
2010
Program Director
Clerkship Director
Coordinator
ANNUAL MEETING
"Beyond Flexner: The Next 100 Years"
Brooklyn College
November 4, 2010
Sponsored by:
SUNY
Downstate
Medical Center

PDCD Annual Meeting Agenda

CONFERENCE DESCRIPTION

This one day conference will feature a group of qualified educators who will use their extensive experience to provide the conference participants with an exceptional learning experience. Topics in this educational meeting include: Team Based Learning, Starting Research Programs, Teaching Games, Troubled Residents, Generational Differences, Simulation for Education, and Clinical Skills Tracking.

TARGET AUDIENCE

This course is intended for GME program directors, Assistant and Associate Program Directors, Medical Student Clerkship Directors and Assistant Directors, Resident and Student Coordinators.

EDUCATIONAL NEEDS AND OBJECTIVES

The 2010 meeting will focus on novel and exciting strategies to educate residents and students by looking forward into the 21st Century with new ACGME Standards and with LCME Educational Directives.

The seminar is also meant to provide opportunities to energize ourselves as educators, and to network with other physician-educators actively engaged in the pursuit of excellence in medical education.

The participants will be extended an opportunity to discuss and address current related issues with the speakers.

<u>Upon completion of the Meeting, participants will:</u>

1. Receive updates about the ACGME and LCME
2. Be able to develop a research program for residents
3. Learn about Learned Centered Teaching
4. Use Fun Methods for Teaching
5. Learn about Simulation in Medical Education
6. Learn about Team Based Learning
7. Be able to help Troubled Residents
8. Learn how to track Clinical Skills for Medical Students

PROGRAM SCHEDULE AND REGISTRATION

Plenary sessions and interactive workshops are included in this information-packed program. Outstanding speakers have been chosen for their skills and expertise in the focus topic areas.

The program begins on with registration and a networking welcome breakfast. Following will be the Plenary Session and then separate meetings for Program Directors, Clerkship Directors and Coordinators. In the afternoon, round robin breakout sesions will be held for resident and student educators. A reception will be held at the conclusion of the program. Registration is on-line at: http://www.createsurvey.com/c/78916-RwTUCR/

ADA STATEMENT

Special needs: In accordance with the Americans with Disabilities Act, SUNY Downstate Medical Center seeks to make this conference accessible to all. If you have a disability, which might require special accommodations, please contact Denise Chung at (718) 221-5344 or e-mail: Denise.Chung@downstate.edu.

CONFERENCE LOCATION

Brooklyn College Student Center
East 27th Street and Campus Road
Brooklyn, NY 11210
(718) 951-5528

PARKING

Parking is available in an indoor municipal parking lot at the corner of Nostrand and Avenue H. The parking fee is $7 for the day.

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Program

8:00 am - Breakfast
Conference Registration Maroon and Gold

8:30 am - Welcoming Remarks Gold Room
Program Overview

Nagaraj Gabbur, MD
GMEC Program Chair

8:35 am - LCME Update Gold Room

Ian Taylor, MD
Senior Vice President for
Biomedical Education and Research
Dean of the College of Medicine
SUNY Downstate

8:45 am - ACGME Update Gold Room

Audree Bendo, MD
Professor of Anesthesiology
Residency Program Director
Vice Chair for Education

Program

9:00 am - Plenary Session Gold Room

"The Future of Medical Education:
Back to Basics in a New World"

Lawrence G. Smith, MD

10:45 am - EDUCATOR SESSIONS

Program Directors
"Fostering a Successful Scholarly Activities Program"
Michael Rothberg MD
Gold Room 1

Medical Student Clerkship Directors
"Tracking Competence in Procedural and Interpretive Skills in Clerkship Students: A Clinical Skills Passport Database"
Paul Richman, MD
Gold Room 2

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Program

Residency and Student Coordinators

"Four Generations: What Makes Us Tick?"
Cynthia A. Croteau, C TAGME
Maroon Room

12:00 pm - LUNCH
Penthouse

Program

Resident Educators and Coordinators

1:00 pm - Workshop Breakout Sessions

GROUP#1
"Recognizing and Reaching Out to the Troubled or Troubling Resident"
Michael Myers, MD
Maroon Room

