

## **(1) Application ID: 1064399**

Breaking the Glass Ceiling: Becoming DIO as a nonphysician

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Susan Greenwood-Clark**

Score: **0**

### **Presenter(s)**

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**Susan Greenwood-Clark, MBA, RN, FACHE**

Position:  
Director, Medical Education/ DIO

Organization:  
St. Mary Mercy Hospital

**Role:**

Presenter

**Tia Drake, BS**

Position:  
Executive Director and DIO, Designated Institutional Office

Organization:  
Washington University, School of Medicine

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

The DIO not only manages the clinical aspects of training as well as business perspective related to medical education. This session will discuss the process for becoming DIO as a non-physician as well as the challenges of managing expectations and attitudes of others with the change of roles.

## Target Audience

GME administrators, GME directors and DIOs/Associate DIOs

## Session Objectives

1. Understanding the role and competencies of the DIO and how this may differ between MD vs non-MD.
2. Identification of specific leadership skills necessary when managing other GME leaders as well senior hospital leadership in both large academic centers as well as smaller teaching hospitals.
3. Effectively sharing the burden of oversight with GMEC and other hospital/university leaders.
4. How to identify and foster dyad relationships to succeed at the DIO role based on personal strengths

## 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 Typical role of DIO is held by physicians but the role is continually evolving and demands individual with many leadership qualities

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

Understanding that non-MDs can successfully fill this position while building excellent relationship with clinical leaders and C suite position

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 believe this is an knowledge barrier and oftentimes a bias that only MDs can fill this role successfully. The DIO role has expanded and changed that now demands expertise in many additional skills in addition to practicing medicine.

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

discussion

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

Did we plant a seed to encourage institutional leaders to re-evaluate the base qualifications of this important role and how goals can be achieved under a non-MD model.

## **(2) Application ID: 1064411**

GME Resident Orientation-Case Based Policy Review

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Karen Johnson**

Score: **0**

### **Presenter(s)**

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**Karen E. Johnson, M. Ed.**

Position:  
Administrative Director, Medical Education

Organization:  
Henry Ford Wyandotte Hospital

**Role:**

Presenter

**Lori Balser**

Position:  
Ob/Gyn Program Specialist

Organization:  
Henry Ford Wyandotte Hospital

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

This session will present an interactive case based policy review during orientation where participants are divided into 2-4 small groups, each group selects a different policy type (one participant in each group will pull up their policy). Then a case is provided to each group (for example, a misbehaving resident to the PIP group, a pregnant resident to the leave group, etc.) and ask them to walk through application to their policy. Each small group then reports out on the difficulties they had interpreting or applying the policy. This session allows all to experience the same interpretation requested by residents during orientation, and further allows a better understanding of key policies.

## **Target Audience**

GME specialists, coordinators, Institutional Coordinators and Program Directors

## **Session Objectives**

1. Participants will be able to implement the case based policy review during and apply the process to their institution or program.
2. Learners will provide a more interactive GME resident orientation.
3. Learners will understand the difference between policy and implementation and be able to close the gap for new residents.
4. GME administrators and coordinators will reduce the number of institution or specialty specific policy questions asked by residents. Less emails and more compliance!

## **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 and coordinators across the nation are asked many policy based questions by residents throughout the year. During this interactive session the participants will be able to initially become a participant resident, interpret policy based upon cases presented and then create a simple case based review at their own institution.

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

Greater compliance to policies at the institution and program level. Less policy questions asked by residents.

**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?**

Time-this takes more time than talking about each policy to the residents. Not all groups will thoroughly review and interpret the policy, so further discussion may be necessary. The organization may be too large to implement in small group settings, although this may be used by individual programs.

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

Group learning, policies and scenarios to interpret and share between organizations.

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

How will you implement this change? How large is your institution? If large, how would you change this to use in your institution? If you are a PD or coordinator, will your program use this during orientation? How will this help your GME or program?

## **(3) Application ID: 1070422**

Utilizing Annual Graduate Medical Education Research Week Activities to Foster a “Community of Practice”

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Kelley Whitehurst**

Score: **0**

### **Presenter(s)**

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**Kelley E. Whitehurst, MAEd**

Position:  
Program Manager, GME Education

Organization:  
Vidant Medical Center

**Role:**

Presenter

**Alyson Riddick, MHA, C-TAGME**

Position:  
Director, GME

Organization:  
Vidant Medical Center

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

To cultivate continuous learning across the continuum of medical education, the LCME, ACGME and ACCME emphasize the importance of ongoing education through accreditation standards requiring physicians to demonstrate an understanding of their personal role and commitment to lifelong learning. Many institutions offer events highlighting scholarly activity, however, these events usually focus solely on research when there can be broader educational benefits. A GME Research Week can foster a greater “community of practice”, incorporating aspects of mentorship, professional identity formation, faculty development, and program advancement in all phases of medical education.

## Target Audience

Program Directors, Program Coordinators, teaching faculty, GME & CME administrators

## Session Objectives

1. Outline the importance of fostering a “community of practice” across the continuum of medical education
2. Detail the benefits scholarly events can provide beyond scholarship such as supporting lifelong learning
3. Optimize current scholarly events utilizing provided resources and a “lessons learned” approach at their individual site or 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?**

To cultivate continuous learning across the continuum of medical education, the LCME, ACGME and ACCME emphasize the importance of ongoing education through accreditation standards requiring physicians to demonstrate an understanding of their personal role and commitment to lifelong learning. Many institutions offer events highlighting scholarly activity, however, these events usually focus solely on research when there can be broader educational benefits. A GME Research Week can foster a greater “community of practice”,

incorporating aspects of mentorship, professional identity formation, faculty development, and program advancement in all phases of medical education.

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

We intend to demonstrate how participants can capitalize on scholarly activity events to reap educational benefits beyond scholarship through the intentional fostering of a local “community of practice”. Educational theorists define a “community of practice” as a social network of individuals with shared foundational knowledge, beliefs, values, and experiences focused on a common practice. By incorporating elements such as faculty development, professional identity formation, mentorship and program advancement into research events, institutions can support their local “community of practice”, promote lifelong learning and maximize educational benefits.

**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, educational resources and the student, trainee and faculty perceptions regarding participation. 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.

**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.

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

Did this workshop provide you with actionable ideas to begin/enhance the scholarly opportunities at your institution to foster lifelong learning and a local “community of practice”? If yes, what specific ideas do you plan to implement?

## **(4) Application ID: 1071233**

Learning Sessions: An informal Collaboration Between Program Administrators

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Vanessa Goodwin**

Score: **0**

### **Presenter(s)**

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**Vanessa Goodwin, MS**

Position:

Manger, GME

Organization:

University of Vermont Medical Center

**Role:**

Presenter

**Heather Gottfried, BS**

Position:

GME Program Administrator

Organization:

University of Vermont Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Demonstrate how to provide an added avenue of collaboration between PAs in facilitated conversation on focused topics relevant to this group. Show how these sessions can further cultivate the community that encompasses perspectives from newer PAs and wisdom from more seasoned PA., Describe how to implement additional professional development, process improvement, and collegial support for PAs, and demonstrate how these contributions help to knowledge and training in a group setting and benefit the individual and programs.

## **Target Audience**

program coordinators/administrators, gme staff

## **Session Objectives**

1. Design and implement learning sessions at their home institution
2. Understand the benefits of focused topic conversations and knowledge sharing
3. Cultivate a community that encompasses perspectives from newer program administrators and wisdom from more seasoned program administrators
4. Gain understanding in how to facilitate small group conversation

## **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?**

Professional Gap- Lack of formal/informal professional development opportunities for program coordinators/administrators at many institutions and lack of opportunity for collaboration and knowledge sharing between program coordinators/administrators and the gme office staff Outcome we wish to remedy this by providing a low cost high yield replicable opportunity to build an avenue for collaboration and knowledge sharing

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

We wish to create avenues for formal and informal professional development via knowledge sharing and collaboration for program administrators at their home institutions in order to help workflow, process improvement and team building.

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: Time, Cost, Institutional/Program Support Our session will address these barriers as follows Time- sharing evidence that demonstrate providing professional development increases morale, efficiency and workflow Cost- demonstrate how cost of sessions is limited to finding space and attending session which is outweighed by the collaboration and information sharing that occurs Team Building- we will provide information to demonstrate that when people feel like they belong and are valued they perform better (benefits the institution/organization overall)

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

Presentation, sharing literature to support the benefits. Handouts for people to take away with steps implement at their home organization, potentially a mock learning session to demonstrate how the session works and how easy it is to share your knowledge.

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

Will you implement this session at your home program? Do you feel like you have the tools needed to provide learning sessions at your home program? Will your institution support these types of session for you? Do you feel it is beneficial to have professional development sessions at your home institution with your peers ?

## **(5) Application ID: 1071531**

Developing an Emotional Intelligence & Resilience Curriculum to Promote Well-Being

Session Type : **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, Dept of Pediatrics

Organization:  
Loyola University Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

Medical students and residents are at increased risk of depression, burnout, and suicide. Developing and implementing a curriculum for learners that teaches them Emotional Intelligence (EI) skills and Resilience strategies may be an effective way to reduce the risk of burnout and promote their well-being. The goal of this workshop is to describe the experience of designing and implementing an EI-Resilience curriculum. Participants will understand the

educational curriculum utilized to teach these skills to medical students and residents. The curriculum will be reviewed and examples of worksheets and videos used as part of the curriculum will be shared with workshop participants. Curriculum evaluations, initial outcomes, and lessons learned about the feasibility and utility of the curriculum will be discussed to help participants use our experience as a framework to develop their own curriculum at their respective institutions.

## **Target Audience**

Directors and Administrators of Medical Education; Program Directors; Chiefs of Departments; Medical Directors; Directors and Administrators of Undergraduate, Graduate, and Continuing Medical Education; Chief Academic Officers; Designated Institutional Officials; Coordinators of Medical Education.

## **Session Objectives**

1. Discuss an educational curriculum that teaches Emotional Intelligence (EI) skills & Resilience strategies in an effort to promote well-being of learners
2. Describe the experience of designing and implementing an EI-Resilience curriculum
3. Explain the initial outcomes related to the feasibility, utility, and effectiveness of an EI-Resilience curriculum
4. Review the successes and challenges of creating an EI-Resilience 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?**

In general, medical students and residents do not get formal training in Emotional Intelligence skills and Resilience strategies. This curriculum is designed to teach these skills, which can reduce the risk of burnout.

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

Participants will be able to use this educational curriculum as a framework to develop their own curriculum focusing on Emotional Intelligence & Resilience.

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 might not be able to see the value and the benefit offered by an EI-Resilience curriculum. The evaluation of this curriculum, along with the initial outcomes, will demonstrate the importance of this type of experience.
4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**  
Examples of worksheets and videos used for the educational curriculum will be shared with participants.
5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**  
Do you incorporate formal educational sessions to teach learners Emotional Intelligence skills and Resilience strategies.

