

## **(1) Application ID: 1270089**

GME Educational Innovation: Cornerstones of Resident Education (CoRE)

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Janeane Walker**

Score: **0**

### **Presenter(s)**

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**Janeane Walker, PhD**

Position:  
Director of Educational Outcomes

Organization:  
Northeast Georgia Medical Center

**Role:**

Presenter

**Donna Brown, PhD**

Position:  
Director of Graduate Medical Education

Organization:  
Northeast Georgia Medical Center

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:

2nd choice:

## **Session Description**

There is a need for transformation in medical education to prepare physicians to practice in the changing landscape of healthcare and the modern practice environment. Through an interactive workshop, participants will learn the unique structure of one sponsoring institution GME leadership office structure and its longitudinal curriculum cornerstones of resident education (CoRE). The CoRE framework integrates health systems science, resident well-being, patient safety and quality, research methods, professionalism, and diversity in the training environment. The curricular elements of CoRE correspond with the required educational components identified in the ACGME Common Program Requirements (CPR), Institutional Requirements (IR) and Clinical Learning Environment Review (CLER). Learners for this session will learn how one graduate medical education office leadership team provides innovative education in a multidisciplinary and multimodality format that allows for consistent educational messaging across the sponsoring institution.

## **Target Audience**

This session is for DIO's, GME administrator directors and program coordinators

## **Session Objectives**

1. Summarize the educational framework of the Cornerstones of Resident Education (CoRE).
2. Discuss the benefits/return on investment (ROI) to executing a proposed CoRE curriculum.
3. Formulate a draft CoRE curriculum outline to implement in your academic setting.
4. Identify methods to assess resident learning outcome measures.
5. Understand the innovative educational methods for learner engagement for residents.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Increasing challenges to traditional didactic education presents the opportunity to reshape and transform our educational delivery methods in residency training. This session will address how restructuring the siloed approach of individually orientated programs into a transformational department-level support structure exposed a gap in how the so-called “orphan” topics (quality and safety, research skills, wellness, diversity, leadership skills, informatics etc.) are handled in a traditional format. Based on the idea of an engaging learning community, the CoRE curriculum was devised to meet the socio-cognitive needs of young professionals while also creating a mechanism where faculty from many programs could jointly facilitate and impact education across the traditional siloes.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

We seek to encourage dialogue at the GME office level on how this innovative curriculum can be implemented in their setting. After completing this session, programs can immediately reflect on their current curriculum and GME office structure. Learners will determine what resources can be reallocated to support the CoRE project across all GME programs. Long term changes can be seen based on ten-year self-study data and resident performance outcomes data in the areas of professionalism, scholarship, communication, practice based and systems-based practice.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The three main barriers that we have found in the implementation of this curriculum surrounded program director objections, scheduling conflicts and resident willingness to participate. We will share how we overcame such barriers throughout the presentation and lessons learned on return on investment for resident education and outcome measures.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Flipped classroom approach, powerpoint/lecture/video

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How likely are you to incorporate a CoRE curriculum at your institution to transform medical education?

Share one thing you plan to change/implement as a result of attending this session.

## (2) Application ID: 1273135

Creating a pipeline of rural surgeons through dedicated residency training tracks in General Surgery & OB/GYN

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Ryan Spencer**

Score: **0**

### Presenter(s)

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#### **Ryan Spencer, MD, MS**

Position:

Associate Professor of Obstetrics & Gynecology

Organization:

University of Wisconsin School of Medicine and Public Health

**Role:**

Presenter

#### **Ann O'Rourke, MD, MPH**

Position:

Associate Professor of Surgery

Organization:

University of Wisconsin School of Medicine and Public Health

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:

2nd choice:

## **Session Description**

Although rural-focused residency programs have existed in other specialties for decades, surgical specialties have relatively few such programs. The University of Wisconsin has two innovative rural track residency programs in General Surgery and Obstetrics & Gynecology. Over the past 6 years, each program has matched residents in each class and placed graduating residents into rural practice. Both programs aim to increase the pipeline of rural surgical specialists in rural communities while also working to disseminate these models to other institutions for development of similar rural training tracks throughout the United States. We will discuss recruitment of rural partner sites from the perspective of both the clinician and hospital administration, teaching residents in rural settings where learners may or may not already be present, and how partnering in these programs can be a powerful physician recruitment tool of health care systems.

Depending on the time allotment, the proposed outline of the session will be:

- A) Theory burst (15 mins): Brief introduction of the UW rural tracks, highlighting motivations for their development, the population health needs they address, unique innovations of their curricula, and key challenges and enablers to their development and sustainability.
- B) Small group work (15 mins): Direct small groups to discussion that includes: opportunities to increase rural training in partnership with established General Surgery and OB/GYN programs (i.e., current UW model)? How could we engage rural hospitals/communities more in these efforts? What suggestions are there for national-level engagement and advocacy?
- C) Large group engagement (15 mins): Using the work done in small groups, we will reconvene the larger group to review the discussion questions and use this time for development of a framework for future sustainability and dissemination efforts.
- D) Summarize (10 mins): Presenters will review current and potential future research and programmatic initiatives with context to the questions and suggestions from the workshop.

## **Target Audience**

Hospital administration, Graduate Medical Education administration, GME program directors and coordinators

## **Session Objectives**

1. Recognize the benefits of rural training programs for General Surgery and OB/GYN.
2. Communicate the challenges that could be encountered within their institution to begin a program/track.

3. Facilitate conversations regarding how to approach beginning a program/track at their institution.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

There continues to be a shortage of health professionals in rural settings. Our presentation will share an approach that focuses on linking GME programs from larger institutions with community hospitals and/or rural communities to increase interest in rural practice as well as increase recruitment opportunities for community hospitals.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This presentation aims to offer knowledge of how to establish a GME track for procedure-based training programs and strategies to overcome obstacles to establishing these programs.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Barriers include lack of interest or desire for a rural GME track from a parent institution's administration, community hospital's administration, community hospital's clinical staff, and funding for the trainee time spent at community hospitals. The presentation will share strategies that have been successfully used to recruit community hospital partners, engage the parent institution, and potential opportunities for funding.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

We will be employing a mixed model with theory bursts, small group discussions for brainstorming participants specific ideas, thoughts, and potential solutions, as well as interactive large group participation.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How has your knowledge of rural track training programs increased? What strategies have you learned to engage academic (or community) partners in establishing rural GME tracks? What have you learned about funding opportunities to support/sustain rural GME tracks?

## **(3) Application ID: 1273919**

MINUTES MATTER – the WHAT and the WHY of GMEC minutes

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Kimberly Baker-Genaw**

Score: **0**

### **Presenter(s)**

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**Kimberly Baker-Genaw, M.D.**

Position:  
DIO

Organization:  
HENRY FORD HEALTH

**Role:**

Presenter

**Katherine McKinney, M.D.**

Position:  
Senior Associate Dean, GME , DIO

Organization:  
University of Kentucky College of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

The Graduate Medical Education Committee (GMEC), in collaboration with the DIO, must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements. The GMEC must demonstrate oversight as well as review and approval of several activities [functions, responsibilities] as detailed in the Institutional Requirements.

This session will review the required GMEC functions and how three different Sponsoring Institutions have adopted standardized minutes, administrative processes, and documentation templates of the required GMEC functions to demonstrate substantial compliance with the requirements. Small group breakouts will be included to engage participants in a discussion on GMEC documentation at their institution and a small group activity to review a mock set of GMEC minutes for compliance, brainstorm improvements, and share best practices.

## Target Audience

Institutional Coordinators, Program Directors, Program Coordinators, DIOs

\*\* note we have 3 presenters, only 2 are on application due to limit on site. Kim Baker-Genaw, Katie McKinney, Lisa Crouse

## Session Objectives

1. understand institutional requirements for GMEC minute documentation
2. apply templates and reviewed content to improve GMEC minute documentation
3. improve efficiency in GMEC minute preparation
4. increase oversight and compliance of the GMEC by implementing improved GMEC minutes

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The GMEC, in collaboration with the DIO, has significant responsibility for all accredited programs as well as institutional responsibilities. Many

institutions have GMEC minutes that require significant effort to maintain and may not include processes to track required responsibilities leading to decreased efficiency and effectiveness of oversight.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Increased compliance with documentation of required GMEC responsibilities

Improved DIO and GMEC oversight to ensure compliance with the ACGME Institutional, Common, specialty- /subspecialty-specific Program, and Recognition Requirements.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

GMEC minutes require significant administrative support to manage the documentation and follow up of all required functions. Templates, administrative support and processes will be reviewed and shared

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A brief review of requirements, site specific templates and process sharing in an interactive didactic format followed by small group breakouts will be included to engage participants in a discussion on GMEC documentation at their institution and a small group activity to review a mock set of GMEC minutes for compliance, brainstorm improvements, and share best practices.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Understanding of GMEC minute documentation requirements

Understanding of the appropriate and inappropriate information in the GMEC minutes

Motivation to improve GMEC documentation

## **(4) Application ID: 1276167**

Virtual reality: A longitudinal simulation curriculum for diversity equity & inclusion

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Janeane Walker**

Score: **0**

### **Presenter(s)**

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**Janeane Walker, PhD**

Position:  
Director of Educational Outcomes

Organization:  
Northeast Georgia Medical Center

**Role:**

Presenter

**James Rinehart, MPA, BS**

Position:  
Director of Clinical Skills and Simulation

Organization:  
Northeast Georgia Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

Transformation in care delivery and teaching methods in medical education related to diversity, equity and inclusion (DEI) is widely needed. There are limited evidence-based studies that address DEI strategies for graduate medical education. As the physician workforce continues to become more diverse, it is imperative to educate residents on strategies to combat acts of discrimination as they recognize their own biases. This session will describe one sponsoring institution longitudinal DEI simulation journey utilizing virtual reality (VR) in medical education. Each participant will have an opportunity to participate in a VR immersive experience related to three different DEI scenarios related to race, age, and language. Deliberate practice related to bias, microaggressions, and allyship will be developed within the simulated environment with the use of virtual reality technology.

## Target Audience

This session is for DIO's, GME administrator directors and program coordinators

## Session Objectives

1. Discuss the significance of developing a longitudinal simulation curriculum related to diversity, equity, and inclusion (DEI).
2. Identify the advantages of incorporating virtual reality (VR) into their DEI curriculum.
3. Understand how to design a VR scenario.
4. Explore the responsibilities that sponsoring institutions have regarding responsiveness to diverse patient populations as found in the common program requirements.
5. Evaluate the impact of a VR immersive experience related to race, age, and language throughout the session

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

It was identified through our community health needs assessment that the Hall County area in Northeast Georgia lacks diversity of health care providers and cultural sensitivity. The report also acknowledged from focus groups that language and cultural barriers are challenges to providing adequate healthcare. Therefore, our goal was to incorporate specific

diversity, equity, and inclusion training into our residency curriculum to improve the culture of patient/physician encounters and form better communications connections.

Resident physicians are faced with discrimination, bias and harassment in the clinical learning environment. A recent systematic review found that about 60 percent of learners have experienced harassment. Discrimination may come in many forms from patients, staff and even fellow colleagues. Racial inequity and health disparities in the United States have many causes and outcomes. Racial stereotypes may contribute to implicit and explicit biases that can negatively impact the care that residents give in the clinical setting and the care that patients receive in that same setting. The professional practice gap addressed in this presentation will include educational methods to address the common program requirements related to DEI.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

As GME leaders we have a unique opportunity to incorporate diversity equity and inclusion training for both faculty and residents in an innovative format utilizing virtual reality. As a new ACGME sponsoring institution, the primary outcome of this simulation project is to develop curricula and shape the educational culture to address biases found in healthcare education. Secondly, a system-based outcome will be to improve long term diagnostic and treatment care that is free of bias to our underserved communities. To be in alignment with ACGME's common program requirements surrounding DEI we will employ this educational format to create a more robust curriculum. In terms of changes, one longitudinal goal is to improve physician cultural competency through shared patient care experiences.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Introducing change to a curriculum always has its challenges. We will discuss barriers related to how to best finance a VR project. We will share lessons learned in regard to the expense of the equipment and licenses needed. An additional potential barrier is related to the biases that faculty currently have that can impact scenario development. We plan to mitigate these anticipated barriers by partnering with our community partners to assist with the development of DEI scenarios. This will help mitigate any personal biases we may have as faculty in the curriculum design.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Learners will get an opportunity to participate in a virtual reality DEI experience using oculus goggles. As a virtual tool the learner will learn through an immersive clinical experience how to recognize and mitigate

biased behaviors. Other educational methods include power point, discussion, and VR case studies.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Share one thing you plan to change in your performance/practice as a result of attending this session related to virtual reality and DEI?

How likely are you to incorporate virtual reality into your medical education program?

## **(5) Application ID: 1285201**

Gamification: The ultimate patient safety escape room experience to engage residents

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Janeane Walker**

Score: **0**

### **Presenter(s)**

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**Janeane Walker, PhD**

Position:

Director of Educational Outcomes

Organization:

Northeast Georgia Medical Center

**Role:**

Presenter

**Corey Hill, MSN-Ed, RN, CRRN, NPD-BC, CNEcl**

Position:

Clinical Simulation Educator

Organization:

Northeast Georgia Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Education in graduate medical education often uses traditional methods for educational training. This session will demonstrate how faculty can incorporate gamification into their curriculum that engages residents. Traditional methods of education can be enhanced by using a flipped classroom approach coupled with simulation. The presenters will provide a framework on how one's sponsoring institution uses gamification as a teaching strategy for faculty to use in their curriculum specifically surrounding the topic of patient safety. An expected outcome is for learners to explore how gamification can be used as a tool to enhance the patient safety culture in graduate medical education, satisfying the common program requirements focused on safety. Learners will engage in a patient safety escape room experience and will be challenged to find interactive educational methods to establish and maintain a culture of safety at their organization.

## Target Audience

This session is for DIO's, GME administrator directors and program coordinators

## Session Objectives

1. Describe how gamification meets best practices when it comes to adult learning.
2. Identify gaming modalities that can be applied to various curricular content.
3. Plan a gamified curriculum based on an area of programmatic need.
4. Demonstrate how to use gamification in a patient safety escape room.
5. Discuss how the use of gamification familiarizes faculty/residents with patient safety issues, organizational policies, and variance system contributing to the culture of safety.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Gamification has been around for over 75 years, however, GME programs have been slow to adapt to nontraditional ways of teaching. Learners will be introduced to one sponsoring institution graduate medical education (GME) programs unique educational delivery methods. Learners will learn

the benefits of gamification versus traditional methods of teaching. Resources of various teaching strategies will be shared with participants during the session. As an outcome measure, we will also demonstrate how incorporating a simulation specific to patient safety increased our reporting of patient safety events for residents at our facility.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

In this session, learners will be challenged to find interactive ways to establish and maintain a culture of safety at their organization. By exploring the common program requirements centered on safety, participants will learn tools to formally educate residents and develop faculty on patient safety using gamification.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Some perceived barriers to incorporating gamification into a curriculum include lack of knowledge of the benefits associated with gamification. Another perceived barrier is the time/resources needed to develop a gamified curriculum. This session will demonstrate when to incorporate games into one's curriculum and share strategies on how to build a multitude of games that can be used to teach either medical knowledge or haptic skills to enhance resident education.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Interactive gamification exercises will be used throughout the presentation. Learners will also see a video recording of relay race style escape room experience. Other methods of instruction include power point and group discussion.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How can your organization use gamification to engage resident learners promoting an inquiry of patient safety?