GROUP#2
"Learner Centered Teaching in Medical Education: Concept Maps and Audience Response Systems (ARS)"
Alice Fornari, Ed.D, RD
Gino Farina, MD
Michael Cassara, DO
Gold Room 1

GROUP#3
"Simulation Based Medical Education: A Primer"
Cate Nicholas, Ed.D, MS-PA
Gold Room 2

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Program

1:00 pm - Workshop Breakout Sessions

Medical Student Educators and Coordinators

GROUP#1
"Innovative Teaching Methods in Medicine"
Kellie Calderon, MD
Kenar D. Jhaveri, MD
International Room

GROUP#2
"Simulation and Team Based Learning In Medical Education"
Tochi Iroku-Malize, MD, MPH
Michael Delman, MD
Occidental Room

GROUP#3
"A Brief Patient Activation Intervention: Service Learning for Medical Students"
Darwin Deen, MD, MS
State Room

Program

4:00 pm - Closing Remarks

Stephen Wadowski, MD
Associate Dean
Graduate Medical Education
Designated Institutional Officer

Gold Room

4:15 pm - Reception
Penthouse and Terrace

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Plenary Session

"The Future of Medical Education: Back to Basics in a New World"

Lawrence G. Smith, MD
Executive Vice President
Chief Medical Officer
North Shore-LIJ Health System
Dean, Hofstra North Shore-LIJ School of Medicine
in partnership with North Shore-LIJ Health System

The presentation will put into historical perspective the context and motivation for curricular change. It will outline external and internal factors that will shape the solutions. An example of a new curriculum for a new medical school will be described and discussed.

Lawrence G. Smith earned his medical degree from the New York University School of Medicine along with a Bachelor of Science Degree in Physics form Fordham University. His residency in Internal Medicine at Strong Memorial Hospital was followed by military service as Captain in the Army Medical Corps at Fitzsimmons Army Medical Center in Denver. He practiced Internal Medicine at SUNY Stonybrook where he served as Director of Education and Program Director for the Internal Medicine Residency program for six years. During the following 11 years at Mount Sinai School of Medicine, he served as Dean and Chairman of Medical Education, Founder and Director of the school's Institute for Medical Education, and Professor of Medicine. He is currently the Chief Medical Officer of the North Shore-LIJ Health System and the founding Dean of Hofstra North Shore-LIJ School of Medicine, which is expected to open in the Fall of 2011.

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Educator Sessions

Fostering a Successful Scholarly Activities Program

Michael Rothberg MD
Associate Professor of Medicine
Tufts University School of Medicine
Clinician Investigator, Baystate Medical Center

Précis: Most program directors would like to see their residents engage in scholarly activity, but may feel they do not have the tools to foster such an experience. This session will identify barriers to resident research and explore strategies for implementing a successful resident research program.

Tracking Competence in Procedural and Interpretive Skills in Clerkship Students: A Clinical Skills Passport Database

Paul Richman, MD
Assistant Professor, Pulmonary and Critical Care Medicine
Stony Brook University Medical Center

Précis: This presentation describes a project underway at Stony Brook over the past 3 years to track performance of bedside skills by 3rd and 4th year students, using an electronic 'passport.' Each clerkship is the locus for a small number of procedural and/or interpretive skills (3 to10). The tracking process encourages students to acquire "hands on" competence in 55 key skills. Pre-formatted reports are available to the stakeholders: students, clerkship directors and the dean's office. These reports give the clerkships and the school a systematic view of how well bedside skills are taught, and enable them to assess the clinical skill competence of individual students.

Four Generations: What Makes Us Tick?

Cynthia A Croteau, C TAGME
Program Manager, Ob/Gyn Education
Maine Medical Center Ob/Gyn Residency Program

Précis: For the first time we have four generations in the workplace. Each generation has distinct attitudes, behaviors, expectations, habits and motivational buttons. This session will address the differences in the generations and the implications related to them.

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Resident Educator Workshops

Recognizing and Reaching Out to the Troubled or Troubling Resident

Michael Myers, MD
Program Director and Vice Chair of Education
Department of Psychiatry
SUNY Downstate Medical Center

Précis: This is an interactive workshop that will grant attendees knowledge and experience in identifying and reaching out to residents in their program who seem ill or have behavioral problems or both.