## **(6) Application ID: 1076934**

Capitalizing on the Crosswalk: Synergistic GMEC Oversight of APEs and ADS

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Kimberly Baker-Genaw**

Score: **0**

### **Presenter(s)**

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**Kim M. Baker-Genaw, MD**

Position:  
DIO

Organization:  
Henry Ford Hospital

**Role:**

Presenter

**Katherine McKinney, MD**

Position:  
DIO, Senior Associate Dean, GME

Organization:  
University of Kentucky College of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

This session will describe the approach used by three sponsoring institutions' Graduate Medical Education Committees (GMEC) and Designated Institutional Officials (DIO) to fulfill the requirement for oversight of Annual Program Evaluations (APE) and ACGME Accreditation Data Systems (ADS) updates. Early in the session, participants will complete a GMEC/GME office current state 'self-assessment' with regard to APE and ADS data oversight, rating aspects such as efficiency, effectiveness, program satisfaction with the process, GME office satisfaction and workload. Each presenter will then provide an overview of their own institution's journey with regard to APE and ADS update oversight. Presenters will describe the iterative processes their GMECs/GME offices utilized to improve the connection points between their programs' APE and the ACGME annual accreditation data update. Strategies utilized to gain efficiency without sacrificing the quality of GMEC oversight will be emphasized including methods for standardizing program APE data collection, sequencing APE collection with the annual ADS update timeline, and guides employed to assist programs with utilizing APE content to inform their ADS updates. Presenters will facilitate group discussion and offer commentary in a panel format to outline commonalities between institutional approaches that have augmented the effectiveness of institutional oversight not only for data quality but also ensuring the process contributes value to the institution's programs. Participants will also be provided with several tools the presenting institutions utilize to assist with oversight of both program APEs and ADS.

## **Target Audience**

DIO, Institutional Coordinators, Program Directors, Program Coordinators, Central GME office

## **Session Objectives**

1. Highlight similarities between program's APE process and the ACGME annual data update
2. Discuss strategies used to streamline GMEC APE and ADS oversight workload
3. describe methods for adapting GME office processes to improve APE and ADS data review
4. describe methods for improving the quality of their GMEC's APE and ADS data oversight while taking into account GME office and program workload concerns

## **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?**

An outcome of this session is to allow participants to brainstorm with colleagues regarding methods for improving the quality of their GMEC's APE and ADS data oversight while taking into account GME office and program workload concern

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

institutions and programs would use session to realize possible opportunities to improve their GMEC's oversight processes.

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 are significant differences in SIs and potential ADS changes

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

Session outline (60 minutes) · Introductions/learning objectives: 5 minutes · Participant self-assessment of institutional/GMEC oversight challenges: 5 minutes · Institutional case studies: APE and ADS oversight processes: 10 minutes · Discussion of synergy between APE and ADS oversight processes: 10 minutes · Panel and participant discussion/Q&A: 25 minutes · Final debrief, takeaways: 5 minutes

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

We have this session set up as a panel and have a third presenter that we would need to add to be able to provide this session. We have presented a similar session at the AAMC GRA meeting with outstanding feedback. If accepted, Elisa Crouse, MD would also be a presenter.

## **(7) Application ID: 1077208**

Financial Education for Residents

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Caleb Reed**

Score: **0**

### **Presenter(s)**

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**Caleb Reed**

Position:  
Financial Representative

Organization:  
Strategic Wealth Specialists

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

Providing residents, fellows, and attendings financial education so they can be prepared when they finish their residency or fellowship. The topics could include student loan repayment options, contract negotiations, malpractice insurance and other protection when practicing outside the residency or fellowship, strategies when running a private practice, employee benefits, and protection specific to physicians.

## Target Audience

Program Directors, Program Coordinators, CEOs of Hospital, and other Decision makers for the physicians.

## Session Objectives

1. Understand all of the topics that residents, fellows, or their attending physicians could benefit from understanding when it comes to financial education and not just having medical education.
2. Not all of the information they may be able to receive from blogs, podcasts, or other co workers apply to their specific situation.
3. That not all products are the same. There is a reason different companies have different products that cost differently and there is a reason why that exists.
4. Know that when I speak with a program I do not represent any products or a specific company. There will be no sales pitches in our education time and we understand there are a lot of people who do that in our industry.
5. See why physicians trust us to educate them on all areas of their life. Not just around one certain area or one certain product. That we are here to educate them around everything they deal with to make sure they know how to handle whatever financial decision they have to make.

## 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 are a lot of sales people that speak with programs or there are a lot of programs who do not have these educational lectures because of sales people just selling products and not educating the attendees. I plan to show that it is available to have someone strictly educational that will treat the residents with the utmost care.

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

How everything actually works. To look at every option that a physician has and that there is not just one way to do things. There are multiple ways and there is always another side to the story. That each person has different needs, different objectives, and that needs to be understood before making decisions that could affect the rest of their lives.

- 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?**

From having experience in the past from the financial industry that have done the exact opposite of education. They think everyone who wants to speak with the residents is the same. I will go through an entire session explaining nothing but educational information and there will not be any "sales" language used at all.
- 4. What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**

I will use historical data, I will use real live case studies of different programs and different physicians that we have used. I will also use written testimonials.
- 5. What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**

How do I get paid? Why is every company not the same when buying certain products? Why are some more and some less? How can you educate around all of these areas?

## **(8) Application ID: 1077636**

Milestones for the Clinician Educator: What is Your Professional Developmental Trajectory?

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Laura Edgar**

Score: **0**

### **Presenter(s)**

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**Laura Edgar, EdD, CAE**

Position:  
Vice President, Milestone Development

Organization:  
ACGME

**Role:**

Presenter

**Rebecca Daniel**

Position:  
Director of CME and Transitional Year Program

Organization:  
St. Joseph Mercy Hospital

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

In 2013, the Accreditation Council for Graduate Medical Education initiated the Milestones as a developmental framework for assessment of residents and fellows. As a next step, the ACGME along with ACCME, AAMC, and AACOM worked together to develop Milestones for Clinician Educators. A group of 16 volunteers representing the continuum of medical education from medical student and resident to undergraduate medical education, graduate medical education, and continuing professional development. After a review of the literature and practices in other professions and countries and a modified Delphi activity, the group identified four competencies and 16 subcompetencies that were deemed essential to an effective clinician educator. The intent of these Milestones is to provide a path for the continued professional development of a clinician educator. In this session, we will describe the development process, review the subcompetencies, and offer ideas for implementation across the spectrum of medical education.

## Target Audience

CME, GME and UME Directors, Faculty and Coordinators

## Session Objectives

1. Summarize the Clinician Educator Milestones
2. Discuss how the Clinician Educator Milestones can be used as professional development
3. Create a learning plan to develop competence as a clinician educator

## 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 professional gaps we will address are the developmental trajectories for Clinician Educators. This session will help to identify a learning pathway for clinician educators.

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

The clinician educators will be able to identify their levels across the Clinician Educator Milestones.

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 participants may be concerned that the Clinician Educator Milestones will become a requirement for accreditation or other high stakes purpose. In addition, participants may not feel it is applicable because their responsibilities within their department are not clinically focused. Our discussion will It will also identify competencies and subcompetencies that some Clinician Educators have not considered an essential part of their professional development and the value of all members of the education team in utilizing these milestones for their own progression and for design of educational curriculum. These concerns will be addressed during a discussion of the purpose and again during the portion on putting it all together.

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

This session will include suggestions from Clinician Educators at various levels of experience across the continuum of medical education.

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

Will you be able to incorporate these Milestones into your professional development plan? Will you be able to self-assess against these Milestones?

## **(9) Application ID: 1078818**

Recent Changes in Licensure Assessment for DO Students and Residents

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Alanna Witowski**

Score: **0**

### **Presenter(s)**

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**Jeanne Sandella, DO**

Position:

Associate Vice President for Research and Communications

Organization:

National Board of Osteopathic Medical Examiners (NBOME)

**Role:**

Presenter

**Melissa Turner, MS**

Position:

Associate Vice President for Strategy and Quality Initiatives

Organization:

National Board of Osteopathic Medical Examiners (NBOME)

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

The aim of the session is to provide information for residency, fellowship program directors and GME faculty and staff on recent changes to licensure assessment, including the recent indefinite suspension of the COMLEX-USA Level 2-PE exam and its impact on the pathway to licensure for osteopathic applicants and trainees. This session will review the Special Commission on Osteopathic Medical Licensure Assessment and the alternate pathways for attestation of fundamental osteopathic clinical skills for the COMLEX-USA licensure examination program. The decision to move COMLEX-USA Level 1 from reporting three-digit numeric scores to Pass/Fail will be discussed. In the context of these developments, the NBOME strives to improve understanding of what COMLEX-USA examinations measure, how standards are set, what the scores mean and how they correlate to performance in residency and support holistic resident selection processes. A focus on the hardships faced by all medical students and residents during 2020 and 2021 and the importance of diminishing barriers for DO students applying to programs with COMLEX-USA scores in an effort to reduce stress and support wellness is included.

## **Target Audience**

DIOs, Program Directors, GME Faculty, Program Coordinators

## **Session Objectives**

1. Understand critical changes to the COMLEX-USA examination series and the impact of those changes to future residency applicants.
2. Understand the alternate pathway for clinical skills verification recommendations and the comprehensive review of the COMLEX-USA examination program by the Special Commission on Osteopathic Medical Licensure Assessment.
3. Learn about using COMLEX-USA scores in context as part of holistic GME applicant review and score reports to assist residents in continuous professional development.

## **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?**

Enhance the understanding by clerkship and residency programs about the recent changes to licensure assessment for DO students and residents.

**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 into clerkship and 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 away clinical clerkships and ACGME-accredited residencies, the need to reduce the biases and barriers they encounter has become more critical. This session will educate residency and clerkship 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 lecture is given by a leader in osteopathic medicine to advance understanding of changes in osteopathic licensure assessment. 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?**

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

## **(10) Application ID: 1078885**

The Power is Yours: Using Milestones for Program Coordinator Development

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **LaToya Wright**

Score: **0**

### **Presenter(s)**

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

Position:

GME Program Coordinator III

Organization:

UT Southwestern Medical Center

**Role:**

Presenter

**Cat Bailey, A.B.**

Position:

GME Program Coordinator II

Organization:

UT Southwestern Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

In recent years, the ACGME has started to place higher emphasis on recognizing the Program Coordinator (PC) as critical member of the Program Leadership Team. At our institution, we've realized that the role of Program Coordinator needed to be better defined across all programs. This led us to a full overhaul of the job descriptions and titles across the University and elevated the Program Coordinator Role as a professional position. When assessing the various duties of Program Coordinators, it was quite apparent that many different professional levels existed within our institution, and we recognized the need for a tool to be able to assess these levels. A Milestone Task Force Committee was formed, which resulted in the development of the Program Coordinator Milestones. The PC Milestones are meant to be used as a self-assessment tool for coordinators to determine their current professional level, as well as provide a pathway for advancement to the next level. Additionally, the PC Milestones can be used to identify learning opportunities and/or areas of interest to be used when creating Program Coordinator Development Sessions.

## **Target Audience**

GME Program Coordinators, GME Program Directors, GME Stakeholders and Influencers

## **Session Objectives**

1. Describe the methodology and steps utilized to develop program coordinator milestones.
2. Utilize the tools provided to assess their own gaps in knowledge and skills to facilitate their own personal and professional development.
3. Describe techniques to address potential and/or perceived barriers to developing and initiating program coordinator milestones.
4. Associate the role of a GME Program Coordinator with the success of a GME program and the need for professional development opportunities.
5. Recognize the importance of establishing standard behaviors from which a Program Coordinator can grow.

## **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 Program Coordinator role is seldom clearly defined for many institutions, which in turn may inhibit career development, job performance, and even limit job satisfaction. Our initiative uses the milestones model to provide the framework to assess the development of a Program Coordinator (developmental framework: novice through expert) in order to encourage coordinators to become active participants in their own personal and professional development.

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

This workshop will help coordinators identify gaps in their knowledge base and skills to facilitate their own personal and professional growth as members of the leadership team, which is critical to the program's success. The goal is to share data collected at our own institution to show coordinators' trends as a result of utilizing these tools.