How can gamification increase awareness of gaps in patient safety and identification of common safety concerns?

## **(6) Application ID: 1288893**

Enhancing Your Resilience by Finding Meaning & Purpose in Your Work

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Ramzan Shahid**

Score: **0**

### **Presenter(s)**

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**Ramzan Shahid, M.D.**

Position:  
Vice Chair of Education

Organization:  
Loyola University Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

Resilience strategies can help mitigate the risk of burnout and promote well-being. An important aspect of resilience is having meaning and purpose in the work that one does. The goal of this workshop is to help participants understand how meaning and purpose can enhance resilience and promote well-being. The attendees will be asked to reflect on what is their purpose and what brings meaning to them. Understanding their own values will help participants answer these questions. By using a self-reflection worksheet, participants will create a list

of their values. Attendees will share their list of values in small groups and in a large group discussion. They will then be asked to develop a work-related mission statement based on their list of values. This mission statement will help each participant understand what brings meaning and purpose to them. By the conclusion of the workshop, participants will be able to use their mission statement and list of values to find meaning and purpose in their work. They will be able to utilize this resilience strategy to reduce the risk of burnout and promote well-being.

## Target Audience

Program Directors, Designated Institutional Directors, Program Coordinators, Medical Directors, Directors and Administrators of Medical Education, Chief Academic Officers, Chiefs of Departments. Coordinators of Medical Education.

## Session Objectives

1. Discuss how meaning and purpose can enhance their resilience
2. Understand their own values and how they contribute to meaning & purpose
3. Develop their own work-related mission statement that will help bring meaning & purpose in their work

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Enhancing resilience can help prevent burnout. We all need to learn more effective resilience strategies to help prevent burnout. An important aspect of resilience is having meaning and purpose in the work that you do. This workshop will help participants find meaning & purpose in their work.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Participants should be able to create a list of their values and understand how those values contribute to meaning & purpose. By identifying their values, participants will further be able to develop a mission statement that will help bring meaning & purpose in their work.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Participants may have difficulty composing a mission statement; however, a self-reflection worksheet will help them through the process.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Several videos will be shown that demonstrate the importance of meaning & purpose. A self-reflection worksheet will help participants list their values and develop a work-related mission statement based on those values.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How often did you reference and utilize your mission statement to give you meaning and purpose in the work that you do?

## **(7) Application ID: 1292005**

Listening to Learn: Utilizing Podcasts in Medical Education

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Kelley Whitehurst**

Score: **0**

### **Presenter(s)**

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**Kelley Whitehurst, MAEd**

Position:  
Program Manager, GME Education

Organization:  
ECU Health Medical Center

**Role:**

Presenter

**Mary S. Peaks, MPH, CHES**

Position:  
Assistant Director, Continuing Medical, Dental & Pharmacy Education

Organization:  
Brody School of Medicine at ECU and Eastern AHEC

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

Podcasts are incredibly popular, with an estimated 64 million Americans listening to podcasts weekly. The COVID-19 pandemic has also highlighted the need for more innovative, asynchronous educational tools targeting healthcare professionals. While podcasts can be an effective educational tool, podcast development can seem daunting to those unfamiliar with the process. During this session, we aim to make podcasts a viable tool for medical educators by providing an overview of our podcast development process, including best practices from the literature and tips unearthed from our experience with piloting a continuing medical education podcast series for the first time at East Carolina University's Brody School of Medicine and ECU Health. This overview of our collaborative podcast pilot will address timely changes that we are seeing in the world of medical education. Physicians and other health professionals desire on-demand, convenient continuing medical education opportunities. In addition, the COVID-19 pandemic has greatly limited the in-person continuing medical education events that have traditionally been offered and increased provider burnout worldwide. Current literature indicates that podcasts can be an effective educational format to reach health professionals across the continuum of medical education, addressing a myriad of topics pertinent to providers. Our aim is to make the credit-bearing medical education podcasting process less daunting for colleagues to reproduce in their own contexts.

## Target Audience

Program coordinators, program directors, GME institutional staff, CME staff

## Session Objectives

1. Identify necessary steps and resources for podcast development
2. Describe best practices from literature regarding podcast use and educational effectiveness
3. Consider resources and barriers to podcast development at their own institutions
4. List next steps for ensuring that a podcast can be used as a modality of accredited education (ACCME specific)

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Podcasts are incredibly popular, with an estimated 64 million Americans listening to podcasts weekly. The COVID-19 pandemic has also highlighted the need for more innovative, asynchronous educational tools targeting healthcare professionals. While podcasts can be an effective educational tool, podcast development can seem daunting to those unfamiliar with the process. We aim to make podcasts a viable tool for medical educators by providing an overview of our podcast development process, including best practices from the literature and tips unearthed from our experience with piloting a continuing medical education podcast series for the first time at East Carolina University's Brody School of Medicine and ECU Health.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

While podcasts can be an effective educational tool, podcast development can seem daunting to those unfamiliar with the process. Our aim with this session is to make podcasts a viable medical educational tool for participants, providing steps for development and outlining best practices, as well as pitfalls to avoid. The primary changes/learning outcomes we hope to achieve through the session are knowledge, competence, and education based:

1. Knowledge: After the session, participants should be able to identify the necessary next steps in order to create podcasts for their own medical education communities.

2. Competence: After the session, participants should feel confident in their ability to detail the educational benefits of podcasting and outline the process for piloting a successful podcast series.

3. Education: After the session, participants should be keenly aware of the ACCME accreditation requirements to maintain enduring/self-paced educational content, such as podcasts.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The potential barriers we anticipate include time and educational/technological resources, as well as educator and audience perceptions regarding podcasts. However, even programs with limited resources can benefit from podcast programming. We plan to address each specific barrier within the session and provide strategies (both successful and not successful) that we have employed to mitigate them. We will also provide participants a list of free resources that our team has found helpful during this pilot process.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

We plan to use a combination of presenter content, small group discussion and large group sharing. We plan for the session to be interactive, with

participants having opportunities to share, collaborate and learn from one another. In addition to small group discussions fostered through think-pair-share activities and pause points, our presentation will also utilize an interactive polling tool to ensure that learners stay engaged with the session.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Did this workshop clarify questions that you may have had surrounding audio enduring content that is connected to CME credit?

Did this workshop provide you with actionable ideas to either begin utilizing podcasts as an educational tool at your institution or enhance your use of podcasts as an educational format?

If yes, what specific ideas do you plan to implement?

## **(8) Application ID: 1298525**

Movie club: a novel teaching tool for improving Humanities training to address Diversity and Mental Health

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Kalpana Prasad**

Score: **0**

### **Presenter(s)**

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**Kalpana Prasad, MD**

Position:  
Dr.

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

Introduction, Play movie clips from different genre and countries and facilitate conversation of difficult topics -Roleplay in breakouts  
Plan is to address mental health, diversity and professionalism  
Practice Gap to be addressed-  
The difference between current practice and optimal practice is lack of adequate humanities training in the curriculum and frequent discomfort of faculty and trainees to bring up sensitive issues amongst themselves and with their patients.

#### **Target Audience**

Teaching faculty  
Trainees

## Session Objectives

1. Increase exposure to mental health and sociological issues involving diversity, equity and inclusion in an informal setting to improve communication with sensitivity
2. Enhance ability to understand the stigma of discussion of above topics and its impact on our society and how to change it.
3. Increase comfort level when interacting amongst each other and with their patients by providing a common platform and vocabulary of movies.
4. Help get a tool enabling expression of feelings rather than have vague physical complaints or anger in all specially children and elderly
5. Interactive teaching technique to address professionalism

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Practice Gap

The difference between current practice and optimal practice is lack of adequate humanities training in the curriculum and frequent discomfort of trainees to bring up sensitive issues amongst themselves and with their patients.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

There is need for multiple strategies and solutions to address mental health and sociological issues involving diversity, equity and inclusion. The design and implementation of those solutions will need to utilize multiple technology inclusion in training and FD. one option is movies. The blend of select films provide an entertaining and informative tool in the modern clinical educators' armamentarium. Film clubs as a scholarly activity is a suggestion to integrate effortlessly with existing formats of teaching such as lectures, workshops, simulated labs or small-group discussions. They can be used to teach a range of competencies identified in our psychiatric curriculum. The advent of digital media and streaming service has made films accessible to all and it can be used as a potentially infinite teaching resource. Movie club can easily be embedded in the medical education curriculum. It can be also evolved to become a way of engaging with the

wider community by the residents and faculty, including for caregivers and representatives from local charities. Films selected for movie clubs have been great examples of taking existing resources – library books, subscription to journals and the DVD collections – and use them in a creative and non-traditional way.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

One barrier may be use of films from America only- my plan is to use international film clips

Some may not be into seeing long films- options of documentaries and TV serials will also be considered

What about copyrights- that will be addressed and disclosed

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Video clips of select movies, TV series, handouts

Role play in breakout session 1

Interactive discussion in Breakout session 2

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How has this helped them personally

Will they use this amongst each other as faculty

Will they use this to teach the trainees

Will they use this for patients

## **(9) Application ID: 1299782**

Re-designing the GME Infrastructure to Support Continued Growth – One Block at a Time

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Sarah McIntyre**

Score: **0**

### **Presenter(s)**

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**Sarah E. McIntyre, MA**

Position:  
Manager, Graduate Medical Education

Organization:  
Geisinger

**Role:**

Presenter

**Stephanie Jones, BS, C- TAGME**

Position:  
Program Manager, Graduate Medical Education

Organization:  
Geisinger

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Building a sturdy infrastructure starts with a strong foundation. Continuous growth and fast-paced changes provide opportunities for standardization, an improved leadership structure, career advancements and methods for distributing up-to-date communication.

Geisinger GME has redefined the infrastructure to drive employee engagement, inspire empowerment/autonomy and support effective communication. Over the past ten (10) years, our health system has grown twenty-eight (28) new ACGME accredited programs and onboarded eighteen (18) new Program Administrators. The need for standardized processes, redefined leadership structures and effective communication became a top priority. This session will highlight the blueprint for our success within Graduate Medical Education at Geisinger, share our building blocks towards a strong foundation and finally best practices, benefits and outcomes to designing a sturdy infrastructure.

## **Target Audience**

- All Conference Attendees
- DIO's
- Faculty Members
- Hospital Administration/C-Suite/Leadership
- Institutional/GME Personnel
- Program Directors
- Program Administrators

## **Session Objectives**

1. Become familiar with how a multi-hospital system with over 50 training programs has re-defined the roles, titles, and position expectations of the Program Administrator position.
2. Identify opportunity for career growth through management, content area expertise and special project ownership for Program Administrators.
3. Implement resources to ensure standardization of processes, content area experts, and additional pathways for communication.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired**

**competence/practice/outcome that you wish to remedy with your presentation?**

Establishing best practices for standardization, communication, and engagement. Many health systems stretch across multiple platforms encompassing a varying number of learners, teaching faculty, and administrators ensuring all requirements are met. With the implementation of a sturdy infrastructure, Program Administrators can continue to thrive within their position, stay informed of changes in real-time without needing to be located onsite or at a main campus.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Demonstrate tools to improve communication, enhance engagement and inspire empowerment within Graduate Medical Education.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Depending on the current structure of GME Program Leadership, this could be a potential barrier. Programs reporting to Graduate Medical Education provide opportunity for standardization across all programs. If report structure is through individual service-lines, standardization becomes more challenging as does communication.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The development of a tiered reporting structure, Microsoft OneNote Manual, monthly GME newsletter and weekly touch base meetings with members of leadership, program managers, Program Administrator representative and the GME office.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. What is the reporting structure at your current institution? (GME or service line)

2. With the information provided do you plan on redefining your current infrastructure?

3. Do you feel the information provided will improve current practices within your institution?

## (10) Application ID: 1300148

Dare to Invest: Empowering Coordinators to Enhance their Professional Presence

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Melissa Hildebrand**

Score: **0**

### Presenter(s)

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**Melissa Hildebrand**

Position:  
Project Manager

Organization:  
UPMC

**Role:**

Presenter

**Lauren Petty**

Position:  
Sr. Compliance Administrator

Organization:  
UPMC

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:  
2nd choice:

## **Session Description**

Do you dare to invest in your future self? Join us as we discuss the importance of investing in your personal and professional development. As program coordinators' responsibilities have adapted to meet the requirements of graduate medical education it is critical to remain actively engaged in your development to meet the demands of this ever-evolving role. Coordinators have become the true face of the program at many institutions. When a person reaches out to your program, the first interaction they will have will be with the coordinator, whether it be via a phone call, an email, or in person, the coordinator is likely going to be the first point of contact for many programs, and it does not stop there.

The coordinator role has become an invaluable extension of the program, one that the program simply cannot function without. As we discuss the many responsibilities coordinators handle, we ask you to examine what brings you the most job satisfaction in your current role. While discussing this we will also determine what success looks like for each of us individually.

Now ask yourself - do you consider yourself successful? Committing to your own personal and professional growth can provide you with the confidence you need to make your goals a reality and build a stronger professional presence.

We dare you to invest in yourselves!

## **Target Audience**

Program coordinators, administrators, administrative assistants, and anyone in a GME administrative professional role.

## **Session Objectives**

1. Identify the key roles and responsibilities of a program administrator/coordinator in today's climate.
2. Examine how the coordinator role is directly connected to the overall success of a program.
3. Be able to answer what you love most about your job and utilize the results to increase your job satisfaction and determine what success looks like for you personally.
4. Feel empowered about your contributions to your program and the medical education community while learning how to enhance your overall professional presence.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

There is a current misconception regarding the responsibilities of a program coordinator/administrator and the impact they hold within the program. In this presentation we plan to discuss how the coordinator role has evolved and arm coordinators with the tools needed to increase their professional presence.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Encouraging coordinators to take an active role in investing in themselves professionally and feeling comfortable while doing so. Empower coordinators with the ability to showcase their skillsets/responsibilities/accomplishments.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

One of the most common barriers coordinators will experience are the existing perceptions of their role and our session will proactively highlight their contributions and the impact their position has within the program. Coordinators may also feel a lack of incentive to move forward with investing in themselves, however, during this session we plan to discuss the potential positive outcomes one can gain from personal and professional investments.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Direct instruction, lecture, discussion, brainstorming

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Were you able to determine the most rewarding parts of your job?

Were you able to identify ways to increase your job satisfaction?

What does success look to you?

Do you feel more validated about your current contributions in your role?

Do you feel more empowered to take steps toward personal/professional development?