Learner Centered Teaching in Medical Education: Concept Maps and Audience Response Systems (ARS)

Alice Fornari, EdD, RD
Director of Faculty Development, NS-LIJHS
Associate Professor, Hofstra North Shore-LIJ School of Medicine
Assistant Dean of Medical Education

Gino Farina, MD and Michael Cassara, DO

Précis: Participants will identify what a concept map is, apply it to medical education and design one for a specific clinical teaching topic. Participants will articulate the added value of ARS to traditional lectures and design question(s) that are suitable for an ARS strategy added to their teaching.

Simulation Based Medical Education: A Primer

Cate Nicholas, Ed.D, MS-PA
Clinical Assistant Professor
Director Clinical Skills Education
Director Standardized Patient/Operations Clinical Simulation Laboratory
College of Medicine University of Vermont

Précis: During this workshop you will understand why simulation based education is vital; learn how to set a context for learning within a simulation environment, and understand the importance and basics of debriefing.

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Medical Student Educator Workshops

Innovative Teaching Methods in Medicine

Kellie Calderon, MD
Clinical Instructor of Medicine
Division of Nephrology and Hypertension
Hofstra North Shore-LIJ School of Medicine

Kenar D. Jhaveri, MD

Précis: Innovative Interactive Medical Educations tools will allow for a "fun" based learning experience that will enhance traditional method of teaching medicine.

Simulation and Team Based Learning In Medical Education

Tochi Iroku-Malize, MD, MPH
Program Director
Family Medicine Residency Program
Southside Hospital, NS-LIJHS

Michael Delman, MD

Précis: Demonstrate the use of Team Based Learning in combination with Simulation in Medical Education. The course is intended to show how this method of education can be used to evaluate how the student initiates contact with a new patient, works effectively within a team, applies critical thinking to the management of critical medical issues as they arise all within the realm of patient safety.

A Brief Patient Activation Intervention: Service Learning for Medical Students

Darwin Deen, MD, MS
Medical Professor
Department of Community Health and Social Medicine
Sophie Davis School of Biomedical Education
City College of New York

Précis: During this workshop participants will learn about and practice a brief patient activation intervention (PAI). Underserved populations experience health disparities and may have difficulties in communicating with health care providers. Patient activation provides a mechanism for improving this communication and helping to prepare patients for shared decision-making. It also highlights these difficulties for medical students learning communication skills and provides them with a role in patient advocacy that is useful to patients and to Community Health Centers.

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Competency of the Month

Tochi Iroku-Malize, MD, MPH
Program Director
Family Medicine Residency Program
Southside Hospital, NS-LIJHS

Posters

Introduction

The Southside Hospital Family Medicine Residency Program developed a method to further incorporate the ACGME competencies into graduate medical education. The idea was to have both faculty and residents participate in a "Competency of the Month" so that no matter what rotation a resident was on, they would work on the same topic with the rest of the program.

Objectives

Incorporation of the ACGME competency learning into the residency program for both residents and faculty on a routine basis hence ensuring better understanding of the skills, knowledge and attitudes required to become proficient, independent practitioners.

Methods

Every block (month) a competency is chosen from the 6 ACGME competencies: 1. Interpersonal and Communication Skills, 2. Medical Knowledge, 3. Professionalism, 4. Patient Care, 5. Practice Based Learning and Improvement, and 6. Systems Based Practice. The residents are given a project to work on that is related to the competency. The faculty are given a tool to teach the competency. At the end of the block, the documents are uploaded into a web-based system (portfolio) for the residency program.

Results

The residents and faculty are more conversant with the 6 ACGME competencies than in prior years, and are able to utilize the competencies in varied rotations.

Conclusions

Having a "Competency of the Month" is a viable method of incorporating competency education for both residents and faculty in a graduate medical education program.

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Posters

AKESO-An Innovative Web-Based Interactive Problem-Solving Learning Tool

Graeme R. Frank, MD
Associate Professor of Clinical Pediatrics
Division of Pediatric Endocrinology
Cohen Children's Medical Center
North Shore-Long Island Jewish Health System

Howard Seiden MD

Introduction

Current challenges to medical education and fulfilling the ACGME mandates include less direct patient contact (work hour restrictions), less independent thinking and problem solving (increased requirements for direct attending supervision), and less teaching and feedback (less protected time for attending physicians).