**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 autonomy within their program to develop new resources ("I don't have the authority", "I can only do what my PD tells me"). 2. No career ladder, or option for growth available at their institution. 3. Lack of time ("I'm just too busy!"). 4. Coordinator burnout, no personal interest in professional development. During our presentation, we hope to be able to address the attendee's individual concerns regarding their perceived barriers with a Q&A session.

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

The session will include an overview of the program developed at UT Southwestern, including the Milestones Self-Assessment, as well as an overview of how we utilized the data received to design our Program Coordinator Development Series to best fit the specific needs of our Coordinators. We will have an experiential component, in which coordinators self-evaluate using our milestones framework to identify their own strengths and areas for improvement and/or advancement. Furthermore, this workshop will encourage active participation throughout so that coordinators are able to champion this approach at their own institution.

**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 empowered to take charge of your own personal and professional growth? 2. Do you foresee yourself utilizing this tool in the future for your own personal and professional growth? 3. How likely do you feel you'll be able to take this information and adapt it at your own program/institution?

## **(11) Application ID: 1080509**

When Life Gives Your Trainees Lemons...

Session Type : **Breakout**

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 and DIO

Organization:

Einstein Healthcare Network

#### **Role:**

Presenter

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

Position:

Associate Professor and Program Director

Organization:

Kirk Kekorian School of Medicine at UNLV

#### **Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Residency and/or fellowship is not smooth sailing for all trainees. During training they have the potential to be exposed to unexpected situations that may affect their well-being. Our learners come from diverse educational and cultural backgrounds and as such do not all start from the same point despite having similar degrees. Others have undiagnosed learning issues, unexpected personal upheavals or diagnosed medical conditions. All of these issues present challenges for trainees who may not know how best to cope with the situation while navigating the rigors of training. To address these challenges, there has been no standardized approach nationally or within institutions. However, when managing frequently encountered scenarios such as medical errors, many organizations utilize a standardized approach to support “second victims”.

This session will begin with a review of various situations encountered by residents and/or fellows. Drawing upon proven models such as psychological first aid and those to address “second victims”, the presenters will share accompanying solutions and resources needed to provide assistance/guidance to the resident/fellow. Participants will then divide into small groups to exchange self-identified situations/scenarios at their own institutions applying ideas presented to problem solve their cases. A group report out will follow. A facilitated large group discussion/brain-share will address barriers, perceived barriers and potential solutions to overcome barriers. The session will conclude with a review of outcomes from the scenarios presented. Before concluding, we will open it up for further questions to address the needs of our audience. Participants will receive a compiled list of resource categories and creative solutions to address resident/fellow challenges.

## **Target Audience**

DIOs, program directors, faculty, clerkship directors

## **Session Objectives**

1. Identify uncommon emergencies and how to best deal with them.
2. Share standardized approaches to identify resources available and resources needed in one's institution.
3. Design creative solutions to help residents/fellows reach their potential.

## **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?**

Uncommon emergencies occur infrequently, but require many resources and significant support. Many programs do not have a standardized approach to address these situations. This workshop will provide a potential structure from which to work.

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

Participants will be able to identify these scenarios and apply a standardized approach to addressing situation at hand. Further, having a standardized approach will instill confidence and allow appropriate management of these situations.

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 would include lack of experience in identifying such situations, application of a standardized method and fear in addressing these situations.

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

The education methods will include large group brain-share, mini-didactic, small group case activity 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. Does having a standardized approach for addressing uncommon emergencies facilitate implementation when they occur? 2. Did having practice scenarios adequately teach how to use the standardized approach? 3. Will you use the standardized approach when faced with a situation of an uncommon emergency in your program/institution?

## **(12) Application ID: 1080803**

From Abstract to Poster: A Quick How-To

Session Type : **Breakout**

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 Healthcare Network

#### **Role:**

Presenter

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

Position:

Research Educator

Organization:

Albert Einstein Healthcare Network

#### **Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

Participants will review the best practices for presenting research data in poster format. They will then utilize the tools discussed to create posters in real time using powerpoint templates in a workshop format.

Participants should come prepared with a laptop or tablet to facilitate this interactive learning experience.

## Target Audience

Key faculty who mentor students, residents, and fellows in their research endeavors and other scholarly activity.

## Session Objectives

1. provide formatting guidelines for effective academic posters
2. convert an abstract into a poster using provided templates
3. effectively employ charts and graphs to convey information in poster format

## 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?**

Faculty often serve as mentors for trainees in their scholarly activities; however, skills for effective presentation of scholarly activity are rarely included in curricula. As such, faculty are unaware of best practices in the production of effective presentation of scholarly activity. We aim to educate attendees about the best practices in poster production then facilitate a workshop to solidify the necessary skills with feedback provided.

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

Attendees will gain the skills to create and mentor others in creating effective, practical educational posters for formal presentation.

**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 exposure or education in the use of these skills and practices is likely a major barrier, which we will overcome with a brief tutorial on the best practices in poster presentation. Lack of hardware/software to produce a poster, especially as we will primarily be using PowerPoint in our presentation, may be a limiting factor as well; the skills, though, are readily adaptable to other available platforms like Google Slide, which are free.

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

The workshop will include mini-didactic, breakout sessions, 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?**

Do you feel comfortable developing a poster from an abstract? Do you understand the content that belongs in each section of a poster? Do you understand how the visual presentation of scholarly activity can impact on the ease of sharing that information with others?

## **(13) Application ID: 1081892**

Increasing Engagement with Evaluations through the Implementation of Milestones 2.0

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Jenna LaVoie**

Score: **0**

### **Presenter(s)**

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#### **Jenna LaVoie**

Position:  
Sr. Learning Systems Analyst

Organization:  
Dartmouth-Hitchcock

#### **Role:**

Presenter

#### **Katherine Silvius**

Position:  
Learning & Professional Development Consultant

Organization:  
Dartmouth-Hitchcock

#### **Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

## Session Description

The ACGME's release of Milestones 2.0 has offered an opportunity for GME training programs to revisit their evaluation process holistically, to determine not only how to effectively evaluate these milestones, in a way which offers value, and meets ACGME expectations but to also spend time focusing on evaluator engagement. At D-H, we developed a standardized, scalable process for milestone evaluation development and deployment that is flexible enough to meet the needs of all of our diverse residency and fellowship programs. Additionally, we have developed an optimization phase, which focuses heavily on evaluator satisfaction, education and engagement.

## Target Audience

Program Directors, Associate Program Directors, Program Coordinators, GME, DIO

## Session Objectives

1. Share methods and tools for successfully transitioning programs to Milestones 2.0
2. Identify opportunities to increase overall evaluation satisfaction and value for our learners, programs, and evaluators
3. Utilize strategies for sustaining programmatic engagement with evaluations

## 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?**

Lack of engagement with faculty of resident evaluations which can result in low completion compliance. Additionally, GME Training Programs are uncertain how to effectively evaluate milestones, in a way which is both meaningful and meets ACGME expectations.

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

Increase in knowledge of tools and methods available to engage evaluators and meet ACGME evaluation 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?**  
Resourcing and time may be a barrier. In order to address these barriers, we are presenting a variety of approaches institutions and/or programs could use to increase evaluator engagement.
4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**  
PowerPoint presentation and templates which can be made available. We also hope to include an interactive brainstorming activity in groups with a report out.
5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**  
Please indicate one tool or method that you will try to increase evaluator engagement, based off today's presentation.

## **(14) Application ID: 1082073**

How to Develop and Implement an Interactive Workshop About Disclosure and Apology After Unanticipated Outcomes in Patient Care--A VERSATILE APPROACH TO COMPETENCY TRAINING

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Joanne Zhu**

Score: **0**

### **Presenter(s)**

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**Joanne Zhu, MD**

Position:

Transitional Year Program Director, Hospitalist

Organization:

Wellstar Health System Kennestone Regional Medical Center

**Role:**

Presenter

**Bryan Kibbe, Ph. D, HEC-C**

Position:

Clinical Ethicist

Organization:

Wellstar Health System Kennestone Regional Medical Center

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## **Session Description**

We will share our experience in developing and conducting an interactive workshop to equip residents to disclose unanticipated outcomes in patient care (whether due to a medical error or not) and to mend the relationship between physician and patient through a commitment to compassionate, honest, and clear communication. Medical professionals and trainees sometimes find it difficult to address unanticipated outcomes with their patients for many reasons, including feeling unprepared to conduct difficult and uncomfortable conversations with their patients. Our three-hour workshop aimed to address this gap in training by 1) teaching residents recommended practices for communicating about unanticipated outcomes (including how to apologize well), 2) providing opportunities to role play which allowed residents to practice effective communication skills and empathy during a challenging conversation, and 3) helping heighten residents' awareness about patient safety issues and motivation for quality improvement. We used an innovative teaching model consisting of both a clinician and a clinical ethicist working together to conduct the workshop. During this AHME session, participants will learn about how our workshop was structured and implemented as well as how we are continuing to improve upon the workshop through the collection of feedback from residents. Participants in the session will also have the opportunity to practice a disclosure conversation so as to better understand a core element of the educational process. We designed this activity with the intention to address several core ACGME competencies including interpersonal communication, professionalism (empathy) and patient safety. Case scenarios were carefully chosen to reflect frequently encountered patient safety issues in the clinical setting.

## **Target Audience**

Program directors, patient safety officers, teaching faculty members, healthcare practitioners, clinical ethicists.

## **Session Objectives**

1. Explain the importance of and the need for training in how to conduct good disclosure of unanticipated outcomes conversations
2. Describe the key elements of a disclosure of unanticipated outcomes workshop for residents and the various traditional and non-traditional teaching methodologies used to increase important knowledge and communication skills for residents

3. Appreciate the different teaching modalities that can be employed to teach and improve upon residents' communication skills and ability to engage in difficult conversations about unanticipated outcomes in patient care
4. Demonstrate how such a workshop may serve to enhance patient safety education

## 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?**

We will address the gap in professional training and skills relating to proper approach to a patient safety event including how to carry out compassionate, honest, and clear conversations with patients after an unanticipated outcome (whether due to a medical error or not) has occurred. The ideal outcome of this presentation is to equip our audience with the tools and methods to better train residents in areas of professionalism, empathy, patient safety and interpersonal communication skills.

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

The improved ability in the audience to develop and implement an interactive workshop to teach residents the professional approach to a patient safety event and how to engage in compassionate, honest, and clear communication, particularly in the setting of disclosing unanticipated outcomes in patient care.

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 knowledge about best practices about communication following unanticipated outcomes in patient care. To address this, we will refer attendees to various useful resources. 2. Lack of access to a clinical ethicist. To address this, we will discuss the unique skills and knowledge set of clinical ethicists and how attendees might find other persons at their institution with similar skills and knowledge. 3. Lack of institutional support for transparent disclosure of unanticipated outcomes. To address this, we will refer attendees to resources to use in advocating for institutional support of transparent disclosure of unanticipated outcomes. We will also discuss the spectrum of what institutional support may look like, and how this workshop can be conducted even short of robust institutional support. 4. Lack of

experience in handling patient safety events, which negatively impact the effectiveness of teaching patient safety. To address this, we will discuss various resources to help in thinking about and responding to a patient safety event.

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

We plan to employ a combination of didactic and small group interaction methods as well as use of handouts to reinforce learning and supply reference to important resources. During the didactic portion, we will share with the audience how we conducted the workshop at our own institution as well as the outcome and feedback from residents. During small group activities, we plan to use a case scenario for our audience to practice a disclosure conversation and try out the interactive format in order to identify teaching opportunities.