# (11) Application ID: 1300963

Building GME Leadership that Supports Program Improvement and Faculty Development

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Pamela Promecene**

Score: **0**

## Presenter(s)

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**Pamela Promecene, MD**

Position:

Associate Dean for GME

Organization:

McGovern Medical School at UTH

**Role:**

Presenter

**Samuel Luber, Professor**

Position:

Assistant Dean of GME

Organization:

McGovern Medical School at UTHealth, Houston

**Role:**

Presenter

## Session Description

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### Topic

1st choice:

2nd choice:

## **Session Description**

The GME Office at the McGovern Medical School has staff with expertise in many areas necessary for a successful GME program. These include personnel with expertise in billing, human resources, interfacing with our state medical board or the ACGME and working with our GME information management system. In these areas, we have a strong GME workforce. In conducting our Annual Institutional Review and looking at each of our GME programs as part of the process, we identified several areas of common deficiencies unrelated to the areas noted above. The noted deficiencies often correlated with the ACGME Common Program Requirements that went into effect in July of 2019. We realized to correct these deficiencies and to help all of our programs be compliant with ACGME Common Program Requirements, we would need to include teaching faculty with both GME knowledge and interest in the areas identified as deficiencies. In this session we will describe the process used at McGovern Medical School to build our GME leadership. We used our APE and ACGME Annual Institutional Review to identify areas of weakness common to many of our GME programs. With this information we developed a plan for 4 different task forces to target these specific areas. For our institution these areas are

- Professionalism
- Faculty Development & Scholarly Activity
- Learner Assessment & Program Evaluation
- Diversity & Well-being

We developed a plan that included

- Identification of faculty who are current program directors to act as Task Force Leaders
- Developing a process to recruit task force membership from the institution including program directors, associate program directors, teaching faculty, trainees and program coordinators
- Securing a GME appointment with protected time for task force leaders and funding for task force members to support their work
- Identifying and creating projects specific to each task force group that will be shared with all programs for program improvement

## **Target Audience**

This workshop will target medical education leadership. Depending on the size and structure of the institution this may be the Deans of Education, the ACGME DIO, hospital leadership or administration, and Program Directors

## **Session Objectives**

1. Discuss how to use already in-place process, such as the APE to identify weakness shared by multiple programs.
2. Construct working groups to improve the identified areas of weakness. Identify content experts and identify stakeholders for each area.
3. Become familiar with writing a business plan to estimate the cost needed for project development.
4. Develop a plan to monitor and track improvements that are generated by the working groups.
5. Discuss ways to share and disseminate the ideas and initiatives produced by the working groups within the institution and to the larger medical education community

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Process improvement for a large GME program can be challenging. There are ever changing national requirements and always competing demand for faculty members and educational leadership time. The optimal practice would be to find ways to identify common deficiencies, have those with expertise or interest in the area work on improvement projects and be able to support those working in this manner with financial support and time needed. By targeting common deficiencies, we hoped to target improvement to many programs at the same time, getting the “biggest bang for our buck”.

By identifying faculty who are in GME education to lead the task forces, we can expand GME leadership opportunities with faculty who have diverse interests and expertise. By including all levels of individuals in medical education on the task forces, we can support the career development of many individuals at the same time.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

We believe that GME program improvement is something that is a challenge for all institutions. We acknowledge that not all institutions have the size and complexity that we have at UTHealth Houston McGovern Medical School. Through our session we would like to share our process for improvement and share best practices. We hope to have robust discussion with those who attend our session to learn what other ideas are being explored and what other programs are doing for process improvement. We hope to create an environment in which we can learn

from each other about process improvement specific to GME educational programs.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The most significant barriers are time and money. We will discuss how we tackle these barriers and look forward to hearing about strategies used by other programs.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

We will begin the session with a presentation of how we came to the idea of developing task forces, how we identified common deficiencies and share our business plan that we used to secure institutional funding. If in-person, we would like to work in small groups to discuss other potential areas of deficiencies, possible other formats for working groups and ideas that these working groups could develop.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- Was this session helpful in finding ways to identify deficiencies common to the GME programs at your institution.
- Did this session provide ideas for identification and recruitment of faculty to GME leadership positions and how to match faculty talent with GME need.
- Did this session provide ideas for how to overcome barriers, most commonly time and money.

## (12) Application ID: 1301441

Institutional Coordinator - What is That and What Do We Do?

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Krista Lombardo-Klefos**

Score: **0**

### Presenter(s)

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**Krista Lombardo-Klefos, MBA**

Position:  
GME Administrative Director

Organization:  
Cleveland Clinic

**Role:**

Presenter

**Jennifer Burich, MA**

Position:  
GME Accreditation Specialist

Organization:  
Cleveland Clinic

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:  
2nd choice:

## Session Description

We are called many different titles and hold various responsibilities, but at the end of the day we want to ensure our institution is meeting the requirements and our programs have the oversight needed. There are dashboards, checklists, calendars, you name it I believe some of us created it! We will be using this workshop time that we have together to exchange real ideas that we can implement when leaving the conference. How do you manage the APEs, what is your process of conducting a GMEC Special Review, process of reviewing ADS updates and program applications, and the list goes on and on. Is this just for ACGME accredited programs or non-standard as well? There are so many requirements that the GME office, in conjunction with the GMEC and other institutional leadership offices, are responsible for. How do you manage it all; we can give a glimpse inside how our large academic institution does and hopefully you will come to this session willing to share yours? GME is not a one person show, it takes the entire community!

## Target Audience

COIL members (but anyone can attend)

## Session Objectives

1. Define and discuss the importance of the institutional coordinator role
2. Collaborate in describing the variety of roles institutional coordinators play in oversight of training programs
3. Meet new connections and foster relationships

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The Institutional Coordinator (IC) is a position that many institutions hold, but the role responsibilities vary and we are not mentioned anywhere in the ACGME requirements yet there is a space for our name in the ADS system. We want to share what we have done at our GME Office – originally with 1 IC and now 3 Accreditation Specialists positions. How we defined what the IC is and does. Sharing is what AHME is known for and we feel that we can jump start conversation with other ICs about what they do and how we move forward as a GME Community with a standard description, similar to that of a Program Coordinator.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Create a common listing of what ICs do and really create a community space that those individuals can share in. There are list serves and even forums, but sitting together, meeting one another, talking and sharing best practices and making a connection with one another will start this.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The only barrier we see is if those attending are not willing to share, which we think will not happen given previous AHME meetings and knowing the audience that will attend.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Group discussion. Sharing what our institution has done, willingness to provide a toolkit of information as well.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Standard questions are fine.

## **(13) Application ID: 1301685**

Blended Workshop on Nondual Meditation: Teaching and Practice

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Jeffrey Bradley**

Score: **0**

### **Presenter(s)**

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**Jeffrey S. Bradley, MD, MA**

Position:  
Medical Director

Organization:  
Ozark Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

We are learning that stress and burnout are central influences on medical education, especially in the hospital. Numerous ancient and venerable traditions (Vedanta, Dzogchen, Sufism, [mystical/monastic] Christianity) hold the nondualistic "view" as constitutive to the alleviation of suffering. In contrast to most didactic exercises related to wellbeing (of residents, attendings, hospital staff), that focus on the relief of stress (more traditionally "suffering") as a conceptual endeavor, this active workshop, while including some explanation, is an active

practice. We will engage in both guided and non-guided meditation, interspersed with "pointers" and explanation. Information presented will be an entirely nonsectarian explanation of nondual philosophy. Guided meditations will be entirely nonsectarian.

## Target Audience

Any person working in medical education.

## Session Objectives

1. Define what is meant by nondualism.
2. Explain the relationship between suffering, attachment, duality, and nonduality.
3. Practice self inquiry.
4. Be aware of being aware.
5. See the mind, the self, the body, and all experience from a nondual perspective.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Everyone knows ways to improve their individual wellbeing. And yet we remain in our patterns. Nondual philosophy, and the perspective to which it points, is a powerful path by which many have found real freedom and change. I believe it is "getting at the root" of our patterning, into and past our core beliefs, to our fundamental view of self and the world.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Learners better equipped to handle stress, find restoration, and therefore be more effective learners and teachers.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The barriers to change are always the same- our patterns. By actually engaging in practice during the session, we will be actively pushing against our deepest patterns, versus discussing them conceptually. The difference would be like the difference between reviewing a recipe together versus helping someone cook a meal.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

1. Basic instruction. No media. Lecture.
2. Guided meditation.
3. Non guided meditation.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How might this discussion have changed your view of self, body, mind, or the world?

Do you feel any better equipped to face the challenges of your life?

## **(14) Application ID: 1302175**

Navigating Motivation and Change in Medical Education 2.0

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Bret Stevens**

Score: **0**

### **Presenter(s)**

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#### **Bret Stevens, MBA, C-TAGME**

Position:  
Associate DIO/Director of Medical Education

Organization:  
McLaren Oakland & McLaren St. Luke's

#### **Role:**

Presenter

#### **Erin Reis, EdD, MBA, FACHE, C-TAGME**

Position:  
Associate Chief Academic Officer

Organization:  
McLaren Health Care

#### **Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

The only constant in life is change and medical education is no different. Change is unavoidable. Managing change can be difficult and being able to stay motivated and motivating others is a challenge. This session will provide an add on to the 2022 session on Navigating Motivation and Change in the GME environment, with a brief refresher on motivational theory and motivation deprivation with a deeper dive into application of learning theory in the medical education environment. Learners will leave the session with enhanced practical skills and resources to be leaders that can better motivate themselves and others.

## Target Audience

All medical education professionals

## Session Objectives

1. Understand the basics of motivation in the workplace
2. Recognize signs of motivation deprivation within his/her organization
3. Develop an understanding of self-determination learning and its application to motivation
4. Inspire sustainable and effective organizational changes within medical education to reignite motivation in self and others

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Although education is provided regarding actual changes that are occurring through formal education, there is a professional practice gap in how to apply individual learning theory to these changes. Motivation can be quickly deterred in a change rich environment and many leaders don't know how to market change, nor how to support those experiencing it.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Through our session, learners will be able to apply both change management and motivational learning theory in their personal and professional lives. By providing resources and tools, as well as information rooted in research, learners will know how to better approach change and issues related to motivation for both themselves and those they work with.

- 3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

There should not be any real barriers to attendees achieving the desired change. There may be a perceived barrier based on individual role that this information may not be applicable, however, the information will allow for self-reflection and alteration so will be relatable to all. Additionally, attendees may believe that they handle both change and motivation well and may be resistant to change. Even if that is the case, the information will be varied in presentation, rooting in both research and literature and through practical application in medical education.

- 4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Several educational methods, formats, tools, and approaches will be utilized to facilitate the change and learning. First, learners will be provided a background on educational changes within the speakers' organizations and in previous experiences. Learners will be provided the opportunity for self-reflection to identify their own practice gaps. Formal education will include an overview of current research, coupled with interactive discussions, and sharing of previous successes and future plans.

- 5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Are you able to identify/recognize signs of motivational deprivation within yourself or organization?

Do you feel equipped with the tools and resources to navigate change and utilize motivational tactics with yourself or others?

## (15) Application ID: 1302547

I've been here a year, now what?

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Caroline McElveen**

Score: **0**

### Presenter(s)

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**Caroline A. McElveen**

Position:  
Program Coordinator

Organization:  
Medical University of South Carolina

**Role:**

Presenter

**Carole Lavender, N/A, BA**

Position:  
Program Coordinator

Organization:  
Medical University of South Carolina

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:  
2nd choice:

## Session Description

Lessons we've learned from our first year as program coordinators and the organizational tools we developed as program coordinators.

## Target Audience

New program coordinators. A year and under with their program.

## Session Objectives

1. Feel confident as a new program coordinator

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Our practice gap would be confusion and lacking confidence in a new role, our outcome would be how to feel comfortable and organized in a strange new world.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Build more confidence in a new program coordinator.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

New program coordinators may feel alone and afraid to ask for help. Our session will remind new program coordinators that we were all new at one time and were in the same position. We would like to help new PC's realize the power that they have, and it is okay to ask questions.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Kahoot!, other online polling tools, and PowerPoint,

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. Do you feel more confident in your PC role?
2. What new tips and tricks have you learned?
3. Anything additional you wish we would have addressed?

## (16) Application ID: 1303349

The ACGME Survey Lifecycle: Send, Review, Act, Repeat

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Leslie Pfeiffer**

Score: **0**

### Presenter(s)

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**Leslie Pfeiffer, MHA**

Position:  
Sr. Accreditation Coordinator

Organization:  
Henry Ford Health

**Role:**

Presenter

**Molly Hepke, MA**

Position:  
Senior Accreditation Coordinator

Organization:  
Henry Ford Health

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:  
2nd choice:

## Session Description

The ACGME Resident/Fellow and Faculty Survey results can provide valuable insights into potential areas for program improvement and monitoring program successes/growth, but it can often be challenging for sponsoring institutions and programs to identify key target areas that will make meaningful change. Moreover, once those areas are identified, what do you do with the data? By identifying the ACGME Resident and Faculty Survey Lifecycle, it allows for increased compliance with the Survey, centralized oversight/review and formal action plans to address potential areas of concern; ultimately increasing compliance with program requirements. By utilizing our ACGME Survey Lifecycle: Send, Review, Act, Repeat, we have created a streamlined and manageable Survey framework. Attendees will leave this session with best practices and a sound understanding of how to utilize the ACGME Survey Lifecycle at their own program and/or institution.

## Target Audience

DIOs, GME Administrators, program directors, program coordinators

## Session Objectives

1. Identify the ACGME Survey Lifecycle
2. Be able to utilize ACGME provided resources to aid in Survey Analysis
3. Discuss and establish a working knowledge of how to determine potential areas of concern
4. Share best practices across programs and institutions

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The ACGME Survey process can be overwhelming from start to finish. Surveys can often show potential, or real, areas of concern within the program and/or institution. But it can be hard to prioritize areas or decipher what the Surveys are saying without further investigation/action. By establishing a Survey Lifecycle, it allows for a more streamlined and intentional approach for actionable change. This workshop will enable attendees from both the program and institutional level to develop and improve the current ACGME Survey process.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Establishing an ACGME Survey Lifecycle can lead to early detection of potential improvement areas at the program and/or institutional level and measure program/institution growth. By creating a formalized workflow and framework, it allows the typically daunting process and analysis of the Surveys to be broken out into manageable sections. Through this session, attendees will learn ways to streamline and improve the ACGME Survey process while also reflecting on their own program/institution's needs.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

A potential barrier to implementing the ACGME Lifecycle would be buy in from the program and/or institution to adopt new processes. Even if an attendee is not able to implement the entire process, different aspects can be utilized to improve the Survey process. This process is also developed based on the presence of a central GME office, however, it can easily be modified to be utilized at the individual program level.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

At the beginning of the session, attendees will be introduced to Henry Ford Health and be provided with a brief overview of the ACGME Survey Lifecycle. We will then dive deeper into each point of the cycle. At each point, best practices will be shared followed by an opportunity for small group discussion to reflect on their own institutions' Survey process. There will be a debrief at the end of the session, followed by a Q&A for additional comments. Attendees will be provided with our slides that will outline our Lifecycle.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Do you feel the ACGME Survey Lifecycle helped make the Survey process more manageable and intentional?

Did the best practices inspire you to improve your own institution's Survey process?

Will you bring the things you learned back to your own institution to promote change?

## **(17) Application ID: 1303690**

Program Wellness: Administrator Wellness Matters

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Juanita Braxton**

Score: **0**

### **Presenter(s)**

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**Juanita L. Braxton, PhD, PhD**

Position:

Owner

Organization:

Imani Consultants PhD

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

This session will focus on Program Administrator/Coordinator wellness and how their wellness impacts their Program. Strategies, tools and tips will be discussed and disseminated to achieve an optimal work/life balance. Session participants will leave with a tool-kit to be used throughout the academic year to maintain wellness.