Objectives

The goal of this project was to create a web-based, interactive, problem-solving learning tool to address these challenges.

Methods

We developed a web-based program that allows the creation of level-specific Case Studies (CS) and Assessments. During the CS, the learner is provided information (history, physical examination, test results, or clinical course) in a series of steps. For each step, the learner must develop and prioritize differential diagnoses (with rationale), and make decisions how to proceed, including ordering tests (with justification), until ultimately, the learner reaches a final diagnosis.

Results

Immediate feedback is provided to the learner in the form of a side-by-side comparison between the learner's responses and the CS creator's "Perfect Path". The scoring system takes into account the differential diagnosis, the appropriateness of tests ordered, and the final diagnosis. The CS end with a Final Discussion aimed at providing a summary of the topic and clinical practice guidelines. After a predetermined time, the learner is invited to complete an assessment aimed at assessing retention of knowledge acquired. All learners who complete a CS have access to a Bulletin Board for further communication with each other and the CS creator. User-specific reports can be generated to assess learners' performance against peers, and program directors can assess performance of learners, teachers, and the program itself.

Conclusions

We developed a web-based, interactive, problem-solving program that can be used as both a learning and assessment tool. It provides immediate feedback, assessment of retained knowledge, and reporting tools. Finally, the program directly addresses each of the General Competencies, satisfying requirements of the ACGME.

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Posters

Wiki-Jectives: Using a web-based collaborative open editing model to enhance medical student learning

Nagaraj Gabbur, MD
Director of Medical Education
Department of Obstetrics and Gynecology
GME Education Chair
SUNY Downstate Medical Center

Introduction

A wiki is the name for a collaborative web site whose content can be edited by anyone by anyone with access. The most famous example of a wiki is 'Wikipedia'. Wikis make learning possible anytime and in virtually anyplace. Wikis are useful for both distance and asynchronous learning. They can be used as a source for obtaining information and knowledge, and also as a method of virtual collaboration, e.g., to share dialogue and information among participants in group projects, or to allow learners to engage in learning with each other, using wikis as a collaborative environment to construct their knowledge or to be part of a virtual community or practice.

Objective

To enhance self-directed learning through the use of a Wiki.

Methods

Medical students rotating through the Ob/Gyn 3rd year clerkship were assigned one objective from the APGO Educational Objectives (8th ed). They were told to write up to one page about the objective which is then posted online in a Wiki. The Wiki, called Wiki-Jectives, is available to all students in the clerkship and the objective is freely editable by other students. Students must put their name on the edit if they choose to edit another student's posting. Using a student's T-test, scores on the NRMP shelf examination (2009 Group) who participated in the WIki-Jectives project were compared to those who took the test last year at the same time (2008 Group).

Results

194 students have participated in the Wiki-Jectives project. The median score for the 2009 Group was 74 with a mean of 73.6 vs. a lower median score of 71 for the 2008 Group with a mean of 71.7. The range of scores was also higher for the 2009 Group: 60-99 vs. 44-91 for the 2008 Group. Using a student's T-test there was a statistically significant difference when both groups were compared ($p=0.02$).

Conclusions

We are now in an age where technology drives progress and our interactions with each other are also a product of this technology. Re-tasking new technology for the purpose of medical education, utilizes something that the students already feel comfortable with but also from which they like to learn. Usage of a Wiki is an example of this new technology that can be successfully used to enhance education.

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Posters

Incorporation of Team Based Learning in Emergency Medicine Residency Training

Gino Farina, MD
Program Director and Associate Professor
Department of Emergency Medicine
NSLIJ-Long Island Jewish Medical Center

Helen Bloch, MD and Alice Fornari, EdD, RD

Introduction

The ACGME requires 5 hours per week of regularly scheduled didactic conferences for EM. Many undergraduate and graduate schools have shifted to small group learning, case based instruction and in some institutions TBL but residency programs for the most part have not.