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

1. Did this session better persuade you about the importance of teaching residents and healthcare professionals more generally about how to engage in compassionate, honest, and clear communication about an unanticipated outcome in patient care? Yes or No  
2. Did this session increase your knowledge regarding how you might conduct education with residents about the disclosure of unanticipated outcomes? Yes or No  
3. Do you have a better understanding of the different teaching modalities that can be employed to teach residents to engage in compassionate, honest, and clear communication? Yes or No  
4. After this session, do you find this teaching modality helpful in better equipping residents in handling patient safety events? Yes or No

## **(15) Application ID: 1082212**

Why can't they get it together? Demonstrations of a coaching model for those with executive function skill deficits.

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Lynne Unikel**

Score: **0**

### **Presenter(s)**

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**Lynne H. Unikel, PhD**

Position:  
Research Educator

Organization:  
Albert Einstein Healthcare Network

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

Medical education is a complex environment with multiple competing demands for students, trainees, physicians, and administrators. Physicians progress from undergraduate medical students, to residents and fellows, and finally attending physicians. At each stage, individuals take on additional responsibilities that require increasing use of executive function skills. Administrators who support medical education are required to be knowledgeable about multiple aspects of

medical education to support their learners and physician colleagues. For those with executive function skill deficits, the competing demands and multiple responsibilities can overwhelm their coping skills and highlight weaknesses in things like planning, prioritization, task initiation, task completion, and emotion regulation. This session will define eleven executive function skills and give examples of how they show up in everyday functioning and discuss how a coaching method that has been proven in post secondary education to improve executive function skills was adapted for a GME program at an academic medical center. Data and a case example will be provided. Participants will come away with an understanding of why some members of the medical education community begin to struggle as demands intensify and why their usual coping skills may no longer be sufficient. Using the information provided on executive function skills, attendees will work in small groups to brain-share difficult learners and/or colleagues and talk about executive skills they identify as needing strengthening in these learners and how coaching may be beneficial.

## **Target Audience**

GME staff including program coordinators, program directors, support personnel, and faculty who work with others who struggle with executive function skills will benefit from this session.

## **Session Objectives**

1. restate and define eleven executive function skills.
2. identify specific executive function skills related to performance concerns in medical education settings.
3. describe a coaching program to help improve executive skill weaknesses.

## **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?**

Medical educators are often frustrated with learners and colleagues who struggle with time management, task completion, organization, emotion control and other executive function skill deficits. They see individuals who can't complete things on time or without multiple reminders, loose or forget things, have outbursts, and other observable behaviors.

Understanding that these behaviors are related to skill deficits that can be coached and improved may decrease the frustration of individuals in

medical education settings who work with those who demonstrate these weaknesses and lead to measurable interventions.

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

This session will help participants identify how behaviors that are often frustrating to observe and work with are related to skills deficits that can be improved. Participants will have the opportunity to work together to match executive function skill deficits to behaviors and think about coaching as an intervention to strengthen the executive skill deficits.

**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 not feeling competent to identify these skills or not having time. This workshop will discuss practical strategies to identifying weaknesses in executive skill functions and how to help learners break them down into small pieces. The coaching method described requires a certification class which might frustrate learners but practical skills to assist those with executive function skill deficits will be provided.

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

This workshop will include mini-didactic, break out sessions, 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?**

Are you able to identify and define 11 executive skill deficits? Can you give practical examples of how each skill deficit may look in a medical setting? Did you have the opportunity to work with other participants to brainstorm about difficult learners and colleagues and what executive skill function deficits their behavior might be symptomatic of and potential ways to help them?

## **(16) Application ID: 1083004**

Strategies for Learner-Teacher Engagement Incorporating a Growth Mindset

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Sandhya Wahi-Gururaj**

Score: **0**

### **Presenter(s)**

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**Sandhya Wahi-Gururaj, MD MPH**

Position:  
Professor

Organization:  
Kirk Kerkorian School of Medicine at UNLV

**Role:**

Presenter

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

Position:  
AVP for Graduate Medical Education and DIO

Organization:  
Einstein Healthcare Network

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Learners and educators often approach learning experiences with varying expectations. In addition, educators are often inconsistent in reviewing expectations on or prior to the first day of the educational encounter, and they usually do not incorporate input from the learner's perspective. To better align expectations and hopefully improve learning, educators should develop a collaborative approach to engage the learner in the process. Employing a growth mindset in setting expectations will keep the learner focused on personal development and the ability to achieve by fostering a willingness to learn from setbacks and others' successes.

During this session, participants will develop ways to discuss expectations while incorporating a growth mindset. The session will begin with a mini-didactic that includes a review of the essential elements of a growth mindset and its applicability to medical education, followed by a brief review on how to best set expectations while integrating input from learners. Participants will then engage in small group discussions of scenarios and how to incorporate growth mindset into both the expectations as well as the feedback being provided. Finally, the session will end with strategies to use when setting expectations and the creation of a template for use.

## **Target Audience**

All educators including Core faculty, Program Directors, Clerkship Directors.

## **Session Objectives**

1. Consider a collaborative approach to engage both the learner and the teacher.
2. Brainstorm effective means for engagement and accountability.
3. Emphasize growth mindset as a catalyst to set expectations.

## **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?**

Learners are often uncertain regarding expectations during a clinical experience. Even when expectations are set, they are not necessarily developed in a collaborative fashion or with a growth mindset.

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

Develop a more collaborative approach to developing expectations in learning experiences. Learners and faculty should be comfortable applying a growth mindset towards learning 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?**

As typically expected, trying new things and time are likely barriers. Strategies will be presented to address both.

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

The workshop will employ a mini-didactic to provide knowledge and small group sessions to practice approaches in employing information presented.

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

How do you anticipate using growth mindset and learner collaboration to develop expectations for learning experiences?

## (17) Application ID: 1083471

3 Good Things: A pilot study of a positive psychology intervention across graduate medical education in an academic medical center

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Lynne Unikel**

Score: **0**

### Presenter(s)

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**Lynne H. Unikel, PhD**

Position:  
Research Educator

Organization:  
Albert Einstein Healthcare Network

**Role:**

Presenter

**Ryan Flynn, MHE**

Position:  
Residency Program Coordinator

Organization:  
Albert Einstein Healthcare Network

**Role:**

Presenter

### Session Description

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**Topic**

1st choice:  
2nd choice:

## **Session Description**

The ACGME Common Program Requirements characterize residents and GME faculty as individuals at-risk for burnout. The experience of burnout impairs a person's ability to attend to positive stimuli – a tendency which becomes even more exacerbated by the fast-paced environment of GME, combined with the traumatic stressors raised by the pandemic.

This session will introduce a positive psychology exercise called “3 Good Things” that has been shown to improve mood and reduce burnout in medical settings. The science and rationale behind “3 Good Things” and why it may benefit residents, fellows, faculty, and administrators within GME will be explained. Our healthcare network trains more than 450 residents in 40 accredited programs. Results and lessons learned from a pilot trial of “3 Good Things” within our GME enterprise will be discussed. The session will include breakout sessions where participants can brainstorm how to implement the intervention in their setting and an interactive discussion of effective, low-cost ways to enhance well-being for GME constituents.

## **Target Audience**

GME program faculty, administrators, and leaders can benefit from the content of this workshop. The tools described require administrative support and a basic knowledge of ACGME well-being requirements.

## **Session Objectives**

1. Define the “3 Good Things” intervention, including the positive psychology theories that inform its approach
2. Describe how “3 Good Things” can be applied to the GME setting, both at a micro-program level and a macro-institutional level
3. Explore the quantitative and qualitative data collected from an institutional pilot run of the “3 Good Things” intervention, and discuss implications from the trends/themes in the data

## **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 medical centers must develop a wide array of practices and policies to mitigate the risk of burnout for faculty and trainees. Current accreditation practices often focus solely on screening for the presence of burnout and referring at-risk individuals to outside care. Our workshop aims to inform GME leadership and stakeholders about an easy to implement, proven intervention strategy, that can be integrated into daily program operations and strengthen relationships between stakeholders at minimal effort and cost. Furthermore, this program can include not just residents and faculty, but everyone in GME setting.

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

Participants will learn about how to implement a free, easy to understand positive psychology intervention that can be utilized for meeting evolving ACGME accreditation requirements around well-being. In addition, participants will receive the opportunity to appraise a real-life application of the well-being intervention at an academic medical center and utilize the information to inform use of the intervention in their own settings.

**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?**

From a leadership perspective: perceived barriers toward most well-being initiatives revolve around issues of available resources and funding. Our workshop proposes a well-being initiative that does not accrue any financial costs or require significant labor on behalf of faculty or administration. From a resident or fellow perspective: perceived barriers toward well-being initiatives often center around concerns that the experience will feel obligatory or intrusive. Our workshop proposes a well-being initiative that requires minimal time commitment and encourages optional, rather than mandatory, participation.

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

The workshop will be comprised of a didactic session, break out sessions, and an interactive group discussion.

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

1. Are you able to explain the positive psychology theories behind the "3 Good Things" exercise? 2. Did you learn from the successes and failures of a pilot program implementing "3 Good Things" in an academic medical setting? 3. Do you feel comfortable implementing the "3 Good Things" exercise at your institution?

## **(18) Application ID: 1083541**

Navigating Motivation and Change in Medical Education

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Bret Stevens**

Score: **0**

### **Presenter(s)**

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

Position:

Associate Designated Institutional Official

Organization:

McLaren Bay, Flint, & Northern

**Role:**

Presenter

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

Position:

Associate Designated Institutional Official

Organization:

McLaren Oakland & St. Luke's

**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 overview of motivational theory, including ways to identify motivation deprivation and how to apply learning theory in the medical education environment. Learners will leave the session with practical skills and resources to be leaders that can better motivate themselves and others.

## Target Audience

All medical education professionals

## Session Objectives

1. Recognize signs of motivation deprivation within his/her organization
2. Apply the foundations of Maslow's Hierarchy of Needs in motivation identification
3. Develop an understanding of self-determination learning and its application to motivation
4. Connect theory to departmental and organizational changes within medical education

## 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 shifting practice. Even if that is the case, the information will be varied in presentation, rooted 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?**

1. Are you able to identify/recognize signs of motivational deprivation within yourself or organization? 2. Do you feel equipped with the tools and resources to navigate change and utilize motivational tactics with yourself or others?

## **(19) Application ID: 1083638**

Big or Small, GMEC Oversees It All

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Bret Stevens**

Score: **0**

### **Presenter(s)**

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

Position:

Associate Designated Institutional Official

Organization:

McLaren Oakland & St. Luke's

**Role:**

Presenter

#### **Leslie Pfeiffer, MHA**

Position:

Senior Accreditation Coordinator

Organization:

Henry Ford Hospital

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

The ACGME requires that the Graduate Medical Education Committee (GMEC) maintain authority oversight of the institution's ACGME-accredited programs. In addition, the GMEC is leveraged to monitor the clinical learning environment and often is the center for graduate medical education collaboration and innovation. GMECs come in many shapes and sizes, each with the same fundamental responsibility. In addition to exploring the responsibilities and opportunities of the GMEC, this session will compare two sponsoring institutions' GME structures- with one sponsoring institution as a single hospital academic medical center and the other as a community-based health system.

## Target Audience

Institutional leaders, DIOs

## Session Objectives

1. Understand the responsibilities of the Graduate Medical Education (GMEC)
2. Recognize opportunities for enhanced engagement and oversight by the GMEC
3. Identify differences in approaches GMEC oversight and utilization

## 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 every institution has a GMEC, often they are underutilized or not constructed in a way that both engages members and yields impactful results. The GMEC can and should be leveraged as the superlative committee for oversight, support, innovation, collaboration, and advocacy within the medical education environment and aid in leading hospital wide initiatives.