#### **Target Audience**

GME Professionals, specifically Program Administrators and/or Program Coordinators

## Session Objectives

1. Define the difference between Program Wellness and Program Administrator Wellness
2. Identify strategies, tools and tips to understand Wellness from the Administrator View
3. Assemble their personal toolkit to maintain optimal work/life balance

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

This current Wellness practices focus primarily on the Resident and Fellow perspective in Graduate Medical Education, however, no systematic tools are shared with Program Administrators and/or Program Coordinators who are many times, the first points of contact for many program and trainee issues or problems in Medical Education Programs.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This session will strategies, tools and tips that are designed with the Program Administrator as the sole focus of discussion.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The potential barriers that might prevent attendees from achieving the change that is desired will be up to the Program Administrator and the Program. This session will address no cost solutions to maintaining optimal Program Administrator wellness by providing a tool-kit to use as a guide throughout the academic year.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The educational methods used will include self-assessment and evaluation to determine how to facilitate the change on an individual basis. Interactive discussions will help facilitate robust discussions to understand current attendee wellness programs, if any.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. Do you understand Program Wellness versus Program Administrator Wellness?
2. Do you currently have a Wellness routine in place?
3. Does your Program value your individual, workplace wellness?
4. Does your Program have Resident/Fellow wellness programs? Where do you fit in?
5. Do you currently have an optimal work/life balance? If not, why not?
6. What's in your Program Administrator Wellness Toolkit?

## (18) Application ID: 1303951

Effective Program Administrator Curriculum Efforts: Doing it and doing it well across campuses

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Elyse Wieszczecinski**

Score: **0**

### Presenter(s)

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**Elyse Wieszczecinski, MHA**

Position:  
GME Office Manager

Organization:  
Prisma Health

**Role:**

Presenter

**Renee H. Connolly, PhD**

Position:  
Director, GME Learning and Development

Organization:  
Prisma Health

**Role:**

Presenter

### Session Description

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#### Topic

1st choice:

2nd choice:

## Session Description

Program Administrators are vital to the success of a program, but like so many others in GME, they can neglect their own personal and professional development. This session will outline the planning and implementation stages of a Program Administrator Curriculum at an academic institution spread across different regions. Presenters will outline how multiple GME offices collaborated, identified helpful and necessary professional development topics, engaged PAs and encouraged participation, and what plans are in place for continuous improvement and assessment.

## Target Audience

GME Leaders  
Program Directors  
Program Administrators  
GME Educators

## Session Objectives

1. Identify professional development areas for PA improvement
2. Communicate the importance of engaging in continuing professional development among Program Administrators
3. Understand delivery and administrative options to provide PA professional development curriculum across multiple campuses
4. Build assessment and continuous improvement mechanisms for effective sustainability

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Often Program Administrations (PA) have limited opportunities to receive additional education related to their professional and accreditation requirements related to their work. Outside of expensive travel options for specialty and national conferences or extensive preparation and study efforts for national certification exams, they may have even less opportunity for professional growth from their home institution. This workshop focuses on addressing this gap in professional and academic training by outlining

one institution's efforts in meeting this need in providing broad program requirements and institutional expectations for this changing role.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This session will expand on the concept of PA development and related milestones by pairing current growth opportunities with content experts to provide a robust – and new! - PA professional development curriculum. In addition, the session will illustrate how to encourage PA engagement with their institution by exhibiting good faith efforts from leaders, all the while solidifying PA understanding of their ever-changing job responsibilities and keeping assessment at the forefront.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Potential barriers to attendees' implementation of a similar curriculum may include diminished time to build a curriculum and limited opportunities for PAs to attend sessions. This workshop will address these main barriers with explanation and examples of how to implement a needs assessment, build a curriculum that is manageable and effective, and providing time throughout the year in an incremental approach so PAs can attend.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Session presenters will begin with a didactic approach to establish the reasons why and a 'how-to' approach in establishing a professional education curriculum. Attendees will have an opportunity to share their own experiences and needs related to PA development in small group experiences and explore with presenters how to mitigate barriers and implement a system for continuous improvement. Questions and answers will be entertained throughout the session, so attendees can direct content as needed and where appropriate and to encourage collaboration those in the room.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- If you have not already, would you consider implementing a PA professional development curriculum at your institution? (forced-choice response: Not probable at this time, Would consider this in a year or two, Would like to begin now for next year, I am already engaged in this/similar activity)
- What is one idea you might try to implement at your institution related to what you have heard now about PA professional development curriculum? (Response: Open-ended text)
- What barriers do you feel will be present at your institution when you think about a PA curriculum? (Response: Open-ended text)

- Would you like to collaborate with others who are engaged in this work or interested in starting? (forced choice response: Yes/No Please add: Name & email)

## **(19) Application ID: 1304116**

Setting the Foundation for Success: Building a Solid GME Structure and Optimizing the Institutional Coordinator Role

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **LaToya Wright**

Score: **0**

### **Presenter(s)**

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**LaToya Wright, BBA, C-TAGME**

Position:

GME Institutional Administrator

Organization:

UT Southwestern Medical Center

**Role:**

Presenter

**Kelly Aronson, MBA, C-TAGME**

Position:

GME Institutional Coordinator

Organization:

Detroit Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

This workshop will help institutions identify potential gaps in their current GME structure, increase awareness of the Institutional Coordinator role, address the potential concern for burnout and turnover, and provide tools and resources to optimize institutional oversight.

## Target Audience

Institution, Designated Institutional Officer, Institutional Coordinator, GME Director/Manager, Associate DIO

## Session Objectives

1. Analyze the national trends found in the survey.
2. Outline various staffing structures to support GME.
3. Explore definitions for the Institutional Coordinator role and how the position contributes to the success of the institution and program compliance.
4. Describe the importance of identifying a standard ratio between number of programs to Institutional Coordinator.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements state that the Sponsoring Institution is responsible for the oversight and support of every ACGME-accredited residency or fellowship program with an appointed Designated Institutional Official (DIO) which has the authority and responsibility for the oversight and administration of its programs. The Institutional Coordinator (IC) plays an integral role in the day-to-day operations of a Sponsoring Institution. In the Institutional Requirements and the Common Program Requirements (CPR), the ACGME has defined leadership roles (DIO, program director, associate program director, & program coordinator) to ensure proper oversight, but it does not define the Institutional Coordinator in the ACGME glossary of terms or as a required entity in the requirements. Moreover, the Institutional Requirements do not mention a minimum FTE for Institutional Coordinators to support institutional oversight in collaboration with the DIO.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This workshop will help institutions promote awareness of the Institutional Coordinator role and recognize the collaboration that the position offers in alignment with the DIO and GME staff to ensure proper oversight at the institutional level.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

1. Lack of institutional support and resources.
2. Resistance to change.
3. Personnel burnout.
4. No formal definition of the Institutional Coordinator role or ACGME resources to guide the position.
5. No specified requirements on dedicated time and support for institutional coordinator proportional to institution size.

Our session will encourage institutions to engage with the ACGME to empower change, and to bring awareness to the Institutional Coordinator role and the barriers that could lead to Institutional Coordinator burnout, turnover, and potential gaps in institutional oversight.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A national GME networking group of Institutional Coordinators plan to create a national survey that will be distributed, and data analysis of the results will be utilized to highlight and help facilitate change in the recognition and oversight of the Institutional Coordinator role. With use of a SWOT analysis, a contrast and comparison of the data will be used to weigh the pros and cons of the different institutional structures. Furthermore, this workshop will encourage institutions to champion change at the institutional and ACGME level.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. Did the presentation provide enough information to incorporate and encourage change for Institutional Coordinator support?
2. How likely do you feel you would be able to take this information and adapt it at your own institution?
3. Do you feel empowered to utilize the information to right-size your GME Office? If so, what are your next steps?

## **(20) Application ID: 1304257**

Refining Your Institution's GMEC Special Review Process

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Krista Lombardo-Klefos**

Score: **0**

### **Presenter(s)**

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**Krista Lombardo-Klefos, MBA**

Position:  
GME Administrative Director

Organization:  
Cleveland Clinic

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

Since the implementation of the ACGME Next Accreditation System, the Graduate Medical Education Committee (GMEC) process for effective oversight and monitoring of programs has evolved into a Special Review Process. By developing a consistent targeted approach to execution and oversight of Special Reviews, institutions and programs will be better prepared to conduct robust reviews by: defining roles, providing guidance to special review teams, and having a standardized approach to monitoring corrective actions and outcomes that lead to

sustained improvement. Come learn what our institution has done with our GMEC Special Reviews and share what you are doing. Together as a GMEC Community we can learn from each other. This session will allow time for engaged discussion and sharing of best practices.

## Target Audience

All conference attendees, those from GME institutional offices and program leadership. We are all in this together.

## Session Objectives

1. Describe the key elements of the Special Review process
2. Identify the Institutional and Special Review roles and responsibilities in your institution
3. Describe the program and GMEC roles in addressing action items
4. Identify methods ongoing for institutional oversight and monitoring of special review and action items.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Special Reviews are not new, institutions (and maybe even programs) have been doing them for a few years now...but is it time for a refresh in the design. I will share what our organization does, what I have heard from others and then the audience will all discuss what they do. There is not a one size fits all for this, but we can learn and implement improvements from others. This is ever more important as the ACGME has paused self-studies.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Since the ACGME has paused self-studies sponsoring institutions really do need to determine how best to assess their programs. We have the survey data and RC Notification Letters, but a Special Review really does a deep dive into those programs that may need more attention. Changing our thinking that Special Reviews are negative and “punishment” and actually as a continuous improvement cycle and “welcoming” is needed.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Perception change as to what a Special Review can/should be, but as this is a continuation from the recent webinar and the feedback received I do not think this will be a barrier.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Continuation from the webinar and also providing data and tools. In addition, hopeful that the conversations that the audience members will have will jump start change in their institution/program.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Standard questions are fine.

## **(21) Application ID: 1304713**

I've Got My ACGME Survey....Now what?

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Heidi Kromrei**

Score: **0**

### **Presenter(s)**

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**Heidi T. Kromrei, PhD**

Position:

DIO, Director of Medical Education

Organization:

St. Joseph Mercy Oakland

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

The ACGME Resident and Faculty Surveys are key performance indicators for Graduate Medical Education Programs. This session will provide insights to prepare Program Leaders to analyze their ACGME Survey Results and utilize these results and resulting action plans for program improvements in your Annual Program Evaluation and ACGME Annual Updates.

#### **Target Audience**

## Session Objectives

1. Identify areas of significant noncompliance in your ACGME Surveys
2. Develop effective methods to investigate reported noncompliance
3. Develop effective action plans for program improvement based on ACGME Survey results
4. Address ACGME Survey reported noncompliance in the Annual Program Evaluation report
5. Effectively communicate your program's ACGME Survey related performance improvement plans to the ACGME via the ACGME Annual Update

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

GME Program Leaders need to effectively analyze their ACGME Survey results and develop means to improve program performance. Many leaders lack training in managing survey results and developing methods to address reported noncompliance. This session will provide GME Program Leaders with tools to analyze their ACGME surveys, develop strategies to effectively address reported noncompliance, and communicate those plans to the GME Stakeholders and the ACGME.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Improved ability to analyze ACGME Survey results and address reported areas of noncompliance.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Lack of familiarity with ACGME Survey reports (New Program Directors) could inhibit ability to interpret session information. Sample survey reports will be provided.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Brief presentations accompanied by small and large group activities. Participants will be asked to bring their latest ACGME survey reports to the session for review and discussion.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Do you have the knowledge and tools to effectively address reported noncompliance on your ACGME Surveys?

## **(22) Application ID: 1304746**

Inclusive, Holistic Review of Applicants: Understanding DO Students and their Qualifications

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Gerri Mahn**

Score: **0**

### **Presenter(s)**

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**John R. Gimpel, DO, Med, DO, Med**

Position:  
President and CEO

Organization:  
NBOME

**Role:**

Presenter

**Jeanne M. Sandella, DO**

Position:  
Vice President, Professional Development Initiatives and Communications

Organization:  
NBOME

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

The session will discuss normalizing the use of COMLEX-USA as a program application requirement in reducing stress and supporting wellness in osteopathic residency applicants for programs interested in broadening the range of best applicants to their program. We will discuss the effects of implicit and unintended systemic biases and inadvertent disadvantages for some applicants, and the importance of accurate and trustworthy program information and advising resources as recommended by the Coalition for Physician Accountability UME to GME Review Committee.<sup>1</sup> Discussion will focus on tools and methods to assist programs in comparing applicants with inclusive holistic review, examples provided from programs who regularly match DO students. Recent enhancements to the COMLEX-USA licensure examination that all DOs take, as well as the COMAT clinical discipline examinations taken by most osteopathic students will be reviewed. In addition, the presenters will review the recommendations of the NBOME Special Commission on Osteopathic Medical Licensure Assessment which provides guidance for the osteopathic clinical skills assessment and enhancements for COMLEX-USA in diversity, equity and inclusion.

1 Gimpel JR et al. UGRC 2021 recommendations on GME transition: pros and cons, opportunities and limitations. *Journal of Osteopathic Medicine*. May 2022. doi:10.1515/jom-2021-0285. Accessed May 31, 2022.

## **Target Audience**

DIOs, Program Directors, GME Faculty, Program Coordinators

## **Session Objectives**

1. Understand enhancements and interpret COMLEX-USA scores and score reports, performance profiles, cross-walks for holistic review of applicants.
2. Understand the effects of systemic biases, the importance of trustworthy and definitive advising and program information resources in normalizing the use of COMLEX-USA to reduce bias and broaden the range of program applicants and diversity the educational milieu.
3. Describe consequences and opportunities associated with recent changes in high stakes assessment of fundamental clinical skills, including the NBOME Special Commission on Osteopathic Medical Licensure Assessment.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Increased use of COMLEX-USA scores and tools by residency programs in inclusive and holistic applicant review.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Improve consideration of osteopathic applicants for entrance by residency programs through increased understanding of osteopathic assessments and qualifications.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

As an increasing number of DO students are applying to ACGME-accredited residencies, reducing implicit and unintended systemic biases and barriers is critical. This session will educate residency directors about osteopathic undergraduate medical education, assessments and board certification.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

This session will advance understanding of changes in osteopathic licensure assessment and provide experiences from programs that have matched DO applicants. Time for questions and answers will be allotted.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Please rate how well the learning objectives for this session were met.  
What new information did you learn by attending this session?  
What changes will you make as a result of what you learned in this session?

## **(23) Application ID: 1304755**

Improving the Quality of Letters of Recommendation

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Emma A. Omoruyi, MD, MPH**

Position:

Program Director-Pediatric Residency

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Peggy Hsieh, Med, PhD**

Position:

Director of Educational Development

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Letters of recommendation are commonly required for trainees as they transition through GME programs or career opportunities. Strong letters of recommendation allow for documentation of the unique qualities of residency and fellowship trainees and potentially “hand off” their educational needs. Letters of recommendations have been under-utilized as a handoff tool. Letters of recommendations that are specific and tailored to the trainees’ qualities, training experiences, and abilities that are not captured in their CV would distinguish them from others applying to the same position. Therefore, strategies for writing quality and meaningful letters should be shared so that trainees can stand out in the midst of all the applicants.

## Target Audience

The target audience for this workshop will be medical education leaders. Depending on the size and structure of the institution this may be the core teaching faculty, Deans of Education, the ACGME DIO, and Program Directors.

