach in novel ways. Today's medical students prefer group learning utilizing technology and hands-on experiences. Mannequin-based simulation is one teaching modality that incorporates technology, teamwork, and interactive learning. Simulation has been shown to be educationally effective in multiple disciplines of medicine, yet psychiatry has been slower to adopt this teaching method. Methods and Session Format Presenters will provide a brief overview of simulation in medical education, discussing benefits and challenges of using simulation in psychiatry compared to standardized patients. Presenters will share a video of a psychiatry simulation session, asking participants to comment on strengths of the session and areas for improvement. Participants will then break into small groups to discuss components of an effective simulation session and brainstorm three potential simulation cases for use in the psychiatry clerkship. Interactive discussion with the entire group will follow. Introduction: Wilkins (10 minutes) Simulation v. SP's: Goldenberg (10 minutes) Video + discussion: Bhalla/Fuehrlein (15 minutes) Small group discussion (20 minutes) Large group discussion: Trevisan (20 minutes) References 1. Eckleberry-Hunt J, Tucciarone J. The challenges and opportunities of teaching "Generation Y." J Grad Med Educ. 2011;3(4):458-461. 2. Issenberg SB, McGaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. Med Teach. 2005;27(1):10-28.

**Saturday, June 17, 2017**

**D1.**

| | |
|---|---|
| Presenter(s): | Elizabeth Lowenhaupt, Elizabeth Brannan |
| Title of Presentation: | Where Did I Come From and Where Am I Going? An Integration Seminar for Clerkship Students |
| Date and time of presentation: | 11:15 AM-12:30 PM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
Objectives: Participants will learn the structure and curriculum of the Integration Seminar implemented at Brown Alpert Medical School, including an overview of activities implemented. Participants will have the opportunity to participate in a sample mini-session demonstrating the countertransference module of the course. Participants will spend time brainstorming and developing a potential curriculum for their own institutions.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Clerkship students face multiple challenges and adventures as they plunge headfirst into the world of clinical medicine. The transition of our clerkship to an integrated psychiatry and neurology rotation provided the opportunity to develop a new course focused on integration on multiple levels. The course presents readings and facilitates discussion to evoke emotions and provide a model for difficult interactions inherent in medical education and practice. Students have repeatedly expressed their appreciation for this opportunity to explore difficult topics - such as countertransference, racism in medicine, giving and receiving feedback, and "the hidden curriculum" - which we as psychiatry educators have a particular interest and expertise in sharing with our medical schools. Methods and Session Format: 1) Overview of background, structure, curriculum, and resources (Lowenhaupt, 5 minutes) 2) Practice seminar (Brannan, 10 minutes) 3) Break-out sessions to brainstorm possible curriculum development for participants (Brannan & Lowenhaupt, 15 minutes) 4) Debriefing and discussion (Brannan & Lowenhaupt,15 minutes)

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|---|---|
| Presenter(s): | Deborah Dellmore, Jeanne Bereiter, Jonathan Bolton |
| Title of Presentation: | Tackling the Difficult Medical Student-Patient Relationship Head on: Promoting Reflection, Wellness, and Recruitment |
| Date and time of presentation: | 11:15 AM-12:30 PM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
At the completion of the session participants will be able to:
--name multiple types of difficult medical student-patient relationships encountered during the psychiatry clerkship and curricular techniques/methods for debriefing
--name and describe process for several types of reflective writing exercises to facilitate critical reflection including patient perspectives
--incorporate three techniques for generating discussion during reflection rounds

Content of the session: **Provide an abstract** or outline of **key points to be made**
Rationale: Sometimes described as "The Difficult Patient," the Difficult Physician-Patient Relationship arises from many combinations of the psychology of patient and provider, whether they are faculty, fellows, residents, or students. Traditionally, little formal attention has been paid to the medical student experience within these relationships. Identifying and addressing medical student emotional reactions to patient care decreases stress, dehumanizing reactions/stigma, and burnout in medical students. Modeling psychiatric expertise in the identification, management, and understanding the clinical utility of reactions to patients may also increase interest in the specialty.