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

Attendees will be able to yield more positive accreditation outcomes by establishing a GMEC and subsequent processes that create a robust environment of intervention, assistance, and monitoring. This allows for

not only the sponsoring institution to meet and exceed Institutional Requirements, but also yield a positive outcome for individual training 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 only potential barrier could be based on role within the medical education environment. As the target audience will be those with involvement in the GMEC, those that are not members or at the programmatic level may not be as engaged. However, although the focus is on the role of the GMEC, there will be several processes for oversight along the way that can be duplicated at a departmental or programmatic level. This will ensure engagement among all attendees.

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

Several different educational methods will be employed to facilitate the change and learning. Attendees will be provided with an overview of ACGME requirements and two institution's mechanisms for institutional and programmatic oversight. The oversight will include tools that can be duplicated within the attendees' own institutions. Additionally, problem solving through experiential discussion and brainstorming with other attendees will allow for a collaborative environment that fosters best practice sharing.

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 the responsibilities of the GMEC? 2. Have you developed an understanding of opportunities for the GMEC beyond what is identified in the Institutional Requirements?

## **(20) Application ID: 1083919**

Tackling Onboarding with Pandemic Challenges

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Jill A. Herrin, MBA**

Position:

Director Graduate Medical Education

Organization:

Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Pamela A. Promecene, MD**

Position:

DIO, Associate Dean for GME

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 practice gap we would like to address is to determine what is the best hybrid of virtual and in-person new hire orientation events to meet our goals as we encounter an ever-changing set of COVID restrictions.

## Target Audience

Program Directors, Program Coordinators, GME Office

## Session Objectives

1. Identify challenges faced in orientation and onboarding this year.
2. Determine if there is satisfaction with their orientation and onboarding processes.
3. Identify areas that could be improved in orientation and onboarding processes.
4. Identify barriers to improvement and resources that may be used to overcome the barriers.
5. Identify how the barriers can be reduced for a more seamless and productive orientation.

## 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?**

At the McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), we have over 76 ACGME accredited programs and over 1,200 trainees. Orientation and onboarding in the pre-pandemic world consisted of bringing in our 400+ new residents and fellows for an in-person orientation with hospital leadership, a patient safety boot camp at our main clinical site as well as teaching workshops and onboarding with UTHealth Human Resources (HR). To carry out these events and accommodate different residency and fellowship start dates, three different GME sessions were conducted. Meals were provided, speakers came in person to speak, and interaction was encouraged. The goal was to onboard multiple trainees efficiently, distribute useful information, demonstrate our commitment to patient care and education and showcase the resources

available through our hospital partner and the medical school, all while encouraging a sense of collegial camaraderie. Last year, with the pandemic raging and without much time to plan, we had to change all the orientations and onboarding into virtual events. We still had 400+ new trainees to host and even more information to provide (instruction on Personal Protective Equipment and COVID protocols). However, we could not accommodate all attendees into one auditorium due to multiple COVID protocols in our school and in our hospital. On our two main orientation and onboarding dates, four auditoriums were used - the primary for our largest programs' new interns, and three smaller rooms for the other groups. The speakers were present in the largest room and presentations had to be WebEx'd to the rooms that the speakers were not physically in. Some speakers chose to present virtually, which brought in a new component. No food or drink could be provided, therefore we needed to cut the orientation short so we could allow the attendees to leave for lunch. There was a great disconnect and much confusion as our Benefits and HR personnel had to go from room to room to meet with the new hires in person. The GME office received many complaints about the disorder of the orientations. We recognize how important orientations and on-boarding are, both for very practical reasons like HR and badge distribution to more ethereal aspects, like a creating a sense of belonging for our new trainees. Having said that, the efficiency of a virtual component is clear for our hospital, the GME office and for our trainees. The practice gap we would like to address is to determine what is the best hybrid of virtual and in-person events to meet the goals stated above as we encounter an ever-changing set of COVID restrictions.

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

This year, as we prepared for orientation, there were still restrictions on room size, number of people who can gather and serving food is forbidden. Therefore, we decided to transition to a virtually hosted hospital orientation and medical school onboarding process. This required working collaboratively within our GME office, with our hospital partner and with the UTHealth Organization and Talent Development team. The GME office created a virtual core curriculum using the AMA GME Competency Education platform to cover several patient safety topics. Our hospital partner created orientation videos introducing trainees to the hospital and the culture of safety. We also used the UTHealth Organization and Talent Development team to create a live hosted 3.5 hours session for UTHealth orientation and on-boarding. The AMA GME modules are assigned to new trainees and can be accessed directly from the AMA GME Competency platform. The other video modules are stored in the University learning platform to allow the new employees to log in and watch on their own time. Our hope was to

create a more streamlined orientation and onboarding experience that does not incorporate the challenges of space restrictions or take up an entire day of precious time. By separating the orientation modules into two different learning opportunities the new hires have more control over their time. We recognize that we have made the process more efficient for our trainees, however we also acknowledge that it is impossible to establish a sense of collegial camaraderie using a virtual platform. As we completed our first set of orientations for this year, our COVID protocols and restrictions were again changed, becoming more lax as the vaccine has become more available. This places new challenges for next year as we continue to try to improve the process.

**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 our biggest barriers was time. We needed to acquire presentations from our main hospital leadership, who are also challenged with having available time. We also had to obtain recorded presentations from our regular orientation presenters. These presentations then had to be converted to a YouTube video – which is the preferred format of the resources who are putting them into the learning application. We encountered new institutional requirements for videos that are not in place for live presentations, such as screening for ADA compliance. These time constraints will push us up against our deadline. We also had some technical challenges with distribution of information about the videos to our trainees. Another barrier that we are discovering is that videos must be updated each year with enough time to have them loaded onto the learning platform and meet the ADA compliance screening. These barriers do not exist when all the lectures and modules are in-person. As we prepare for next year, we expect that COVID protocols will change again and hope that restrictions will be further relaxed. Our next challenge will be trying to figure out what components are best served in a virtual format and what components are better in-person. We are extremely lucky to have an Organization and Talent Development team to assist us for elements we elect to keep in a virtual format.

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

The University Organizational and Talent Development team is a key resource to the GME Office. They are the liaison between GME and the University technology team responsible for converting presentations and uploading them into the learning application. We also have a GME subcommittee whose focus is the Clinical Learning Environment. The subcommittee was key in working with our hospital partner to obtain their orientation videos. We also utilized the AMA GME Competency Education Platform. Although we had the license prior to last year, our last-minute adjustments helped us realize what a good resource this is.

We know that other programs faced the same challenges and as we prepare for next year's orientations and onboarding, we would like to get ideas about what has worked for other programs.

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

The questions we suggest be asked on our session's evaluation to be able to measure change are the following: • Can programs identify challenges they faced in orientation and onboarding this year? • Are programs currently satisfied with their orientation and onboarding processes? • Were participants able to identify areas that could be improved in their orientation and onboarding processes? • Did participants identify barriers to improvement and resources that may be used to overcome these barriers?

## **(21) Application ID: 1083928**

Annual Program Evaluation: Improvement Process Rather Than Accreditation Event

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Jill A. Herrin, MBA**

Position:  
Director Graduate Medical Education

Organization:  
Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Pamela A. Promecene, MD**

Position:  
DIO, Associate Dean for GME

Organization:  
Univ of Texas Health Science Center at Houston

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

To turn the APE, an accreditation event, into a true improvement process for our programs and tying the APE to the Annual Institutional Review (AIR) for improvement at the institutional level for the Sponsoring Institution.

## Target Audience

Program Directors, Program Coordinators, GME Office

## Session Objectives

1. Identify current Annual Program Evaluation process for your programs/institution.
2. Determine if there is useful information in the ACGME Annual Program Evaluation requirements.
3. Determine if your programs satisfied with current Annual Program Evaluation practices.
4. Identify ways to make the Annual Program Evaluation process more user-friendly for programs and for the GME office.
5. Identify if there are ways to better use the APE for both program and institutional 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 Accreditation Council for Graduate Medical Education has clear criteria for the Annual Program Evaluation (APE), including that it must be conducted by the Program Evaluation Committee (PEC), performed annually, include discussion about multiple topics, be part of the program's continuous improvement process, be reviewed by the teaching faculty and be submitted to the DIO. In the Program Director's Guide to the Common Program Requirements, the ACGME goes on to further explain the expectation; including that the PEC should act as the program's own "Review Committee" and that the key to the process lies in tracking and following up. Despite the clear guidance from the ACGME, we have struggled to meet the expectation. At the McGovern

Medical School at the University of Texas Health Science Center at Houston (UTHealth), we have 76 ACGME accredited programs. These range from large core residencies with multiple faculty and participating sites, to small fellowship programs with only a handful of faculty and one participating site. Every year the GME office receives and reviews the APE for all our programs, meeting the letter of the law. Difficulty lies in the tracking and follow up. The practice gap that we have tried to focus improvement on is turning the APE, an accreditation event, into a true improvement process for our programs and tying the APE to the Annual Institutional Review (AIR) for improvement at the institutional level for the Sponsoring Institution.

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

Considering doing this for 76 programs can be a daunting task and what works for our small programs, does not work for our larger programs. Our original process was not very efficient or useful. Over the last several years we have tried to streamline our process to make meeting these requirements easier for our programs and in turn easier for the GME office and the institution. We have changed how we ask programs to complete their APE and the platform used for APE completion. We have designed a specific Program Evaluation form that require programs to complete as part of their APE. Currently we are working on ways to tie the APE, which most programs do near the end of the academic year, to the WebADS updates, which programs are required to complete at the beginning of the academic year. By correlating the APE with WebADS updates, we hope to enhance the ways programs monitor and track improvement. We also use the APE, in conjunction with the WebADS updates to identify underperforming programs and institutional deficiencies.

**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?**

On the way, we have encountered several barriers. These include items like time on the part of the programs to complete the APE and the GME office to review each in a meaningful way. Personnel with understanding of the ACGME requirements and knowledge of how GME functions within our institution. Difficulty communicating with program coordinators and program directors about our expectations. Even identifying a platform that would make the process easy and the information gained useful for programs and the institution. In this session we will present our timeline showing how we addressed each of these challenges and share resources we found along the way. We know that many institutions, large and small, struggle with meeting these ACGME requirements and hope that through sharing our struggles we can also learn from other programs what has worked for them.

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

To facilitate the change in learning we will first review current ACGME Common Program Requirements and Institutional Requirements as they pertain to the PEC, APE, and institutional improvement. We will identify other requirements for program improvement, such as the WebADS updates and special program reviews to determine if and how these can be integrated into the APE and streamline the improvement cycle. We will discuss strategies to improve communication between the various stakeholders (program directors, coordinators, faculty and GME). Finally, we will present our current process using New Innovations and the required PEC meeting form but also discuss other possible platforms (Qualtrics, Google documents, EXCEL). We will invite open discussions with attendees about what strategies they are using, what has worked and what has not. We know there are as many ways to accomplish these requirements as there are institutions and we hope that through sharing our methods and encouraging dialog with other programs, all attendees will leave with new ideas and resources.

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

The questions we suggest be asked on our session's evaluation to be able to measure a change are the following. • Was there useful information about ACGME APE requirements? • Are programs satisfied with their current APE practices? • Are there ways to make the APE process more user-friendly for programs and for the GME office? • Are there ways to better use the APE for both program and institutional improvement?