## Session Objectives

1. Describe major components in a Letter of Recommendation (LOR)
2. Distinguish what elements of a letter of recommendation are important for communication
3. Identify approaches to strengthen the quality of your letters of recommendation
4. Analyze example letters of recommendation with an equity lens

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

This presentation on best practices around writing letters of recommendation will also explore the GME literature on the subject and provide insight on how to mitigate “benevolent” gender, racial/ethnic and age bias.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Through our session we would like to share best practices for letters of recommendation and also explore their role in training handoffs. We hope

to create an environment in which we can learn from each other about this process improvement specific to GME educational programs.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The most significant barriers are time and not having been taught how to write quality letters. We will discuss how we tackle the barrier of time and share tips on writing useful letters that represent your trainees well. We look forward to hearing about strategies used by other programs.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A short didactic, followed by pair-share work in small groups, and question and answer session

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Was this session helpful in finding ways to improve letters of recommendation for trainees?

Did this session provide ideas for identifying areas of potential bias in letters of recommendation and how to avoid them?

Did this session provide ideas for how to overcome barriers associated with writing a strong letter of recommendation?

## **(24) Application ID: 1304844**

Role of IMGs in U.S. Health Care – Looking Forward

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Christine Shiffer**

Score: **0**

### **Presenter(s)**

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**Christine Shiffer, MBA, MSL**

Position:  
Director, Regulatory Services

Organization:  
ECFMG

**Role:**

Presenter

**Tracy Wallowicz, MLS**

Position:  
Vice President, External Relations & Chief of Staff

Organization:  
ECFMG

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

As the United States emerges from the COVID-19 pandemic, the role of international medical graduates (IMGs) in U.S. health care remains as vital as ever. In this presentation, representatives from ECFMG will discuss insights and lessons learned from the pandemic regarding the role of IMGs, including their contributions as critical members of the U.S. physician workforce, and their unique challenges and needs as relates to such issues as immigration, well-being, and adaption to the U.S. health care delivery system. The presentation will discuss the steps taken by ECFMG in coordination with other stakeholders to ensure that a diverse pool of qualified IMGs are able to enter U.S. graduate medical education each year. An update on the transition of oversight from the ABMS to the ACGME of non-standard fellowships for foreign national physicians on a J-1 visa will also be provided.

## Target Audience

Residency program directors and coordinators, DIOs, J-1 visa training program liaisons (TPLs)

## Session Objectives

1. Describe the role of international medical graduates (IMGs) in the U.S. health care system
2. Discuss the efforts of ECFMG in coordination with other stakeholders to ensure a diverse pool of qualified IMGs are able to enter U.S. GME each year
3. Explain the new process for non-standard fellowships for foreign national physicians on a J-1 visa

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**  
Increased awareness of importance of IMGs in U.S. health care system and the role of ECFMG, with a focus on issues directly relevant to residency programs.
2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Better understanding of IMG applicants to GME - the latest information and data about who they are, ECFMG Certification, J-1 visas, non-standard training programs, etc.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Having residency programs better informed about IMG candidates/residents will help these programs in assisting their IMG residents and in better understanding and responding to the unique challenges these residents may face.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Presentation followed by Q & A. May provide handouts as well.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Rate how well you understand the unique contributions and challenges of IMGs. Rate how well you understand the role of ECFMG.

## (25) Application ID: 1304921

Help! Mentoring a research project when it's all new to me...

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Sarah Perloff**

Score: **0**

### Presenter(s)

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#### **Sarah Perloff, DO**

Position:

Assoc. Chair Dept of Medicine, ID Fellowship Program Director, IM  
Residency Assoc Program Director

Organization:

Einstein Medical Center Philadelphia

**Role:**

Presenter

#### **Lynne H. Unikel, PhD**

Position:

Behavioral Health Faculty -St. Luke's Family Medicine Residency -  
Anderson

Organization:

St. Luke's University Health Network

**Role:**

Presenter

### Session Description

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**Topic**

1st choice:  
2nd choice:

## Session Description

Academic faculty must participate in the production of scholarly activity. Classically, this involves either performing independently or mentoring residents and fellows in the implementation of a research project. However, many faculty members are not familiar with the best practices for mentoring in this setting or for facilitating the completion of a project through to manuscript submission. This session aims to review common scenarios and present best practices for mentoring housestaff or junior faculty through this process using an interactive presentation and working through "cases" modeling common obstacles along the way.

## Target Audience

Academic physicians and faculty who mentor housestaff research projects

## Session Objectives

1. confidently approach the mentoring of a research project using best practices
2. create a project proposal with a manageable timeline addressing each essential component of the project
3. predict and manage common obstacles to successful project completion

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Academic faculty must participate in the production of scholarly activity. Classically, this involves either performing independently or mentoring residents and fellows in the implementation of a research project. However, many faculty members are not familiar with the best practices for mentoring in this setting or for facilitating the completion of a project through to manuscript submission. This session aims to review common scenarios and present best practices for mentoring housestaff or junior faculty through this process using an interactive presentation and working through "cases" modeling common obstacles along the way.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Build competence, and thereby confidence, in faculty's ability to aid learners in the development and completion of a research project. This includes setting realistic goals for different stages of the project along the way as well as predicting and overcoming common barriers to project completion.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Lack of collaborators to "lighten the load" - use our own experiences as examples for finding common ground and moving forward with division of labor

Lack of dedicated time - discuss time management strategies from a supervisor's perspective to facilitate adequate oversight and mentorship

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Interactive session using pair and share discussions and a case-based format to identify ways to overcome obstacles to successful completion of a research project.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. Can you identify best practices for mentoring a trainee with a research project?
2. Are you able to create a realistic, manageable research project proposal and timeline?
3. Can you predict and manage common obstacles to successful research project completion?

## **(26) Application ID: 1304953**

Quality Oversight— Leveraging a Committee and a Community to Optimize Program Quality

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Tara Zahtila**

Score: **0**

### **Presenter(s)**

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**Tara Zahtila, DO**

Position:  
Vice President, Academic Affairs

Organization:  
Northwell Health

**Role:**

Presenter

**Venice VanHuse, MPA**

Position:  
AVP, Graduate Medical Education & Office of Academic Affairs

Organization:  
Northwell Health

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:

2nd choice:

## **Session Description**

As a Sponsoring Institution responsible for the postgraduate education of over 1900 residents and fellows, we are committed to providing an outstanding learning and working environment for the next generation of the medical profession. And as our institution has continued to grow and evolve, so too has the need to expand our oversight of program quality and accreditation. This session will highlight the development and implementation of a Quality Oversight Committee—a subcommittee that assists the GMEC in its oversight of program quality and accreditation.

In leveraging a dedicated community of educators and leaders, the QOC has played an integral role in the oversight of programs with multiple/extended citations, and has informed policies and procedures relevant to program quality including the Annual Program Evaluation, Special Review, and ACGME Annual Update. In addition, the QOC has fostered the opportunity for meaningful coaching, mentorship, and development for program directors and coordinators throughout the institution.

Join us as we share the challenges, successes and lessons learned that we've experienced on our journey of continual improvement.

## **Target Audience**

GME institution leadership, GME institution staff, GME program leadership, GME program staff, GMEC members, residents and fellows

## **Session Objectives**

1. Identify opportunities to improve institutional oversight of program quality and accreditation
2. Establish a framework of procedures to optimize program evaluation, review, support, and assessment
3. Develop a strategy to effectively engage one's GME community in continual improvement

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The practice gap we wish to address in the presentation is the improvement of institutional/GMEC oversight to optimize program accreditation and quality.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

The change in performance we wish to create is improvement of institutional oversight to optimize program accreditation and quality.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The committee's work is a significant undertaking for a large institution, and as such requires a substantial time commitment. In addition, developing an oversight process that was viewed as constructive and supportive by program leadership, as opposed to punitive, can also be a challenge. Our session will address the time demands associated with the work while exploring how we engaged volunteer committee members and obtained buy in from program leadership for this important work.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The session would utilize a didactic format with interactive polling (Socratic) to engage attendees in self-reflection and active participation.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Having completed the session,

1. Can you identify at least one opportunity to improve institutional oversight of program quality and accreditation in your institution?
2. What is one procedure you will implement to optimize program evaluation, review, support, or assessment?
3. What do you think are the most important components of a strategy that effectively engages one's GME community in continual improvement?

## **(27) Application ID: 1305125**

Intervention for the Trainee in Acute Crisis

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Mark A. Warner, MD**

Position:

Program Director-Pulmonary and Critical Care Medicine Fellowship

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Vineeth A. John, MD, MBA**

Position:

Program Director – Psychiatry Residency

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Graduate Medical Education is a process by which advancing physicians attain additional skills in six domains of competency in the clinical learning environment. As physicians progress, there is noted growth and development on a professional, and often a personal level. Many training programs are multiple years and during which the trainee also experiences life changes including relationships, family changes and loss. Especially during the COVID-19 pandemic, we have learned about the stresses and crises that plague trainees, which are only accelerated during times of national unrest: physical ailments have increased, mental health crises have been unmasked and exhaustion and burnout have taken center stage in the adult learning environment. This session will explore approaches to the trainee in acute crisis from physical and mental health perspectives focusing on acute and ongoing interventions for the trainee that is in trouble.

## Target Audience

This workshop will target program directors, program coordinators, core faculty as well as GME leadership and administrative professionals.

## Session Objectives

1. Discuss the features of the clinical environment that can unmask stress and facilitate decompensation amongst medical trainees.
2. Describe recognition of warning signs for mental health crises among trainees.
3. Describe acute interventions for the trainee in crisis.
4. Explain ongoing assessment and evaluation of the trainee after crisis within the clinical environment.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Graduate Medical Education is a challenging endeavor for all trainees. Much has been published on burnout and exhaustion but there is no standard practice for dealing with trainees in crisis. Most program directors adopt a reactive approach to trainees in crisis situation and feel inadequate and underequipped to deal with such situations. Moreover, the GME leadership has limited awareness institutional resources to deal with trainees in crisis. We seek to highlight available mental health resources and other relevant resources and demonstrate how to apply those to the

trainee in crisis and discuss how then to compassionately attempt to aid that trainee to successfully complete their training.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

We want to create a safe environment for frank discussion about various challenges dealing with trainees in crisis and share from our experience what we believe could be best practices on how to address this “high value” situation. The training program and institution are often not ideally equipped with navigate with immediate action, ongoing assessment and intervention strategies for trainee crisis scenarios. We intend to equip educational leaders with relevant theoretical as well as tacit knowledge to formulate management plans to identify and implement resources that would assist their trainees in times of crisis.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The most significant barriers to improving the response to this situation would be availability of mental health resources, appropriate employee assistance programs and the educational leader’s training in mental health and level of preparedness to deal with acute crisis situations. We are aware of variability in different educational settings with regards to mental health resources depending on the size and complexity of the institutional infrastructure. We seek to help attendees maximize their available institutional resources and craft a thorough intervention plan in the time of crisis.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

We will begin the session with a presentation describing actual scenarios that occurred at our institution and then facilitate group discussion time regarding initial response to those situations. We would then use a case-based discussion format to describe the problem, response, management, and ongoing assessment of various trainee crisis situations. We would then assist attendees in developing their individual program’s response plan and finally, we would assess the utility of the session with a brief pre and post survey to gauge knowledge acquisition.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- Was this session helpful in assisting with early recognition of trainees in crisis situations?
- Did this session make you feel confident about responding to the trainees in crisis?
- What other organizational resources would you now be using as a result of the presentation?
- Did this session provide ideas for development for creating an ongoing assessment strategy for the trainee post-crisis?

## **(28) Application ID: 1272933**

Ch-ch-changes: Resident and Fellow Unionization

: **Breakout**

Application Status: **Complete / Locked**

Submitter: **Christine Flores**

Score: **0**

### **Presenter(s)**

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**Maya Severson, MPH**

Position:  
Director of Operations, GME

Organization:  
Oregon Health & Science University

**Role:**

Presenter

**Christine Flores, MPH**

Position:  
Ms.

Organization:  
OHSU

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

Session will review the transition that OHSU went through from a non-unionized resident/fellow workforce to one that was unionized. We will review the bargaining process, and the transition of various processes including the education of the program directors and program coordinators during this process. Session will include lessons learned now that we are one year out from unionization and what our ongoing improvement processes look like. Clarifying what is subject to the contract and what is subject to employment.

## Target Audience

Program coordinators, program directors, hospital leadership

## Session Objectives

1. Understand which areas will be impacted when unionization occurs.
2. Think ahead to education that program directors and program coordinators will need
3. Identify which processes will likely need to be changed in order to accommodate union rules

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

More and more residents and fellows across the country are unionizing and while each situation is unique, there are commonalities to the process. Learning from other institutions that have recently undergone unionization can help programs and institutions smooth the transition.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This session is aimed at a change in competence- programs and institutions need to know the components that will be faced as an institution undergoes resident unionization.

This session is also aimed at performance, providing programs and institutions with concrete tools for educating their program leaders for a successful GME-union relationship.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Potential barriers include the variability of institutions and union negotiation relationships. This session, while focused in the experience of a single institution, will have opportunities for discussion among the group so that other strategies for change can be shared.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The format of the session will facilitate change by employing active learning techniques including audience response, small group discussion, and report out.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

What is one thing you learned today that will change what you are planning to do? What is the thing you will do differently?

## **(29) Application ID: 1276661**

We are all Leaders: Recognizing our Styles and Developing Traits for Leadership Success in the GME Community

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Loraine (Lori) Smith**

Score: **0**

### **Presenter(s)**

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**Loraine (Lori) Smith, MBA, MSL**

Position:

Director, GME & UME

Organization:

Bayhealth Medical Center

**Role:**

Presenter

**Krista Lombardo-Klefos, MBA**

Position:

GME Administrative Director

Organization:

Cleveland Clinic

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Whether formally, or informally, we are all leaders. Leadership has many different implications in today's world; while command and control is frowned upon (but sometimes necessary), servant leadership and transformational leadership are extremely important in the educational community. Recognition of the difference between management and leadership styles and traits, and when their use is appropriate, is important to our own leadership development as well as continuous growth and improvement in the overall GME Community. This session will discuss the attributes of a good leader and ways in which leadership skills can be developed within the GME community, both formally and informally.

Prior to the session all attendees will receive an assessment to determine their personal go to leadership style(s). Didactic portions of the session will discuss these styles and when use is appropriate. Examination of case studies by the group will identify the traits and behaviors attributed to specific leadership and management styles. A framework will be provided to help all attendees develop a strategic plan to enhance their own leadership skills and create their personal leadership toolkit. In addition, audience members will share their leadership best practices with the group.

Prior to the session all attendees will receive an assessment to determine their personal go to leadership style(s). During the session group work will help everyone build a leadership toolkit. Audience members will also share traits and self-development opportunities with each other.