The goal of this discussion is to share our techniques and curricular innovations used to support resident and medical student reflective capacity, with the secondary aim to stimulate interest in the specialty of psychiatry.

Methods and Session Format:
Format of the Session: Discussion Group
Time allotted for each speaker and component (30 minutes):
        10 minutes: Dr. Dellmore will report on curricular developments for the difficult medical
                student-patient relationship and common medical student emotional reactions on the clerkship
        10 minutes: Dr. Bereiter will describe several reflective writing exercises which help to
                facilitate critical reflection and the ability to see events from the patient's point of view
        10 minutes: Dr. Bolton will describe "Countertransference Rounds" and lessons learned
        15 minutes: Questions, Discussion, and Wrap-Up along with other Discussion Group

**D2.**

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|---|---|
| Presenter(s): | Nutan Vaidya, Gary Beck Dallaghan, David Power, Margaret McKenzie |
| Title of Presentation: | Cultural Barriers to Effective Learning |
| Date and time of presentation: | 11:15 AM-12:30 PM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
The objectives of this session are: 1. To discuss cultural barriers that may exist in various learning environments 2. To identify how adult learning theory can be applied to cultural differences 3. To devise methods of enhancing the learning environment to be more culturally inclusive

Content of the session: **Provide an abstract** or outline of **key points to be made**

There is an increasing emphasis on ensuring the learning environment facilitates learning for students. The Association of American Medical Colleges conducts surveys with second and fourth year medical students, identifying issues that may negatively impact student learning. Several of these are closely related to differences in cultures of the preceptors as well as the students. This is an issue for accreditation that needs to be carefully monitored in clinical medical student education. Participants will identify and discuss strategies to address cultural barriers affecting the learning environment. They will also be able to identify accreditation standards relevant to the learning environment and the need to provide professional development related to cultural diversity. Additionally, accreditation data gathered from national surveys also provide outcome data for medical schools, which participants will be introduced to and the how to further interpret this data. As individuals transition into professional programs, the expectation is that they make the leap to being adult learners. This is an important theoretical construct that may be unknown to learners from different cultures, as well as the millennial generation. This session begins the important dialog of improving the learning environment by addressing cultural barriers. Half of the session will be spent in small group discussions, working through a worksheet to identify barriers as well as possible solutions to cultural barriers. At the end of the session, panelists representing the Alliance for Clinical Education will compile the recommendations from the small group discussions. From this group work to develop evidence-based recommendations for enhancing learning for a variety of learners, the Alliance for Clinical Education will compile a consensus document to share with ADMSEP members.

**D3.**

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|---|---|
| Presenter(s): | Dawnelle Schatte, Lia Thomas, Chase Findley, Kathlene Trello-Rishel |
| Title of Presentation: | Making the Most of MS4 Year |
| Date and time of presentation: | 11:15 AM-12:30 PM on Saturday, June 17, 2017 |

**List specific educational objectives for this session:**
Objectives: By the end of this session, participants will be able to: Compare and contrast MS4 experiences at their own institutions with program director expectations; Appraise necessary components of sub-internship skills based on literature review and EPAs; Discuss important areas of medical student advising for successful residency matching; Identify ways a Bootcamp may identify areas of educational need or solidify students' skills prior to matriculation to residency.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: As medical schools are discussing competency-based standards rather than time-based standards, and there is increasing competition among medical school applicants for psychiatry residency positions, there is more pressure on students to make the MS4 year academically productive. This discussion group will cover what residency training directors are expecting of students matriculating into residency, and how medical schools can best prepare students for application to residency and for internship. We will discuss practical ways to improve students' skills, including with Core Entrustable Professional Activities (EPAs). Methods and Session Format: Each speaker will have 15 minutes for introductions, to explain the topic, and address individual questions from the audience. There will be 15 minutes for questions and discussion at the end.