## **(22) Application ID: 1083986**

Help, I'm New! Make Transition Easy with the New Program Director Review

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Leslie Pfeiffer**

Score: **0**

### **Presenter(s)**

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**Leslie Pfeiffer, MHA**

Position:  
Senior Accreditation Coordinator

Organization:  
Henry Ford Hospital

**Role:**

Presenter

**Molly Hepke, MA**

Position:  
Senior Accreditation Coordinator

Organization:  
Henry Ford Hospital

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

The ACGME Program Requirements can be overwhelming for anyone, but especially for new program directors. By implementing a formal GMEC New Program Director Review process, potential adverse effects on resident education can be minimized, and program success and compliance can be maintained. By collaborating as an interdisciplinary team and having a set framework for program director transition, the Program Director is provided with resources to build a strong foundation and an environment of program improvement with ongoing GMEC oversight. Attendees will leave this session with best practices and a framework for the new program director review process to utilize at their own institution.

## **Target Audience**

DIOs, GME Administrators, Program Directors, Program Coordinators

## **Session Objectives**

1. Outline the New Program Director Review timeline and process
2. Discuss and identify key areas essential to a successful program director transition
3. Be able to modify and utilize the New Program Director Review framework to meet individual institutional needs
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's Accreditation Program Requirements can be overwhelming for anyone, but especially for new program directors. Program Director turnover can cause potential adverse effects on training programs. By establishing a New Program Director Review process based major accreditation requirements and collaboration among an interdisciplinary team, programs can minimize potential impact on resident education and set the program up for continued success. This workshop will enable attendees from both the program

and institutional level to develop and improve the process of program director transitions.

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

Creating a new program director review process can help improve the handover process to maintain successful accreditation status, decrease potential citations and minimize the impact on resident education.

Through this session, attendees will learn ways to streamline and improve the program director transition processes while also reflecting on their own 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 new program director process would be buy in from their own institution and/or GMEC. Even if an attendee is not able to implement the entire process at the institutional level, attendees can still utilize aspects of the Review process to improve program director handover. This process is also developed based on the presence of a central GME office. However, the process 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 hospital and be provided with a brief overview of the New Program Director Review process. We will then dive deeper into each aspect of the Review. At each point, best practices will be shared followed by small group discussion to reflect on their own institutions new program director review process. There will be a debrief at the end of the session, followed by a Q&A for any additional comments or questions. Attendees will also be provided with our New Program Director Review template to bring back to their institution that can be adapt to their specific needs.

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

Do you feel this workshop streamlined the Program Director transition? Did the best practices provided inspire you to improve your own institution's new program director process? Will you bring the things you learned back to your own institution to promote change?

## **(23) Application ID: 1084476**

The Benefits of Audition Rotation in a Small Rural Program

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Anne Hardie-Gautieri**

Score: **0**

### **Presenter(s)**

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**Anne Hardie-Gautieri, C-TAGME**

Position:

Program Coordinator

Organization:

United Memorial Medical Center

**Role:**

Presenter

**Ryan Russell, DO**

Position:

Ryan Russell

Organization:

United Memorial Medical Center

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

The benefits of audition rotations in a small rural residency program without the big city pull and a university affiliation and how it effects recruitment.

## Target Audience

Rural residency programs, all members of program

## Session Objectives

1. Understand the struggles of recruiting in a rural program
2. Understand the how audition rotations helped our small program.
3. Relate to the students perspective of audition rotations
4. Understand the barriers of audition rotations and possible solutions
5. Determine if audition rotations could benefit their program.

## 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 benefits of audition rotations in a small rural residency program without the big city pull and a university affiliation and how it effects recruitment.

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

As a small rural program located between two large city health systems both with a large residency presence and university affiliations we have found that offering audition rotations increases our likelihood of recruiting quality candidates. We will share how medical students are recruited to the rotation, the structure of the rotation and the benefits we have found in having these rotations in order to help other programs achieve the same results.

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 institutional cost of audition rotations may be a barrier to some programs and applicants. Working with your sponsoring institution to

offer housing and meals elevates some of this cost and may allow more students to participate.. We will also address how these rotations create downstream recruitment opportunities for faculty physicians for sponsoring institutions.

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

We will share the background of challenges for recruitment of rural programs, the structure of our rotations and the outcomes we have achieved. We will also have a resident participating who was recruited through this method share his experience on the medical student side.

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

Does your program offer audition rotations and if so do you supplement any of the costs for the students? What are the barriers you have encountered to audition rotations and are there possible solutions identified from this presentation?

## **(24) Application ID: 1084740**

Your Journey Continues Here: Surviving New Resident Orientation

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Bethany Figg**

Score: **0**

### **Presenter(s)**

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**Bethany J. Figg, MBA, MLIS, AHIP, C-TAGME**

Position:

Graduate Medical Education Accreditation Manager

Organization:

CMU College of Medicine

**Role:**

Presenter

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

Position:

Associate Designated Institutional Official

Organization:

McLaren Bay, Flint, & Northern

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

This session will explore the corporate orientations of two institutional GME Departments tasked with orienting the PGY1 Residents arriving for training. Properly preparing new residents at the beginning of training sets the tone for the next several years of their educational journey and should be conducted carefully and mindfully. Practical advice and scheduling plans will be explored and provided throughout this discussion.

## Target Audience

Residency Program Coordinators, Residency Program Directors, Central GME Department Coordinators, Central GME Department Managers

## Session Objectives

1. Provide program and GME department administrators with action items and tools to conduct corporate and/or program orientation for newly matched resident physicians.
2. Discussing the ACGME requirements to meet at the beginning of residency training to meet accreditation requirements.
3. Discussing hospital medical staff requirements and hospital accreditation requirements that need to be met at the beginning of residency to ensure proper credentialing takes place prior to residents entering the clinical settings.
4. Determining the content required, the content desired, and planning activities that will be provided during orientation.
5. Practical advice on coordinating and implementing the schedule of events, determining adequate timing and time needed for planned activities, and considerations for follow-up sessions at later dates to reinforce or reintroduce some topics.

## 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?**

Previous orientations to GME Institutions have taken place with all residents, staff, and presenters arriving in person. We propose a hybrid orientation that allows for some virtual and some in-person activities to

provide flexibility for speakers and efficiency for resident physicians orienting to their new learning environment.

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

Orientation can be hectic, disorganized, continually evolving, with a lot of waiting around if a solid program is not in place to move residents through their orientation. Front-loaded planning and preparations for a smooth orientation can mitigate the issues surrounding the coordination of a group of new trainees, and make the process less painful for all involved.

**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?**

Resident physicians may become overwhelmed with the volume of information they are required to consume at the beginning of their training, and deeper cognitive learning may not be achieved with this barrage of educational objectives all at one time. Programs could consider providing the required training at the beginning of residency, as well as scheduling follow-up sessions for 3-6 months later to readdress some of the topics and explore them in a thorough manner.

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

A year-long schedule to prepare for orientation will be discussed, as well as best-practice planning tips, tricks, and tools that attendees can take away from this session will be presented.

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

How will your institution orient the incoming resident physicians to meet the increasing needs of accrediting bodies and credentialing requirements?

## **(25) Application ID: 1085209**

Improving Resiliency through the Integration of Lifestyle Medicine Strategies in Medical Education: Beyond the Bougie

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Rebecca Daniel**

Score: **0**

### **Presenter(s)**

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#### **Rebecca Daniel**

Position:

Director of CME and Transitional Year Program

Organization:

St. Joseph Mercy Hospital

#### **Role:**

Presenter

#### **Allie Babcock, MPH RDN DipACLM**

Position:

Director of Culinary Medicine, Project Manager Nutrition Buddies

Organization:

St. Joseph Mercy Hospital

#### **Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## **Session Description**

Lifestyle medicine (LSM) programs have been shown to prevent, treat and reverse chronic medical conditions. Chronic disease is the leading cause of death and disability in US and accounts for 86% of the health care dollars spent. In addition, chronic disease and life expectancy can be very dependent on an individual's zip code. Thus, some patients, trainees and colleagues feel they cannot "afford" to implement these strategies in their lives. Often these programs and life style changes are considered only achievable by the elite or wealthy.

Lifestyle Medicine focuses on 6 foundational areas: Managing stress, Eating smarter, Sleeping more soundly, Connecting with others, Moving more and avoiding risky substances. Our LSM programs/curriculum demonstrate how these strategies can improve resiliency, reduce burnout, and aim for reduced turnover in colleagues and trainees. In addition by establishing community partnerships we could then connect with patients in low resource, high risk communities to provide sustainable programs. One of our programs within our Lifestyle Medicine service line connected at risk youth with resident physicians to learn about LSM strategies to eat and live healthy lives. In brief, our research noted that initial risk assessment for depression and anxiety in the youth group participating in our initiatives was high at 30% of total participants. After the intervention we noted an 8% reduction in at risk screening in the same population. In addition, at risk youth were provided access to behavioral health for 6months as needed. Distress in the residents who participated in the program along side the community youth were noted to have a well being distress index score that was 7.5% less than the previous year. This limited data already demonstrates the value of LSM on mental health and wellness within our trainees but also within the at risk communities we serve.

Agenda:

- 1) Introduction and value of LSM (5 minutes)
- 2) Our story the approach, and data (10 minutes)
- 3) Review of resources and structure for implementation (10 minutes)
- 4) Outcomes: Implementing QI in LSM, ROI, effect on turn over, resiliency, burnout (10 minutes)
- 5) Aligning with your mission and community benefit to impact disparities of care, meeting ACGME requirements for trainees through experiential learning, and creating sustainable funding (15 minutes)

## 6) Q&A

### Target Audience

All GME faculty, PDs, Coordinators and Administrators interested in wellness, resiliency and community connection

### Session Objectives

1. Articulate the 6 pillars of Lifestyle medicine (LSM) and the applicability to UME, GME and CME
2. Extrapolate the base resources and structure to initiate LSM programs within your institution/residencies/medical schools.
3. Recognize the value of aligning with your institutional mission and Community Benefit and addressing disparities of care within your community
4. Discuss sustainable sources of funding

### 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?**

Most organizations and training programs are not aware of the value of Lifestyle Medicine Strategies that they can implement across the UME, GME, CME continuum. In addition, due to insurance and payment models that don't financially support these strategies, it is often an approach to patient care and colleague wellness that is thought to be only for the wealthy and elite. Our session will demonstrate the integration of this specialty into our wellness program for colleagues, residency curriculum and support of patients and their families living in high risk, low resource communities.

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

Participants will be able to describe a pathway for integration of LSM initiatives, curriculum and meet ACGME criteria with regard to Disparities of Care. Participants will also be able to identify interprofessional resources within their institution and program.

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?**

Lifestyle medicine is a new specialty and could be some perceptions of the validity of the content. We plan on discussing this during the sessions to address those misperceptions. In addition, some may view this specialty as a non-essential curriculum or initiative. Our discussion will demonstrate how these initiatives, curriculum and approaches can meet many core needs within colleague wellness, resilience and disparities of care.

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

We will employ at least one breakout during the session and share our

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

What aspect of the presentation are you intrigued to investigate when you return to your employment? What do you feel is something you can implement within 3-6 months at your institution or program?

## **(26) Application ID: 1085357**

Preparing Program Stakeholders for an ACGME Site Visit – Lessons on Doing a Mock Site Visit

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **DeLaura Shorter**

Score: **0**

### **Presenter(s)**

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

Position:

Senior Associate Dean GME and ACGME Designated Institutional Official

Organization:

University of South Florida

**Role:**

Presenter

#### **DeLaura D. Shorter, MS**

Position:

Assistant Director

Organization:

University of South Florida

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

The ACGME site visit is a detailed process used by the specialty review committees to determine program and institutional compliance with accreditation standards. During the site visit, the site visitor will conduct a thorough document review and speak to various program stakeholders to gather narrative data to verify compliance with requirements. The visit requires intense preparation given the high stakes nature tied to accreditation outcomes. It is important that stakeholders are prepared to demonstrate and communicate how the program meets accreditation requirements.