## **Target Audience**

All attendees of conference; COIL and COPAC

## **Session Objectives**

1. Differentiate between leadership and management traits and behaviors
2. Understand their own personal leadership style
3. Describe the qualities of a good leader
4. Discuss leadership best practices and ways in which leadership skills can be developed in the GME Community

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the**

**current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

People often confuse management with leadership. They also feel one leadership style is preferential over others. The purpose of this session is to examine the difference between management and leadership and discuss associated traits and behaviors. It is hoped that by assessing current leadership style(s) and discussing ways in which to improve leadership gaps attendees can create personal leadership development plans which will allow them to grow.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This session will help attendees to recognize and build upon their own leadership skills, which will not only help them to lead more effectively but empower them to share these skills with others in the GME Community.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

In education, we are all called to lead, sometimes in an informal capacity. This session will teach attendees to recognize leadership styles, learn when it is appropriate to use them and provide ways in which they can build skills which will help them to be better leaders.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Prior to the session participants will receive a leadership assessment. During the didactic portion of the session, we will discuss the different types of leadership and in what situation they are most effective. The session will also include group activities in which participants examine cases which will help them differentiate between leadership and management activities. Group activity will also help identify best practices in developing leadership skills which can be incorporated into everyone's personal leadership toolkit.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

What did you learn about your own leadership style and how will you use that knowledge to enhance your leadership abilities?

## **(30) Application ID: 1303188**

Tracking our Habits: Using Lifestyle Medicine to Support Wellbeing

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Lynne Unikel**

Score: **0**

### **Presenter(s)**

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**Lynne H. Unikel, PhD**

Position:

Behavioral Health Faculty -St. Luke's Family Medicine Residency -  
Anderson

Organization:

St. Luke's University Health Network

**Role:**

Presenter

**Andrew J. Goodbred, MD, FAAP**

Position:

Program Director - St. Luke's Family Medicine Residency - Anderson

Organization:

St. Luke's University Health Network

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Wellbeing is important to help prevent burnout. It is part of UME and GME curriculums and healthcare systems are increasingly appointing Chief Wellbeing Officers. One of the struggles with wellbeing initiatives is that recipients request wellbeing to not feel like one more thing that needs to be done or one more thing they are required to do on their own time. How do you encourage medical professionals to take care of themselves without it feeling required? This workshop will talk about one residency's approach to supporting wellbeing using the six pillars lifestyle medicine (sleep, nutrition, weight management, exercise, mental health, and smoking/substance use). Time will be spent discussing why the six pillars of lifestyle medicine are generalizable to any educational or healthcare setting.

Initially, as part of the residency wellbeing curriculum and to encourage an active lifestyle, members of our family medicine residency were asked to track their steps and minutes of exercise. Participation was voluntary and was submitted monthly. Extra points were added if you exercised with a member of the residency program. As an incentive, residents with the most steps and most minutes of exercise each month, received a gift card to a local restaurant.

For AY 2023, the residency decided to tie this friendly competition to the six pillars of lifestyle medicine. As a lifestyle medicine program, members of the residency program receive training in how to incorporate lifestyle medicine into patient care. To encourage the personal adoption of lifestyle medicine, the program decided to tie it to our wellbeing curriculum. Each month, all members of the residency (residents, faculty, program administrator) will be asked to answer 1-3 questions on their use of a specific lifestyle medicine component (one per month).

Participants will get weekly email reminders along with a few minutes to complete 2-3 questions, during weekly didactics. Two residents with the most points will receive a gift card each month.

Below is an example of a question from each of the six pillars.

"In the past week, how many meals, on average, have you incorporated whole plant foods?"

"In the past week, how many minutes of exercise did you do?"

"In the past week, how many times did you actively use a technique to manage your stress (e.g., deep breathing, muscle relaxation, spend time working on a hobby, spend time outside, exercise)?"

"In the past week, how often did you make a conscious choice to forgo a drink of alcohol or use of another substance and find a healthier way to handle your emotions?"

"In the past week, how often did you call a friend or family member?"

"In the past week, how often did you get 6-8 hours of sleep?"

After hearing about our program, participants will have time to design their own program and then brainstorm and share with a partner using pair and share.

Participants will come back together for a question and answer session and a chance for broader sharing.

## **Target Audience**

Program directors, program faculty, residents, fellows, program coordinators.

## **Session Objectives**

1. describe the six pillars of lifestyle medicine.
2. understand how one residency program uses the lifestyle medicine framework to help program members focus on their own wellbeing.
3. design a wellbeing program that incorporates the six pillars of lifestyle medicine.

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Developing well being programs that don't add feel like additional responsibilities is challenging and necessary. Research shows that residents, physicians, and those they work with, want wellbeing at work to be built into their day or something they do on their own as resonates with them. They don't want their free time mandated or to be forced to participate in specific activities. This workshop will talk about one residency's approach to supporting wellbeing using the six pillars lifestyle medicine (sleep, nutrition, weight management, exercise, mental health, and smoking/substance use). Our program aims to give residency program members motivation (competition and small gift cards) for incorporating healthy habits into their lives and tracking them without dictating how or when.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Participants will leave with the knowledge to create a wellbeing program that is not time intensive, expensive, or burdensome and can encourage healthy lifestyle habits.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Potential barriers may be participants not thinking lifestyle medicine pillars are relevant if they are not a lifestyle medicine residency. This workshop will demonstrate that the six pillars of lifestyle medicine are universal for health and wellbeing and can be applied to any training or healthcare setting.

Participants may feel that they don't have time to implement a wellbeing program with regular tracking. We used free software to send email reminders and track data.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

After a brief introduction to our program, participants will have time to design their own wellbeing program using the six pillars of lifestyle medicine. They will then be grouped to share and brainstorm how to enhance their programs. The workshop will end with a group question and answer session.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Are you able to name the six pillars of lifestyle medicine?

Did you learn how incorporating lifestyle medicine into wellbeing as a comprehensive, noninvasive approach to encouraging healthy habits?

Did you leave with tools to develop a wellbeing program based on the six pillars of lifestyle medicine that seems feasible for your workplace?

## **(31) Application ID: 1304649**

Institutional Self Study – Lessons to Apply Now

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **DeLaura Shorter**

Score: **0**

### **Presenter(s)**

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#### **Cuc Mai, MD FACP**

Position:

Senior Associate Dean GME, ACGME Designated Institutional Official,  
Associate Professor

Organization:

USF Morsani College of Medicine

**Role:**

Presenter

#### **DeLaura Shorter, MS**

Position:

Assistant ACGME Designated Institutional Official, Assistant Director

Organization:

USF Morsani College of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

The Accreditation Council for Graduate Medical Education (ACGME) launched the institutional self-study in 2020. The self-study is a detailed process that aims to improve graduate medical education through institutional strategic planning. Through this process institutional leaders must partner with various stakeholders to analyze institutional performance, define institutional aims, identify actionable/measurable steps to achieve aims and, after a year, be able to share achievements with the ACGME. This process takes a team approach and requires resources, expertise, and time to complete.

In this session, we will share our institutional approach collaborating with stakeholders to complete the self-study and monitor outcomes. We aim to address the knowledge, skill, and attitude gaps that we had to overcome as being one of the first institutions to complete this process.

## Target Audience

Designated Institutional Official, Institutional Coordinators, Program Directors and Program Coordinators

## Session Objectives

1. understand the current model for the ACGME institutional self-study process
2. reflect on lessons learned from one institution's experience
3. identify the resources and infrastructure that needs to be developed to prepare for a future institutional self-study

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The Accreditation Council for Graduate Medical Education (ACGME) launched the institutional self-study in 2020. The self-study is a detailed process that aims to improve graduate medical education through institutional strategic planning. Through this process institutional leaders must partner with various stakeholders to analyze institutional performance, define institutional aims, identify actionable/measurable steps to achieve aims and, after a year, be able to share achievements with the ACGME.

This process takes a team approach and requires resources, expertise, and time to complete.

In this session, we will share our institutional approach collaborating with stakeholders to complete the self-study and monitor outcomes. We aim to address the knowledge, skill, and attitude gaps that we had to overcome as being one of the first institutions to complete this process.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

By the end of this session the audience will be able to:

- understand the current model for the ACGME institutional self-study process.
- reflect on lessons learned from one institution's experience
- identify the resources and infrastructure that needs to be developed to prepare for a future institutional self-study.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The potential barriers that attendees may perceive is expertise, time, resources, and lack of necessary infrastructure. As we have these barriers at our institution, our process has addressed these barriers in its current format.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

During this session, we will discuss our approach to the institutional self-study. We will engage the audience in activities that will allow them to reflect on the infrastructure and identify the resources that will be needed to conduct the self-study.

Didactic

- 2 min Introduction
- 5 min define/describe the ACGME Institution Self-study process
- 15 min review our institution process

Activity

- 15 min reflect on lessons and engage in exercises to help other institutions think about resources and infrastructure that is needed

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

What action item did you learn from this workshop that you will apply to be better prepared for the institutional self-study?

## **(32) Application ID: 1304709**

Through Forests and Mountains – Career Paths to Retain and Build an Effective GME Team

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **David Aufdencamp**

Score: **0**

### **Presenter(s)**

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#### **David Aufdencamp, MBA**

Position:

Associate Designated Institutional Official

Organization:

Washington State University Elson S. Floyd College of Medicine

**Role:**

Presenter

#### **Jessica Wells, M.ED**

Position:

Institutional Manager GME

Organization:

Washington State University Elson S. Floyd College of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Ever wonder what it's like to start new residency programs with new staff in the middle of a pandemic? Attendees at this interactive session will learn about how Washington State University College of Medicine GME created infrastructure and support to develop and lead new Program Administrators in new programs in opposite corners of the state of Washington more than 300 miles apart. Presenters will share how the lessons learned have helped them create professional career growth opportunities through a career ladder for the Program Coordinators and Program Administrators. The presenters will also share what has worked well to manage staff remotely from the "home office." Attendees are encouraged to bring with them current position descriptions of GME staff so that they can mark up with ideas learned while attending this session. In addition to GME managers, Program Administrators and Coordinators are encouraged to attend to learn how to position themselves for growth and success in today's challenging GME environment.

## Target Audience

Program Administrators, Program Coordinators, Program Directors, DIO, GME staff

## Session Objectives

1. Use newly acquired tips to help teams be successful in a remote setting.
2. Create and modify position descriptions to include a career ladder that allow for professional growth and development as a Program Coordinator and Program Administrator.
3. Articulate lessons learned from a new sponsoring institution that started new programs 300 miles away during a pandemic and remotely.
4. Improve communication, morale, and engagement with their team, especially in a remote setting.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

In many institutions, the Program Coordinator or Program Administrator are limited in their career paths because they are hired into the position and

stuck there for the rest of their career, often times maxing out in their pay scale with no opportunity to move up. WSU College of Medicine GME created a three-tier system that allows for easier entry into GME, and a path to become a senior, master level administrator, without leaving the joy of working with residents at the program level. This workshop demonstrates and teaches a method to create a career ladder for this critical GME position.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

To be effective in GME today, we cannot lead with yesterday's methods. Staff want the flexibility for a hybrid work environment and some circumstances require that the GME office cannot be in the same building, campus, or city as the GME staff. Attendees will learn techniques to create successful, engaged teams remotely.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Change in GME, especially when it involves HR, can be difficult. Attendees will learn how relationships can be built with "departments that get in the way" so that they can effectively support the changes needed in GME. Attendees will also gain insight on how to achieve buy in from Program Leadership.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The presentation technique, delivered via PowerPoint, will include powerful visuals, text, interactive polling, probing questions, and short breakout sessions that fosters an engaging, interactive learning session.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

a. Were you able to identify at least one key takeaway that can be applied immediately to create a potential career path for your program Administrator or Coordinator? (yes-strongly agree, agree, neutral, disagree, no- strongly disagree)

b. The presenters were able to help me identify a change that will help me better engage colleagues in a remote or in-person setting, (strongly agree, agree, neutral, disagree, strongly disagree)

c. The presenters helped me recognize key changes that I need to make in the position description(s) for Program Administrators / Coordinators. (strongly agree, agree, neutral, disagree, strongly disagree)

## **(33) Application ID: 1304760**

Good things come in small packages--Implementing a one year Quality Improvement and Patient Safety curriculum

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Joanne Zhu**

Score: **0**

### **Presenter(s)**

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**Joanne Zhu, MD, FACP, FSHM**

Position:

Transitional Year Residency Program Director

Organization:

Wellstar Health System Kennestone Hospital

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

Teaching Quality Improvement and Patient Safety is often challenging for one year training programs due to time and resource constraints. This presentation will focus on how to implement a year long Quality Improvement and Patient Safety curriculum by sharing tried and true strategies, teaching materials and methods, as well as useful resources that would allow meaningful QIPS training within one year period.

## Target Audience

Medical educators, residency program leadership, Transitional year residency program directors, administrative personnel and leaders in hospital based quality improvement and patient safety departments

## Session Objectives

1. learn how to establish an effective one-year QIPS curriculum in a community hospital setting.
2. identify the essential training elements for a quality curriculum.
3. acquire effective training methods for QIPS training that are applicable for any one year training program
4. identify ways to integrate residents QI training with hospital-based quality initiatives.
5. leverage local resources when setting up a condensed quality curriculum.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**  
How to effectively implement a meaningful QIPS curriculum within the time constraint of one year.
2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**  
The session should assist community-based residency programs in building effective and impactful QIPS curriculum that would allow the residents to meet ACGME milestone expectation and better prepare residents for advanced training.
3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**  
Training environment may vary greatly from one location to the other. One curriculum's success in implementation may not be generalizable for all. To overcome this, the session intends to discuss innovative ways in curriculum design that may be adaptable and /or customizable based upon local resources and environment.
4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The presentation will use power point slides and verbal interaction with audience as educational methods. I would hope to leave time for other programs to share their unique challenges, concerns or success stories in implementing year long quality curriculums.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Has this presentation expanded your understanding of effective QIPS teaching methodology?

After the session, do you feel more confident in developing or strengthening your current year long QIPS curriculum?

After the session, do you plan to make further changes to your current QIPS curriculum? If so, what would you change?

Has this session offered more insights in how to leverage local resources to enhance quality training for residents?

Do you find this session helpful in guiding you in quality curriculum development?

## **(34) Application ID: 1304875**

Identifying and Remediating a Struggling Learner

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Thomas Mauerer**

Score: **0**

### **Presenter(s)**

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**Thomas Mauerer, MBA**

Position:  
Interim DIO

Organization:  
University Hospitals Health System

**Role:**

Presenter

**Robyn Luce, BS**

Position:  
Manager, Graduate Medical Education

Organization:  
University Hospitals Health System

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

The purpose of this session is to identify and help remediate learners who are struggling in a program. It is often difficult to identify struggling learners until later in their program and by that time it is too late to form a thorough improvement plan. This session will review what a struggling learner is, the steps to identifying them and how to put them back on the right path to achieve full competence.

## Target Audience

The target audience for this presentation is Program Director's, Associate Program Director's, Program Manager's and Coordinator's, DIO's.