Objectives

To introduce Team Based Learning (TBL) as an alternative to didactic lectures in an emergency medicine (EM) residency program

Methods

The EM Residency Program at LIJ is fully accredited with 47 residents. In selected sessions TBL sessions were implemented during scheduled didactics. Prior to the session residents were assigned reading assignments and a case related to the topic. At the beginning of the TBL session the residents were divided randomly into groups of 5-6 so that each group consisted of an equal number of senior and junior residents. The case was presented followed by an Individual Readiness Assurance Test (IRAT) based on the assigned readings. After the IRAT, the same test was administered to the teams (GRAT) and the teams simultaneously displayed their answers using lettered cards. Discussion and misunderstanding of content or error in reasoning were resolved. If all teams displayed the same answer, the instructor added a pearl or raised a question to stimulate discussion. The groups then discussed the case and presented and defended their final diagnosis. Preliminary satisfaction data was collected from the residents. The scale had 6 criteria that were scored from strongly disagree (1) to strongly agree (5). Comments from residents included "loved it", "every lecture should be TBL".

Results

Results (n=79) Better Understanding 4.53 Challenged 4.56 Engaged 4.70 Peer Contribution 4.70 Productive 4.53 Enjoyable 4.71

Conclusions

TBL was successfully implemented into our resident conference. We plan to formally study the learning by residents and continued effectiveness of TBL in our EM curriculum comparing traditional didactic and TBL format.

Posters

Creative Writing as Teaching Tools in Medicine

Kellie Calderon, MD
Clinical Instructor of Medicine
Division of Nephrology and Hypertension
Hofstra North Shore-LIJ School of Medicine

Kenar D. Jhaveri, MD

Introduction

Renal Medicine is a difficult concept for many medical students and residents. We have designed creative writing techniques that supplement traditional reading material to allow for more interest and ease in dealing with renal medicine

Objectives

We have developed two tools 1. Monologues 2. Skit/based reading

Methods

Twenty-eight medical residents completed a 5 question pre-test on tubulo-glomerular feedback. They were then randomly assigned to one of two groups of 14 house-staff each to receive either a basic review article on the renin-angiotensin system or a fictional short story that described the same system from the point of view of the renin enzyme entitled The Call of Renin. The next day, the same five questions were administered to the house-staff.

Results

Eleven house-staff in each group completed the post-test. There was no statistical difference in the pre test scores between the two groups (p=0.69). There was a statistically significant difference between pre and post creative reading scores with p value of 0.027 and t 2.38. There was no difference between the post test scores of both groups (p= 0.71). Of the house-staff who received the creative writing exercise, 82% (9 of 11) reported reading any amount of the material, compared to only 45% (5 of 11) of house-staff who received the basic review article (p=0.09, Fischer Exact test). Of the responders who read the creative writing exercise, 78% felt it was a helpful supplemental teaching tool.

Conclusions

The above study has limitations of being small and content bias. But the overall feeling in the classroom was different when the creative writing was read and the understanding of those students was up par with the traditional method of reading. We have also developed dialogue form of teaching tool called "Detective Nephron". This allows for a "Sherlock Holmes-Watson" and "Dr.House, MD" variant of teaching Nephrology. It usually is a case presentation and teaching of an interesting "nephrology" related case that leads to a final diagnosis at the end after "detective work". It is written in dialogue form with humor but also allows for teaching pearls to be highlighted in a fun to read manner. We feel that these tools allow for better understanding and interest in renal medicine.

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Posters

Role modeling Professionalism: What do our students see? - A pilot project

Nagaraj Gabbur, MD
Director of Medical Education
Department of Obstetrics and Gynecology
GME Education Chair
SUNY Downstate Medical Center

Gary Sutkin, MD, MBA

Introduction

Professionalism is one of the six ACGME competencies. Although Professionalism is difficult to teach, most medical students are able to learn about it by role modeling attending physicians and senior residents. In fact, Professionalism has been equated to 'medical morality". How to best teach students about Professionalism remains a challenge. This cross-sectional study examines what students are learning regarding Professionalism through simple passive observation of faculty and residents.

Objective

To assess medical student perceptions of Professionalism as modeled by Obstetrics and Gynecology faculty and residents.