In this session, we will share our institutional approach collaborating with programs to prepare for site visits. We aim to address the knowledge, skill, and attitude gaps that may exist amongst program leadership on how to prepare for a successful ACGME site visit that transforms the perspective that the site visit is a burden rather than an opportunity to demonstrate the program's achievements in compliance with requirements.

## Target Audience

Program Directors, Program Administrators, DIOs and Institutional Coordinators

## Session Objectives

1. Understand the purpose and process of ACGME site visit
2. Identify documents and common key elements required in documents reviewed during an ACGME site visit
3. Understand the purpose of interviews during ACGME site visit
4. Apply tools from our institution's experience preparing programs for a visit

## 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?**

For many program directors and coordinators, the ACGME site visit is a new process that is not well understood. Program leadership will need an adequate amount of time to learn about and prepare for the site visit.

In addition, program leadership would benefit from feedback and coaching to prepare for the visit effectively and efficiently. The feedback and coaching can mitigate unnecessary fear and anxiety that can result from this detailed, high-stakes process.

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

The change we would like to create through this session includes the audience:

- understanding the purpose and process of an ACGME site visit, including the required documentation (competence);
- being equipped with the tools and knowledge to prepare their stakeholders for an accreditation site visit (performance);
- looking at a site visit as an opportunity to demonstrate the program's achievements in compliance with requirements (accreditation outcome)

**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 in implementing change is expertise, time, resources, and lack of necessary infrastructure. As we have these barriers at our institution, our process has addressed each of these barriers in its current format. We will provide examples of tools utilized in our mock site visit process to help minimize these barriers.

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

During this session, we will discuss our institutional approach to prepare programs for a site visit. We will engage the audience in activities that are used at our institution to help program leadership learn more about the ACGME site visit process, develop skills to be more successful during the visit, and how to view the process as an opportunity. Didactic:

- 1 minute - Introduction
- 10 minutes- Describe the ACGME Site Visit Process
- 15 minutes –Describe Institution approach to prepare programs for a site visit
- 20 minutes – Engage in small group activities to demonstrate institutional approach
- 5 minutes- Addressing barriers and lessons learned
- 9 minutes Q&A

**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 help programs prepare for an ACGME site visit?

## **(27) Application ID: 1085552**

Holistic Application Review: Barriers and Solutions

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Naudia Jonassaint**

Score: **0**

### **Presenter(s)**

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**Naudia I. Jonassaint, MD**

Position:  
Associate Dean of Clinical Affairs

Organization:  
University of Pittsburgh

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

Many programs around the country struggle to attract, interview and match diverse candidates. This session seeks to address the barriers associated with a holistic review process and provide the practical tools for the implementation of holistic review. This will be a lecture style program that will integrate the current literature, program anecdotes and the practical steps needed for success. The lecture will also briefly touch on some of the future challenges of recruitment in the virtual space.

## Target Audience

This session is appropriate for anyone involved in the residency/fellowship candidate selection process. From the application triage to candidate selection, all faculty and staff involved in this process have the potential to benefit from this session. Recommended for program directors, program coordinators and residency administrative support staff.

## Session Objectives

1. Identify the key elements of holistic review
2. Identify the barriers in their program process that make holistic review challenging
3. Identify the programmatic and institutional benefits of the holistic review process

## 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 training programs struggle with how to increase the diversity among their trainees. This is based in a large dependence on traditional objective measures that sometimes exclude excellent candidates.

Through intentional programmatic change the University of Pittsburgh has been successful in increasing the number of applicants from racial/ethnic groups typically underrepresented in medicine. After this session we hope the program staff will be able to implement a holistic review process that improves the diversity of their applicants, interviewees and eventually their trainees.

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

Through this session the audience will gain an increase level of comfort performing holistic review and understand the programmatic and institutional benefits.

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 significant barriers to holistic review is our hold on traditional objective measures such as board scores and shelf examinations. Holistic review asks that we step away from a metrics-

centered process and consider the applicant's attributes and experiences in our decisions. This session will take us through some example of experiences and attributes which contribute to the excellence of applicants. We will combine attributes and experiences with the traditional metrics to come to holistic decisions regarding interviews and creating our residency rank lists.

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

The session will be lecture style with a combination of the review of the literature in this area as well as anecdotes that help the audience understand the benefits of holistic review. How has the University of Pittsburgh benefited from the use of holistic review? We will also speak about the potential barriers that the future virtual format may present.

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

Do you feel like you understand the benefits of holistic review to the application review process? Do you feel like will be able to institute any of the tips/tools discussed today to improve your candidate review process? What are you three parts of the candidate application when conducting holistic review? Do you plan to institute a holistic review process? Do you feel like your program will improve once you institute holistic review?

## **(28) Application ID: 1085783**

Integrating Media into Faculty Development

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Aditi Singh**

Score: **0**

### **Presenter(s)**

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**Aditi Singh, MD**

Position:  
Program Director

Organization:  
UNLV SOM

**Role:**

Presenter

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

Position:  
AVP for Graduate Medical Education and DIO

Organization:  
Einstein Healthcare Network

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

The importance of faculty development in graduate medical education cannot be over emphasized. Faculty development is one of the three focal areas of the 10-year ACGME site visit. To be successful, faculty engagement is critical; use of activities and interactive methods to provide important information is key. Utilizing media to demonstrate a variety of situations which can be applied in other settings is a fun, yet instructive method to deliver complex concepts, engage participants and trigger active discussion. Media comes in a variety of forms from Twitter discussions to newspaper articles, Podcasts, Hollywood movies, television, YouTube videos and more. Selection of the appropriate media can be a challenge, but once one builds a repository, inserting media to illustrate concepts and spur active discussions can be relatively easy. In this seminar, participants will be exposed to various examples of media that can be integrated into faculty development presentations to serve as a demonstration of an idea, a starting point for a discussion/brainshare or even a “hands-on activity. Instructions on how to create a media clip from common online sources will be provided. During the live debrief, participants will share how they would implement use of media for faculty development modules. The ideas discussed will be compiled and shared electronically giving participants a collection to implement immediately at their home institutions.

## **Target Audience**

This breakout session is intended for all faculty, including program directors, associate program directors, clerkship directors and core faculty.

## **Session Objectives**

1. Discuss concepts that would be enhanced by incorporating media examples
2. Identify specific media to use to illustrate complex concepts or trigger group discussion
3. Design faculty development modules that include media

## **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?**

Incorporating media into teaching sessions is becoming more commonly implemented. Its incorporation into faculty development is not as common. A structured template will be shared with participants to help them both identify concepts where media will enhance sessions as well as specific media examples to include. This tool will serve as a resource for participants developing their faculty development modules during the seminar and when they return to their home institutions.

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

The use of media and integrative strategies to boost and make faculty development sessions more interactive.

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?**

Time would be a perceived barrier by faculty, with the thought that there would not be sufficient time to implement strategies. Faculty development module ideas will be shared giving attendees a collection to implement immediately at their home institutions. Instructions on how to create a media clip will also be provided.

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

Small group breakouts

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

How would you implement strategies discussed in this workshop to your institution

## **(29) Application ID: 1085865**

Measuring, Maximizing, and Communicating the Value Proposition of GME:  
Lessons Learned

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **John Ballentine**

Score: **0**

### **Presenter(s)**

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**Charles Carter, MD, FAAFP**

Position:

Associate Dean for Graduate Medical Education & Regional GME  
Executive-Prisma Health Midlands

Organization:

Prisma Health

**Role:**

Presenter

**John K. Ballentine, MBA**

Position:

Executive Director for Academics Finance Administration

Organization:

Prisma Health

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## Session Description

The Value Proposition process is designed to allow programs to assess and communicate the value they add to their system and its goals and objectives. Through this exercise interesting observations are highlighted as we educate the academic and GME community on how to communicate with the health system leaders about the value of GME.

## Target Audience

DIOs, Program Leaders, Directors of GME

## Session Objectives

1. describe effective communication tactics when interacting with the upper-level leadership in their institution related to GME value.
2. employ best practices in instituting this process.
3. share any activity they have undertaken, thereby increasing the knowledge of the group.

## 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 lack of national information on this process. This session will describe a process to protect and expand GME through coaching on the language and how to use the “math” of the system. If you can explain the value in an understandable way to different constituencies, particularly system leaders, you can make the case for expansion and growth. We will show how to redefine performance and emphasize terms that describe worth that the C-suite will understand versus traditional Academic terms. If an organization is under pressure to change this helps to describe the past, present and future of GME in the organization. Past – What it has contributed already (past grads, etc.). Present – the current workforce and what that means to patient care NOW. (also APP replacement) Future – Qualifying future needs and services that currently overflowing. Understanding communication that flows between GME and system leaders. Meeting the needs of the

health system through helping it reach its goals (e.g., serving underserved areas). A final optimal performance that has been observed is that of programs working together across markets. They have collaborated on the questions asked and provided solid feedback while strengthening the relationship amongst themselves.

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

We would like each participant to exit this session feeling empowered with the knowledge to take this step. This will help them approach barriers and drive their institution toward a version of this value analysis.

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?**

Cultural differences can always arise. Some in the process may not see the point or worth in undertaking such an exercise. In addition, access to knowledge and resources could be a barrier. You need access to solid data to accomplish a value analysis. Lastly, the leader of this process will need good communication with the Health System as to what system goals are and what is needed in the community.

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

Examples of programs that did this well. Handouts of the template we used to guide the discussion. Discussion of barriers.

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

Do you see your institutions culture allowing such and exercise to be beneficial? Do you envision being able to get good data from your programs?

## **(30) Application ID: 1085911**

Are You Ready to "Tweet?" Social Media Strategies for Graduate Medical Education: Launch, Best Practices, and How to Avoid Social Media #Fails

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Caroline Diez**

Score: **0**

### **Presenter(s)**

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**Caroline C. Diez, BA, C-TAGME**

Position:  
Manager, Graduate Medical Education

Organization:  
JPS Health Network

**Role:**

Presenter

**Brook Amen, MSIS, AHIP**

Position:  
Clinical Library Manager

Organization:  
JPS Health Network

**Role:**

Presenter

### **Session Description**

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**Topic**

1st choice:  
2nd choice:

## **Session Description**

Social media has universally transformed the way we socialize, access news, or research just about anything – there are more than 195 Social Media Platforms worldwide, with an estimated 3.96 billion daily users (That's 51% of the global population!); this includes a large number of medical students, residents, and other healthcare professionals. Using the same percentage as above – there are more than 70,000 medical students active on social media today; (Based on AAMC data of 140,000 active US medical students.) and with more than 1.4 million additional users creating social media accounts every day, establishing robust social media profiles is increasingly becoming critical for hospital and residency programs. Social media engagement has numerous benefits, but it is also important to be aware of the risks. Successful implementation requires coordination between multiple departments, including hospital communications and the presenters will share their experience rolling out a coordinated social media presence for multiple programs, across a variety of platforms. This workshop will provide the catalyst needed to implement and revolutionize your institution and programs social media profiles, while engaging medical students, residents, fellows, alumni, faculty, program leadership, and hospital staff! This workshop will be extremely interactive and audience participation will be highly encouraged; with time allotted throughout for discussion of best practices by presenters and members of the audience.