## Session Objectives

1. Identify the steps to determine if a struggling learner exists in your program
2. Learn the various remediation options based on situation
3. Learn how to make a Performance Improvement Plan with measurable action items.
4. Identify the steps to determine if the learner was remediated

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Many learners encounter issues in achieving appropriate competence in certain areas and program leadership struggles at times to identify the appropriate learning path. This goal of this presentation is to give examples and solutions of how to improve these deficits based on area that presents challenges. Another objective is to ensure no learner graduates from a program with unidentified deficits.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

The changes desired from this session would be increased milestone scores, increased board scores, less extensions of training and less citations from accrediting bodies due to learners not meeting set requirements. Patient safety, satisfaction and quality of care should improve due to increased learner knowledge and clinical skills.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Some barriers include faculty engagement and learner commitment to education or improvement. Faculty engagement can be countered by providing appropriate resources to make them successful. These include protected time, with support of senior leadership, and appropriate compensation evaluated monthly for their involvement. Learner commitment can be addressed by providing appropriate educational resources for them to achieve success in their remediation. This can include electronic study questions, hands on simulation and a faculty mentor to meet with weekly. Learners are more likely to follow through with set educational plans if they are time-bound, measurable and if they are supported by a faculty advisor throughout.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

There will be many suggested educational methods including various versions of RMS evaluations, direct observation, peer feedback, in training exams scores and simulation. More specifically in the session we will provide specific examples of positive change made and examples of templates that can be used during the process.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

To what degree did your knowledge in remediation improve after this session? I plan to use these methods at my institution the next time I encounter a struggling learner? To what extent do you believe you can make positive change at your institution based on these tools? There was sufficient time to get my questions answered? The presenters were knowledgeable on the topics presented?

## **(35) Application ID: 1304904**

Positive Vibes: Creating a Culture of Civility and Respect in Your Clinical Learning Environment

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Karen Schoedel**

Score: **0**

### **Presenter(s)**

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**Karen E. Schoedel, M.D.**

Position:

Professor of Pathology

Organization:

University of Pittsburgh Medical Center

**Role:**

Presenter

**Gregory M. Bump, M.D.**

Position:

Professor of Medicine

Organization:

University of Pittsburgh Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Professionalism represents the core of what we do and who we are in medicine. It is a core skill in physician training and development and represents one of the six ACGME skills measured by Milestones. How do we recognize UN-professional behavior? Do we know it when we see it? Do we agree on what represents UN-professionalism? The costs of incivility in the clinical learning environment (CLE) are severe and impact work performance and patient safety. Incivility has persisted for years and is increasing in the CLE. How do we promote a culture of civility and respect in our training programs and systems?

Our session is designed to help participants:

- A. Recognize that professionalism is a core component in the delivery of patient care, yet unprofessional behaviors, viewed as uncivil acts in the CLE, persist
- B. Heighten awareness of incivility in the CLE
- C. Improve understanding of the negative impact of incivility on individuals, teams, organizations and patient safety
- D. Propose approaches and share policies and additional available resources to assist training programs and medical organizations implementing changes that promote civility in the CLE

The educational methods include a didactic followed by case examples intended to facilitate thoughtful participation in small groups and the workshop.

Resources:

- i. National Academies of Sciences, Engineering and Medicine 2019. Taking action against clinical burnout: A systems approach to professional well-being. (Washington, D.C., The National Academies Press)
- ii. Gillen P, et al. Interventions for prevention of bullying in the workplace. 2017 Cochrane Database of Systematic Reviews, Issue 1, Art. No.:CD009778
- iii. Pattani R, et al. Organizational factors contributing to incivility at an academic medical center and systems-based solutions: A qualitative study. 2018 Acad Med;93:1569-75.
- iv. National Collaborative for Improving the Clinical Learning Environment. NCICLE Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care 2021 (Chicago, IL, NCICLE)

## **Target Audience**

Physicians, physician assistants, nurses, support staff, students, trainees

## **Session Objectives**

1. Recognize that professionalism is a core component in the delivery of patient care, yet unprofessional behaviors, viewed as uncivil acts in the clinical learning environment, persist.

2. Heighten awareness of incivility in the clinical learning environment.
3. Improve understanding of the negative impact of incivility on individuals, teams, organizations and patient safety.
4. Propose approaches and share policies and additional available resources to assist training programs and medical organizations implementing changes that promote civility in the clinical learning environment.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Professionalism represents the core of what we do and who we are in medicine. The practice gaps we will address are as follows:

1. How do we recognize unprofessional behavior and do we agree on what represents unprofessionalism?
  2. Definition and costs of incivility in the clinical learning environment:
    - A. Persistent and increasing incivility in the clinical learning environment
    - B. How incivility affects work performance
    - C. How incivility affects patient safety
  3. How do we promote a culture of civility and respect in our training programs and systems?
2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**
    1. Recognize that professionalism is a core component in the delivery of patient care, yet unprofessional behaviors, viewed as uncivil acts in the clinical learning environment, persist
    2. Heighten awareness of incivility in the clinical learning environment
    3. Improve understanding of the negative impact of incivility on individuals, teams, organizations and patient safety
    4. Propose approaches and share policies and additional available resources to assist training programs and medical organizations implementing changes that promote civility in the clinical learning environment
  3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Barriers to change include:

    1. Unwillingness to assess one's own behavior
    2. High tolerance of unrecognized uncivil behavior

3. Historically hierarchical medical training environment and fear that attempts to implement change will be ineffective or rebuffed by those in leadership

The session will address incivility at the individual and organizational levels to effect change.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The educational methods include a didactic followed by case examples intended to facilitate thoughtful participation in small groups and the workshop.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. To what extent did this session heighten your awareness of uncivil behaviors in your current clinical learning environment?

2. How well did this session help you understand the effects of incivility on individuals, teams and organizations?

3. How well did the session help you understand the effects of incivility on patient safety?

4. Which shared resource (s) do you plan to take back to your institution or medical workplace to promote civility and respect in your clinical learning environment?

## **(36) Application ID: 1304967**

Medical Professionalism: The Contract with Society

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Carmela Meyer**

Score: **0**

### **Presenter(s)**

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**Carmela Meyer, EdD**

Position:  
Clinical Assistant Professor/Consultant

Organization:  
Partners in Medical Education

**Role:**

Presenter

**Jacklyn Fuller, PhD**

Position:  
Director, GME

Organization:  
HCA Florida Ocala Hospital

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

Medical Professionalism: A contract with Society is tailored for all GME leaders. In this session, we will focus on the conceptual frameworks and tools that inform the effective management of disruptive behavior. First, we will provide insights regarding defining professionalism and its impact on residents' professional identity formation. Next, we will discuss Miller's Pyramid and utilize the pyramid to ascertain the appropriate level (cognitive vs. behavioral) of remediation needed to address the struggling learner's concerns and behavior. Lastly, we will provide case scenarios for participants to work in groups to develop a strategy for addressing the presented behavior. The presenters are both leaders in GME with training as educators. They bring their expertise in adult learning theory and Miller's Pyramid to facilitate this interactive learning experience. The proposed presentation addresses a challenge many educators and leaders face in medical education. We will present both current research and practical tools to manage this challenge.

## Target Audience

All program and GME leadership, faculty, administrators and Department Chairs.

## Session Objectives

1. discuss medical professionalism and its implication on the medical boards.
2. Use Miller's Pyramid to identify residents' behaviors impacting their physician identity formation.
3. construct a remediation plan based on a professionalism framework.
4. develop remediation plans utilizing the ACGME milestones.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Professionalism is a challenging milestone to teach and evaluate. Many programs struggle with how to best approach the disruptive learner. We will provide opportunities to develop strategies that can be immediately implemented within the program to address these challenges.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Educators will become more competent in focusing remediation on the appropriate level (cognitive vs behavioral) based on Miller's Pyramid.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

One of the greatest challenges managing disruptive behavior is that it is not always seen in a positive light by the learner and there are few opportunities to practice in a safe space. Our session will provide an opportunity to practice developing remediation plans that address the concern through case discussion and role modeling the development of remediation plans.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

This session will utilize a variety of teaching methods. We will present core concepts, problem-solve cases, and role model the development of remediation plans.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

What skills will you take from this session and implement in your program?

## **(37) Application ID: 1305233**

A Workshop on Creating a Workshop

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Miriam Bar-on**

Score: **0**

### **Presenter(s)**

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**Miriam E. Bar-on, MD**

Position:  
AVP for Graduate Medical Education

Organization:  
Einstein Healthcare Network

**Role:**

Presenter

**Oriaku Kas-Osoka, MD, MEd**

Position:  
Program Director

Organization:  
UNLV School of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

Workshops are a mainstay both for faculty development and at professional society meetings. They are intended to be used for problem solving, sharing new ideas and the development of new skills. Work or active learning transpires during these sessions engaging participants and making the educational process fun again. Have you always wanted to lead a workshop, but did not know where to start? Using the session as a model, the group will dissect the components of creating a workshop – selecting a topic, reviewing the session structure, designing activities and identifying a “take-home” product. After introductions, review of the learning objectives and audience assessment, this session will begin with a focused mini-didactic describing a workshop. A large group brain-share will debate the pros and cons of various topics and select one. Using the topic identified, small groups will develop learning objectives for their session and consider various activities to solidify the expected learning. After a report out from the different groups, they will reconvene to address a take-home product from the session to be applied at the participants’ home institution. The session will conclude with tips to submitting a competitive abstract for a professional meeting. Templates and tip sheets will be provided to participants.

## Target Audience

Program Directors, DIOs, Faculty, Coordinators and Administrators

## Session Objectives

1. Describe the components of creating a workshop.
2. Demonstrate the process of designing a workshop.
3. Discuss the process of writing a competitive abstract submission.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Many individuals with terrific ideas and information to share are not comfortable with or do not know how to structure a workshop to present at a national meeting or for their peers at their home institution. This session will help mitigate that knowledge gap.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Faculty development is one of the major requirements for accreditation. Being able to develop a workshop for peers and others is a skill to have which will help meet accreditation requirements.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

We are using a simple four step approach to developing a workshop that will be useful to all who participate and hopefully overcome the barriers of fear and insecurity attendees may have before they participate.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The session which is a model of a workshop will employ the following: Large group brain-share, mini-didactic, small group activity with report out and large group discussion.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

1. Were the methods employed clear?
2. Can you see yourself leading a workshop after attending this session?
3. Will you submit a workshop abstract to a professional meeting in the future?

## **(38) Application ID: 1305245**

Roadmap to Achieving Balance in your ACGME ADS Annual Update- A Great Team Makes All the Difference!

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Kelly Conlon**

Score: **0**

### **Presenter(s)**

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**Kelly N. Conlon, MS, C-TAGME**

Position:  
Senior Project Manager

Organization:  
Northwell Health

**Role:**

Presenter

**Venice VanHuse, MPA**

Position:  
AVP, Graduate Medical Education & Office of Academic Affairs

Organization:  
Northwell Health

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

The ACGME Institutional Requirements state that “the DIO must oversee submissions of the annual update for each program and the sponsoring institution to the ACGME”. Oversight of the ACGME Annual Update for programs can be a challenging task for institutions of various sizes and can be overwhelming when done exclusively by the DIO. We’ve put together a collaborative team of GME professionals to balance the task of reviewing and assisting the DIO with this requirement.

By the end of this session, DIOs, Program Directors, and GME Professionals will have a roadmap, which includes an Annual Update WebADS Guide and timeline, that can be tailored to meet the needs of their institutions. The lessons learned, challenges faced, and insight gained, as well as the outcome of our process, will be shared with the audience.

## **Target Audience**

COIL, COPAC, Transitional Year, CPFD

## **Session Objectives**

1. Provide program leadership (Program Directors, Associate Program Directors, Training Program Administrators) with a roadmap to adequately complete the Annual Update
2. Describe the process by which DIOs can engage GME professionals to significantly improve oversight of program’s Annual Updates
3. Discuss our process for input/timely feedback to adequately address responses to citations, major changes, etc.
4. Educate program leadership on the new specialty specific program requirements including dedicated time and/or support allocated for program leadership

## **Additional Questions**

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

New and experienced Program Directors and Program Administrators may not be fully aware of the importance of adequately completing their annual

updates to remain in compliance with the ACGME Program Requirements. This session will help this group to become more knowledgeable and to develop best practices of their own.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

We would like to assist program leadership with the knowledge and skills necessary to avoid common pitfalls, including new/and or extended citations, AFIs, negative changes in accreditation status, and unnecessary site visits. We would also like to provide continuous education to decrease recurring errors. In addition, we would like to create awareness so that program leadership realizes that a well thought out and expertly completed annual update is a valuable exercise and an opportunity to showcase their programs. Finally, we would like to highlight the connection between the annual update and the RRC's accreditation decision.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

- Varying levels of Program Director and Training Program Administrator's experience completing the WebADS update
- Questions are incorrectly interpreted
- Time constraints
- Reluctance of seasoned program directors to follow the WebADS guide
- Number of programs
- Programs' delay in meeting the internal submissions deadline

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

This will be primarily a didactic session that will include interactive portions using Mentimeter.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- Based on the session, were you able to identify new knowledge or skills you can bring back to your institution?
- What new team strategies will you employ within your GME office because of this session?
- What similar challenges do you face at your own institution? How do you plan to address them in the future?

## **(39) Application ID: 1305247**

Professional Growth: Learning to Manage Yourself & Others

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **John Ballentine**

Score: **0**

### **Presenter(s)**

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**John K. Ballentine, MBA**

Position:

Executive Director for Academics Finance Administration

Organization:

Prisma Health

**Role:**

Presenter

**Bret Stevens, MBA, C-TAGME**

Position:

Associate DIO/Director of Medical Education

Organization:

McLaren Oakland & McLaren St. Luke's

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Working professionals in medical education encounter an ever evolving and challenging work environment. Balancing the needs of others and yourself can seem daunting. This session will provide learners with concepts in working as a professional including developing time management skills, navigating work pressures, managing others regardless of position, inventorying personal and professional well-being, and fostering one's own leadership style. Learners will leave the session with practical skills and knowledge through the development of a self-inventory of professional abilities and be able to determine where capitalizing on continuing education and coaching can lead to future career success.

## Target Audience

All medical education professionals

## Session Objectives

1. Discuss professional skills necessary to be successful in medical education leadership roles
2. Develop skills to navigate managing others including providing effective feedback and cultivating relationships
3. Review leadership theory in the context of medical education
4. Initiate individualized professional development plans to lead to future career success

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Navigating and cultivating professional relationships, particularly in a hierarchical driven industry such as healthcare, can be difficult and is a gap among many. There is often a practice gap in self-reflection and education on how to navigate these relationships. In medical education, everyone is required to manage another in some form or fashion. Attendees will be provided tools to improve this dynamic. Successful relationship building can lead to better job performance on all fronts. Beyond the aforementioned, attendees will also have the opportunity to discuss personal future career growth. Career growth may or may not mean a promotion, but rather skills that will enable the attendee to move to their next professional step.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Those in attendance will have a sense of empowerment through shared experience. This knowledge will not only come from the presenters but others in the audience as well. By improving professional skills that are applicable to multiple settings, the changes in competence and performance will be far outreaching and impact every aspect of their role.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

There may be a perceived barrier that an individual is unable to implement practice changes based on limited time. However, the session will be constructed in a way that allows for both micro changes that take little to no time and then also the ability to develop long term strategies. The diversity in application will allow attendees to avoid actualizing any real barriers.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A multifaceted approach will be utilized to facilitate the change in learning. Beyond a PowerPoint presentation to guide the presentation, an electronic worksheet will be provided (via QR code or email) for participants to complete. The worksheet will serve as an additional take-away tools for attendees to facilitate change and follow up on action items developed within the session. Beyond learning from the presenters, attendees will also be provided the opportunity for peer-to-peer learning through guided discussion.

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Do you feel that you can incorporate some of the skills shared here in your work life, even if done incrementally over time?