**D4.**
Presenter(s):                          David Elkin, Gilbert Villela, David Elkin
Title of Presentation:              Critical Thinking: A Novel Approach to Teaching Ethics to Medical Students
Date and time of presentation:   11:15 AM-12:30 PM on Saturday, June 17, 2017

**List specific educational objectives for this session:**
Objectives: By the conclusion of this workshop, participants will: Be able to define five core component skills of Critical Thinking clarifying meaning, analyzing arguments, evaluating evidence, judging whether a conclusion follows, drawing warranted conclusions. 2) List three practical benefits of increased awareness of how we think and can improve our reflective thinking (metacognition). 3) List four dispositional and attitudinal characteristics of a critical thinker

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: Medical ethics has become an increasingly complex and integral part of providing medical care. Ethical issues have become more prominent in the last half century, due in part to the increasing emphasis placed on patient's rights to make informed choices about their health and any proposed treatments, shifting values in an increasingly multicultural society, and the technological advances in medical care that have allowed physicians to change the outcome of formerly life-threatening conditions. To be able to understand and resolve ethical issues throughout their career, health care providers will need a flexible "toolbox" of analytic skills. These skills should be guided by a principle-based model of ethical decision-making, with an emphasis on the four core principles of autonomy, beneficence, non-maleficence ("first do no harm") and justice (or fairness). Critical thinking emphasizes metacognition--thinking about thinking--including a familiarity with cognitive biases and traps, the role of emotions in decision-making, and ultimately a focus on the values of the medical professional making ethical decisions. Methods and Session Format: We will begin by briefly summarizing core principles of critical thinking and the use of the critical thinking in understanding ethical conundrums. We will then explore and expand participants ability to consider their own thinking through a series of challenging ethical cases, some culled from participants' own experiences. References: Gambrill, E. (2005). Critical Thinking in Clinical Practice: Improving the Quality of Judgments and Decisions, John Wiley and Sons, Inc. Jenicek, M. and D. L. Hitchcock (2005). Evidence-Based Practice Logic and Critical Thinking in Medicine, American Medical Association.

**D5.**
Presenter(s):                          Carol I-Ping Tsao, Richard Balon, Mohadeth Moulana, Brenda Roman, Lia Thomas
Title of Presentation:              Educational Research and the Clinician Educator
Date and time of presentation:   11:15 AM-12:30 PM on Saturday, June 17, 2017

**List specific educational objectives for this session:**
Objectives: 1. By the end of the session, participants will discuss their research ideas and pose questions related to specific aspects of conducting their research project.

Content of the session: **Provide an abstract** or outline of **key points to be made**

Rationale: In addition to clinical and teaching/educational expertise, research/scholarship is a core expectation of academic physicians. Moreover, there are a plethora of worthwhile questions related to medical education that are in need of exploration. Practically speaking, medical educators, and not pure clinicians or biomedical researchers, are in the best position to pursue these. Yet, most academic physicians, including psychiatrists, have never been formally trained to conduct research. In 2012, the ADMSEP Task Force on Research and Scholarship sponsored a workshop titled "Getting Started in Educational Research." Formal presentations were made on developing a research question and testable hypotheses; gathering data; working with an IRB; and subject recruitment. The proposed 2017 workshop is a follow-up, designed to give participants a more extensive opportunity to discuss their research ideas and questions with one another and the speakers. Session Format: 1. 15 minutes: Brief overview of Educational Research Q&A re. 75+ slide ppt handout from 2012 Workshop (distributed as pre-work) 2. 60 minutes: Interactive experience targeted at: * Generating research ideas * Developing a research question * Formulating a testable hypothesis * Reviewing draft(s) of research survey(s) * Thinking through how to gather and analyze data * Writing the manuscript