Methods

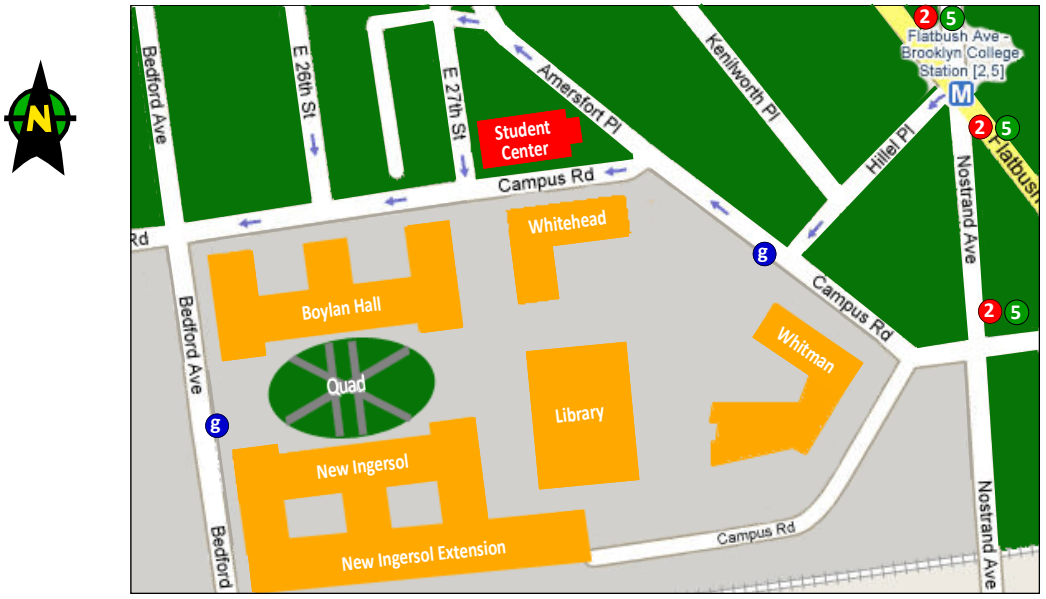
Rotating third-year medical students at two University-based medical schools were interviewed individually and asked an open-ended question to describe acts of professionalism as specifically demonstrated by Ob/Gyn faculty and residents during their rotation. Both positive and negative examples were encouraged. All comments were transcribed word for word. These comments were then analyzed and common themes were extracted.

Results

A total of 59 comments were received. 30 of the comments were positive (50.8%) while 29 were negative. The majority of the comments fit into a few categories. The positive comments mainly had to do with qualities such as communication and interpersonal skills (54%) and teaching (22.4%). Other comments had to do with work ethic (3.3%). The majority of the negative comments had to do with humiliation (41.4%) and also communication and interpersonal skills (24.1%). A few comments had to do with compassion and sex.

Conclusions

Physicians model professionalism to students in both positive and negative ways. Students are able to recognize good communication and interpersonal skills but abhor the use of humiliation. Unfortunately, physicians continue to use humiliation as a device to cover up their own inadequacies or as a means to 'motivate' someone. Interventions aimed at improving these skills may help not only with recruitment of medical students but also with our standing in the community.



Brooklyn College Student Center Map

Directions to the Brooklyn College Student Center

By Subway: Take the 2 train to Brooklyn College/Flatbush Avenue. Exit near the intersection of Nostrand and Flatbush Avenue. Walk west on Hillel Place towards Campus Road. Make a right onto Campus Road. The Student Center is located on Campus Road between Amersfort Place and East 27th Street.

By Bus: Take the B41, B44, B6, B11, or Green Bus Line Q35 to the intersection of Nostrand and Flatbush Avenue. Follow directions above.

By Car: From Manhattan or the Bronx: Take the Brooklyn Bridge to Boerum Place/Ct Square. Continue to follow Boerum Place. Turn left at Atlantic Avenue. Take a slight right at Flatbush Avenue. Turn right at Avenue H.

Alternate route from Manhattan or the Bronx: Take the Broolyn Battery Tunnel to Exit 24—Prospect Expressway. Prospect Expressway becomes Ocean Parkway. Follow Ocean Parkway and turn left onto Foster Avenue, right onto Ocean Avenue, left onto Avenue I and left onto Nostrand Avenue.

From Queens take the Belt Parkway West; from Staten Island take the Verrazano Bridge to the Belt Parkway East. Exit the Belt Parkway at 11N—Flatbush Avenue North. Follow Flatbush Avenue and turn left onto Avenue H.