## **(40) Application ID: 1305279**

Thriving in Transitions: Mitigating the Negative Impact of High Stress Environments in GME

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Emma A. Omoruyi, MD, MPH**

Position:

Program Director-Pediatric Residency

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Vineeth A. John, MD, MBA**

Position:

Program Director – Psychiatry Residency

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

The aim of this workshop is to provide faculty and GME leaders the tools to help learners decrease stress and increase knowledge, skills, and level of comfort when transitioning from one educational experience to another. During all stages of medical education, learners' transition from one experience to another regularly. For example, residents transition from student to teacher and from rotation to rotation. Although transitions are expected and common, they can be stressful for the learners (Johnson et al., 2019). The workshop will provide tools for faculty and GME leaders to mitigate the negative impact of high-stress environments by utilizing principles of situational awareness and psychological safety.

## Target Audience

The target audience for this workshop will be medical education leaders. Depending on the size and structure of the institution this may be the core teaching faculty, Deans of Education, the ACGME DIO, and Program Directors

## Session Objectives

1. Describe a high-stress learning environment
2. Define situational awareness and psychological safety
3. Apply practical strategies to enhance situational awareness and psychological safety in their workplace in real-time
4. Create an optimal learning environment that helps the learner to thrive in a transition experience.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

The aim of this workshop is to describe effective strategies for creating situational awareness and psychological safety for trainees during transitions in high-stress learning environments.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

The Accreditation Council for Graduate Medical Education (ACGME) recognizes the public's need for a physician workforce capable of meeting

the challenges of a rapidly evolving health care environment and to engage resident and fellow physicians in learning to provide safe, high quality patient care. Through our session we would like to share best practices for creating safe and positive learning environments. We hope to create an environment in which we can learn from each other about this process improvement specific to GME educational programs.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

The most significant barriers are time. We will discuss how we tackle the barrier of time and share literature based strategies. We look forward to hearing about strategies used by other programs.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A short didactic, followed by pair-share work in small groups, and question and answer session

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Was this session helpful in finding ways to identify barriers and facilitators to learning in a high-stress clinical environments?

Did this session provide ideas for how to enhance situational awareness and psychological safety in their workplace in real-time?

## **(41) Application ID: 1305462**

Balancing Act: Management and Oversight of ACGME Accredited & Non-Physician Post-Graduate Education Programs

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Michelle Valdez**

Score: **0**

### **Presenter(s)**

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**Michelle Valdez, MA**

Position:  
GME Executive Manager

Organization:  
San Antonio Uniformed Services Health Education Consortium

**Role:**

Presenter

**Timothy Bonjour, DSc, PA-C**

Position:  
Associate Dean, Graduate Allied Health Education

Organization:  
San Antonio Uniformed Services Health Education Consortium

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Many GME institutions also sponsor non-physician post-graduate medical/dental education programs. With multiple different accrediting bodies and often no existing institutional structure to oversee these programs, the oversight responsibility often falls to GME. Many non-physician post-graduate accrediting body requirements lack specificity and the institution must define how best to oversee and monitor these programs with limited resources.

## Target Audience

DIOs, Institutional Leaders, Program Directors

## Session Objectives

1. Define non-physician post-graduate programs as well as considerations for program management and accreditation oversight
2. Describe institutional placement and leadership structure of non-physician post-graduate programs
3. Define the value of non-physician post-graduate medical education
4. Identify applicable policies in relation to non-physician post-graduate programs
5. Develop an institutional strategy/approach to oversight of non-physician post-graduate programs

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Many GME institutions are charged with oversight of non-physician post graduate programs such as Physician Assistant, Physical Therapy, Podiatry, Psychology, and/or Dental programs. There are multiple accrediting bodies that cover non-physician/dental post-graduate education, but often there is not a robust institutional structure specifically dedicated to oversight of these programs. Often times, this oversight responsibility falls to Graduate Medical Education.

With multiple accrediting bodies, differing requirements, and certification boards, oversight of these non-physician programs may be challenging for institutions already charged with oversight of ACGME programs. There are

several considerations when overseeing multiple accrediting bodies such as how to apply existing institutional policies, managing pay and benefits, vacation/family leave, tracking work hours, among many other factors. Moreover, many of these accrediting body requirements fail to define items such as administrative support personnel, faculty FTE, or program leadership tenure expectations. This leaves the institution with the responsibility to try to define it. This workshop aims to explore areas for consideration when managing multiple non-physician post-graduate accrediting bodies; to provide the learner with the tools needed to develop an institutional structure and approach to improve oversight and monitoring of non-physician post-graduate education programs.

**2. What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

Attendees will gain an understanding of the tools to develop an institutional strategic approach for oversight of non-physician post-graduate education programs. They will identify existing policies and procedures to be modified and identify policy gaps that will need to be filled with innovation. Moreover, this workshop aims to explore additional ways to communicate and educate, such as creating a non-physician post-graduate program education committee, development of institutional tracking mechanisms to monitor the various accrediting body site visits, deadlines, and requirement changes. Finally, learners will gain insight into the development of an Annual Institutional Report for non-physician post-graduate education programs.

**3. What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

- Lack of institutional structure to conduct oversight of non-physician graduate programs
- Lack of knowledge regarding requirements and management of multiple accrediting bodies for non-physician post graduate programs
- Historical silos and lack of opportunities to engage with non-physician post-graduate education programs

The workshop will address these barriers to change by helping to empower learners with the tools needed to implement improved oversight of these programs. Additionally, the workshop will help learners and look for opportunities to increase collaboration and awareness of interprofessional medical education programs as well as sharing of resources and best practices.

**4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

- Didactic, Small group discussions
- Worksheets and handouts via toolkit

**5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- What aspects of oversight and management of non-physician post graduate program elements are you going to take back to your institution?
- What are some practical steps you could implement soon after returning to your institution?
- What gaps exist in current policies at your institution for oversight of non-physician post-graduate education programs?

## **(42) Application ID: 1305501**

Metric Driven APE's for Continuous Improvement

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Loraine (Lori) Smith**

Score: **0**

### **Presenter(s)**

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**Loraine (Lori) Smith, MBA, MSL**

Position:

Director, GME & UME

Organization:

Bayhealth Medical Center

**Role:**

Presenter

**Krista Lombardo-Klefos, MBA**

Position:

GME Administrative Director

Organization:

Cleveland Clinic

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

The Annual Program Evaluation (APE) is an integral part of the programs' continuous improvement (CI) cycle. Effective CI necessitates holding your Program Evaluation Committee (PEC) accountable for brutal honesty in developing the annual SWOT, something which is often difficult for us. It is much easier to put our strengths and opportunities to paper than our weaknesses and threats as we feel vulnerable. This workshop will help you use that vulnerability to your benefit.

A case study will be used to develop a SWOT and action plan with smart goals and metrics. APE templates and action plans will be shared with participants as well as a list of potential smart goals and metrics related to the templates. We will also show you how to use dashboards and other visualizations to monitor progress.

## Target Audience

COPAC

## Session Objectives

1. Discuss the importance of the SWOT in a continuous improvement cycle
2. Collaborate in creating innovative smart goals for program improvement
3. Design effective metrics which could be incorporated into the APE process for measuring success

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Each program must complete an annual Program Evaluation (APE). Many programs considered the APE to be something that must be done annually, but do not utilize the process to its full potential. We will examine the benefits to doing a SWOT as a part of the APE and assuring that all components (strengths, weaknesses, opportunities, and threats) are equally examined to assure a 360 view of the program. We will also explore creating an action plan and identifying metrics for monitoring improvement.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This session will help strengthen the APE process required by the ACGME for accreditation purposes and will promote continuous program improvement.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Barriers include the overcoming vulnerability and using that vulnerability to promote change within our programs. It can be very easy to discuss our accomplishments in the APE but is a little more difficult to address our weaknesses. Even once we have identified areas for improvement, how will we measure? How often will we measure? Time is often a major barrier to improvement projects, but it is time well spent.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

A case study will be sent to all registered participants prior to the conference. Based on that pre-reading you will work with your group to develop a detailed SWOT for the case. The SWOT will then be used by the group to identify three areas to target and create an effective action plan. We will then review the action plan and work within our group developing smart goals for the action items and metrics which can be used to measure success. Both presenters and attendees will share their experiences and best practices.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

Do you expect that utilization of the SWOT and creation of smart goals which are metric driven during the APE will promote change in your program?

## **(43) Application ID: 1305512**

Operating GME through a merger of health systems

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **John Ballentine**

Score: **0**

### **Presenter(s)**

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**John K. Ballentine, MBA**

Position:

Executive Director for Academics Finance Administration

Organization:

Prisma Health

**Role:**

Presenter

**Cindy Y. Riyad, PhD**

Position:

Associate Executive Director

Organization:

ACGME

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Mergers are a common occurrence in the present healthcare landscape. Starting as two separate entities, Palmetto Health (Columbia, SC) and Greenville Health System (Greenville, SC) are now one ACGME-accredited Sponsoring Institution. The merger of these two systems involved a complex and challenging process. In addition to examining current structures and proposing a newly unified administrative and financial structure, the merger involved communications and redesigned compensation and administration processes for the merged entities. This session will share the experiences from both institutions, what we have done to navigate the change in regard to GME culture and efficiencies, and we will invite attendees to share their best practices in this area.

## Target Audience

- DIOs
- GME leadership
- Program Directors
- Program Administration

## Session Objectives

1. Share the challenges faced by our two institutions throughout a large merger process.
2. Share our actions in navigating this process, particularly in the areas of finance, organizational structure, culture, and communications.
3. Solicit and discuss best practices from attendees to identify best practices.

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Successful navigation of a merger is challenging for the whole institution, and it's critical that the GME leaders manage areas within their control to reach the best possible "new" state of existence. While the concept of a merger is understood and appreciated at the senior executive level, there are various points of consideration and adjustments which must be accounted for at the office of GME level. Throughout our experience during the merger of two large public nonprofit institutions in South Carolina, we learned how to navigate the complexities of delivering effective GME practices while aligning two very different health systems with one another,

all while garnering the internal support of our program leadership and administration.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

By sharing the challenges and the actions taken to date the attendees will be better equipped, should the need arise, to navigate the essential processes of a merger. Attendees will also learn how to achieve consensus between two competing institutions which maintained their competitive natures while sharing resources and a common goal towards the mission of the merged institution.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

A major challenge in the process of a merger is frequent and effective communication. Areas that impact GME can change quickly and the flow of information is sometimes interrupted. In addition, gaining stakeholder engagement across teams and departments can be difficult to achieve, even when geographic or physical barriers exist. In this session, we will share what we have done to help minimize these impacts and solicit best practices from the audience.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

The main format of this session will be a case study approach to use our institution as a way to consider the method of mergers and how to operationalize the various moving parts of GME. We will employ open dialogue to engage our audience, as well as some group think activities allow them to reflect on the various aspects of the merger process (issues related to finance, administration, communication, etc.). We will use a visual aide (PowerPoint) to share items and to keep the session on track.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- If your system is going through a merger, do you feel better equipped to navigate your GME area through the process?
- Did this session provide useful, actionable information that will assist you in the future? If so, how?
- If your system is not going through a merger, do you feel better equipped to navigate conversations and anticipate the needs of your institution regarding change in the various GME areas of work (finance, administration, communications)?

## **(44) Application ID: 1305680**

New Faculty Orientation & Development : The Must Haves and the How Tos

: **Breakout Session**

Application Status: **Complete / Locked**

Submitter: **Renee Connolly**

Score: **0**

### **Presenter(s)**

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**Renee H. Connolly, PhD**

Position:  
Director, GME Learning and Development

Organization:  
Prisma Health

**Role:**

Presenter

**Matt Orr, PhD**

Position:  
Associate Dean for Continuous Professional Development & Strategic  
Affairs

Organization:  
University of South Carolina School of Medicine Columbia-Prisma Health

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

This session will equip participants with key knowledge (insights?) and direction for the development, implementation and assessment of a meaningful new faculty orientation experience. Presenters will describe how a new faculty orientation can be designed to address two major strategic needs: 1) To support clinicians entering academic medicine or a new institution with new responsibilities for teaching, research, and service in the context of the institutional culture; 2) To engage faculty in a foundational experience that builds their commitment to their own continuing professional development. Particular focus will be placed on methods for optimizing faculty engagement and garnering support from senior leadership.

## Target Audience

DIO/GME leaders  
Program Directors  
Department Chairs  
Faculty  
Education Directors

## Session Objectives

1. Describe methods for identifying new faculty needs
2. Identify key issues and administrative details of offering a new faculty experience that is sustainable, effective, and aligned with institutional and accreditation requirements
3. Address common barriers for faculty participation and institutional leadership involvement and support
4. Build faculty commitment toward their own continuing professional and personal development at an academic institution

## Additional Questions

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1. **What is/are the professional practice gaps that you wish to address with your presentation? OR...what is the difference between the current competence/practice/outcome and the optimal or desired competence/practice/outcome that you wish to remedy with your presentation?**

Often the onboarding experience for new clinical faculty at an institution consists of a human resource-focused package of information regarding institutional policies, procedures and benefits. While this is necessary, it is

not sufficient. New faculty also need to be engaged in activities that orient them to the culture within the institution and clinical learning environment and set the foundation for their continuing professional development as clinical educators and leaders in that context. This session will walk attendees through one institution's approach to address this gap through a realistic foundational professional development and orientation experience for those new to the faculty role at an institution. Presenters will share how to align the mission and vision to these efforts while focusing on key areas of a clinical educator's role with sustainable professional development initiatives to build a stronger pool of new faculty.

2. **What specific change(s) in competence, performance or education/accreditation outcome do you want to create through your session?**

This workshop will engage participants in the design of a new faculty development experience by providing them an overview of why these efforts are important and how they may integrate experiential learning activities. Topics will include aligning mission and values, key institutional and accreditation focus areas (teaching, evaluation, scholarship, professionalism), and professional development necessities (promotion, professional development plan, SMART goals, working with leaders) to build new clinician educators at their own institutions.

3. **What are the potential barriers (real or perceived) that might prevent our attendees from achieving the change you desire? How will/can your session address those barriers to change as well?**

Barriers include GME capability to implement a program like this; how to gain leader/department support and participation, and how to effectively link efforts to current institutional needs. Also, like all faculty development initiatives, another barrier will be how to know if these efforts are really making a difference in the professional lives of faculty and ultimately, what the impact on trainees is. Presenters will share their experience and advice on combining the DIO, CME, and Educator perspective to try to eliminate these barriers. In addition, attendees will have the opportunity to share their own insight where applicable. Presenters will explain the steps they took to ensure strategic alignment and support from senior leaders, which can be applied at any institution.

4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

Educational methods during the session will include a didactic introduction to provide the foundation and set a tone for why a new faculty experience is a helpful approach for developing new clinical faculty. In addition, time will be given to allow participants to share their own experiences and collaborate on how to engage faculty in an experiential approach to development.

5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

- IF you have not already, would you consider implementing a new faculty experience at your institution? (forced-choice response: Not probable at this time, Would consider this in a year or two, Would like to begin now for next year, I am already engaged in this/similar activity)
- What is one idea you might try to implement at your institution related to what you have heard now about a new faculty experience? (Response: Open-ended text)
- What barriers do you feel will be present at your institution when you think about new faculty development? (Response: Open-ended text)
- What is one thing you could do to begin to address that barrier? (Response: Open-ended text)
- Would you like to collaborate with others who are engaged in this work or interested in starting? (forced choice response: Yes/No Please add: Name & email)