## **Target Audience**

Program Administrators/Coordinators, Program Directors, Institutional Administrators, and DIOs

## **Session Objectives**

1. Recognize the importance in establishing and coordinating social media accounts.
2. Ensure buy-in and support from key institutional players, as well as identification of social media "champions."
3. Appreciate the significance of coordinated social media cross-posting, while learning about targeted content creation and establishing a posting schedule.
4. Identify best practices when it comes to social media, as well as learn about common pitfalls to avoid.
5. Understand tools that can be used to analyze social media platforms to pinpoint specific, measurable impacts.

## 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?**

Those new to social media platforms may find them overwhelming or daunting. This session will share the methods established and best practices learned through the creation and development of more than 20 social media accounts, for a variety of specialties. This workshop will highlight how to utilize social media to market residency programs in the era of virtual recruiting. Additionally, this session will highlight a variety of worldwide uses and resources for #medtwitter.

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

Through this session, participants will be given a new set of tools to take back to their home institutions and programs to help facilitate and run successful social media platforms or campaigns. This workshop will be especially helpful for programs or institutions without a current social media presence (or those with limited experience) as it relates to marketing residency programs in the era of virtual recruiting.

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 are multiple perceived barriers that may be experienced; the largest being institutional "buy in". However, this workshop aims to offer a successfully established approach that ensure engagement from hospital leadership. A few other perceived barriers may be time commitments, financial support, and concerns about "going viral". This workshop will also address those misnomers.

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

This interactive workshop will be broken down into four key areas. We will begin the workshop with a role playing activity that will introduce the audience to #medtwitter (15 minutes) . Immediately following the activity will be an interactive workshop where all objectives will be discussed at length. Areas of focus include: establishing social media accounts, gaining institutional support, learning about social media posting, including content creation and schedules, and analysis on the impact of social media. (15 minutes) The third portion of the workshop will focus on best practices and common pitfalls from both the presenters and audience members. An Audience Response System (such as: Poll

Everywhere) will be used to ensure high-yield participation. (15 minutes)  
The workshop will conclude with a question and answer section. (10 minutes)  
Each participant will leave this workshop with multiple handouts that highlight session content for implementation at their home institutions.

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

1) Did you develop a better understanding of the importance in establishing a social media account? 2) Will you be able to present the need for social media accounts to ensure buy-in and support from key institutional players? 3) Are you able to determine the best ways to create a targeted social media campaign? 4) Can you know Identify best practices and/or pitfalls when it comes to social media usage? 5) Did you identify tools used to analyze the impact of a social media post?

## **(31) Application ID: 1085970**

Developing a Financial Wellness Program in GME Programs

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Joan Faro**

Score: **0**

### **Presenter(s)**

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**Joan C. Faro, MD, FACP, MBA**

Position:

Chief Medical Officer - Chief Academic Officer

Organization:

Mather Hospital - Northwell Health

**Role:**

Presenter

**Justin Kribs, MS, CFP**

Position:

Director Student Loan Counseling and Financial Planning

Organization:

InsMed Insurance

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## Session Description

Developing a robust Resident and Fellow Wellness program is one of the current and important challenges in Graduate Medical Education. Educators and residents understand that wellness is not achieved with social events, gym memberships and the like. In our programs, we held a focus group with a group of 30 residents to develop a list of what matters most to them and how they would describe wellness. By a large margin, the top-ranking item was Financial Wellness. Personal finances are a highly emotional topic for many individuals and the combination of debt management, financial insecurity and lack of knowledge contributes to resident stress.

In this session, we propose to discuss the development of a robust educational program aimed at young physicians. Suggested topics, presentation schedules and assessment tools will be incorporated into the session.

Barriers to accomplishing a robust program include lack of commitment, lack of educators and unfamiliarity with available resources for faculty. We firmly believe that the topic bears heavily on overall wellness, but traditionally program directors are much more comfortable with the clinical aspects of education and may not feel that this is in their job description. We have heard many comments that residents will learn the financial life lessons somewhere else. Unfortunately, that is not often the case, although residents frequently express concern about debt and other aspects that affect their financial wellness. In lieu of true educators, the services of “financial” or “wealth” managers are frequently used to address resident education on “financial management” topics. The downside to this approach is that these individuals usually have a service to sell. The quality of the education is limited to a narrow focus and many topics are left untouched. Finally, traditional faculty in medical education are unlikely to be able to deliver the curriculum. Our solution will include lists of potential community- or hospital-based resources to tap into and reference materials to be used as a basis for educational sessions.

We will employ a combination of presentation, panel discussion by expert financial educators and GME leadership, instantaneous polling (e.g. Poll Everywhere), and breakout sessions to engage the audience and enhance learning. Breakout groups will be asked to discuss what has been tried, what worked well, what did not work, and what resources they have used to address the topic in their individual institutions.

The following questions will be incorporated into the session’s evaluation (using Likert scale response options where appropriate):

1. How likely are you to implement a Financial Wellness teaching series in your program(s)?
2. How confident that you have received enough information to begin to design your Financial Wellness series?
3. How well did the format of this session enhance your learning?
4. Please list other topics you would like to have covered in future sessions.

5. Would you be interested in receiving our publication that studies the effectiveness of the Financial Wellness teaching series at our target hospital? If so, please provide an e-mail address:

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## Target Audience

Program Directors, Associate Program Directors, Wellness Committee leadership and members, DIOs

## Session Objectives

1. Describe the relationship between personal financial knowledge and insight to overall resident and fellow wellness.
2. Develop a list of topics and design a suitable curriculum to address the needs of the individual program's learners.
3. Design a set of assessment tools that would measure outcomes appropriate for the series of topics presented in the chosen curriculum.
4. List the resources that would likely be locally available to deliver the suggested topics that avoids bringing in "financial planners" who might find residents and fellows eager and willing targets for their services.
5. Develop a bibliography for learners (or use an already-available one).

## 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?**

Residents and fellows are stressed and worried about their personal finances. Based upon a series of focus groups in our institution and feedback from our Resident and Fellow Wellness Committee, we know that Financial Wellness is a top-ranking concern for this group. Developing a robust, unbiased series of presentations and interactive forums will help residents and fellows become more knowledgeable and develop an approach to their financial competency. We believe this will promote wellness.

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

1. Assist residents and fellows in understanding the scope of financial topics and contribute to their overall wellness by educating them on

feasible options. 2. Help them avoid making uninformed decisions relative to financial wellness.

**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 accomplishing a robust program include lack of commitment, lack of educators and unfamiliarity with available resources for faculty. We firmly believe that the topic bears heavily on overall wellness, but traditionally program directors are much more comfortable with the clinical aspects of education and may not feel that this is in their job description. We have heard many comments that residents will learn the financial life lessons somewhere else. Unfortunately, that is not often the case, although residents frequently express concern about debt and other aspects that affect their financial wellness. In lieu of true educators, the services of “financial” or “wealth” managers are frequently used to address resident education on “financial management” topics. The downside to this approach is that these individuals usually have a service to sell. The quality of the education is limited to a narrow focus and many topics are left untouched. Finally, traditional faculty in medical education are unlikely to be able to deliver the curriculum. Our solution will include lists of potential community- or hospital-based resources to tap into and reference materials to be used as a basis for educational sessions.

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

We will employ a combination of presentation, panel discussion by expert financial educators and GME leadership, instantaneous polling (e.g. Poll Everywhere), and breakout sessions to engage the audience and enhance learning. Breakout groups will be asked to discuss what has been tried, what worked well, what did not work, and what resources they have used to address the topic in their individual institutions.

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

The following questions will be incorporated into the session's evaluation (using Likert scale response options where appropriate): 1. How likely are you to implement a Financial Wellness teaching series in your program(s)? 2. How confident that you have received enough information to begin to design your Financial Wellness series? 3. How well did the format of this session enhance your learning? 4. Please list other topics you would like to have covered in future sessions. 5. Would you be interested in receiving our publication that studies the effectiveness of the Financial Wellness teaching series at our target hospital? If so, please provide an e-mail address:

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## **(32) Application ID: 1086007**

Creating and maintaining an effective House Staff Council

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Jill Herrin**

Score: **0**

### **Presenter(s)**

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**Logan J. Hostetter, MD**

Position:  
Chief Resident of Internal Medicine

Organization:  
Univ of Texas Health Science Center at Houston

**Role:**

Presenter

**Jill A. Herrin, MBA**

Position:  
Director Graduate Medical Education

Organization:  
Univ of Texas Health Science Center at Houston

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

How to create an effective space for open communication between residents and fellows (house staff) and Graduate Medical Education to improve the educational environment and reduce trainee burnout.

## **Target Audience**

DIOs, Hospital CMO, Program Directors, Program managers and Coordinators, GME Office staff, Hospital executive committee, residents and fellows.

## **Session Objectives**

1. Identify ACGME requirements for resident involvement in subcommittees
2. Identify the structure, participants, and roles of a house staff association executive council
3. Identify barriers to an effective house staff executive council
4. How to create an open dialog between house staff members and GME training programs
5. How to effectively utilize trainee input to improve the training environment and reduce burnout

## **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?**

ACGME requirements state that house staff be selected for the Graduate Medical Educations councils and should be included in executive subcommittees. We propose here that house staff councils are an essential part of residency training as they offer a voice to residents in the development and progression of their training environment. At the McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), we have over 76 ACGME accredited programs and over 1,200 trainees. As a part of our house staff council, we have seven executive positions which are voted on through peer selection at the beginning of every academic year. These positions include President, President-elect, Vice President, Secretary and Treasurer, Fellowship Trustee, Representative for Diversity and Inclusion, and member at large. In this session the practice

gaps we hope to address would be creating an effective structure for house staff council, how to create effective house staff meetings, how to promote resident engagement in executive sub committees, and how to create an open dialog between hospital and GME leadership and the residents who play an essential role in daily hospital operation. We believe that resident involvement in a house staff council may help prevent trainee burnout as they are included in improving the educational environment.

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

In our session we want to demonstrate the basic structure of participants in a house staff council including the DIO, Hospital CMO, Director of GME, GME program manager and house staff participants listed above. We also want to address how to create an effective monthly meeting structure and form essential subcommittees. Performance can be measured by including resident members as part of an attendance to establish a quorum for formal meetings including house staff executive council meetings, monthly house staff association meetings, monthly work environment subcommittee, and monthly GME committee meetings. The number of meetings attended by a resident representative may also be tabulated. Ultimately, residents may be able to be included in GME program surveys about changes that are being implemented from direct resident input. If residents are involved at the program level, concerns may be addressed early in program evaluation instead of formal review by ACGME.

**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?**

From a trainee perspective several barriers exist to participation in a house staff council. Perception of the time commitment is a barrier to entry as trainees may feel they do not have time to participate in the house staff council. Trainees may also not feel supported by their department to have the protected time to join dedicated house staff meetings. Trainee participants may also perceive that their ideas are not valued even if given the opportunity to participate in GMEC. And finally, trainees may feel that programs are not open to change. From the GME leadership perspective several barriers also exist. One, executive leadership may believe they are too busy to participate in dedicated house staff meetings. There may be conflict between budget restraints and desires for trainees to expand programs benefits (parking, food, lunches, events etc.). Executive leadership may feel that there is lack of direction of the house staff council and similar concerns are reiterated year to year. They may also feel there is a lack of motivation and interest in participation on the house staff. They may feel that residents are non-responsive to changes that are implemented. Our session plans to

address these barriers in several ways. One, identify the important members that should be present at house staff meetings. We will discuss how to use effective agenda setting for executive leadership meetings. Our session will also address the importance of identifying short term (within a year) and long term (longer than one year) goals for the house staff and utilizing appropriate follow up methods. We will also address how to have effective transitions of leadership in the house staff council year to year. And finally, how to create an effective and open dialog between trainees and executive leadership.

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

To understand the role of the house staff in growing graduate medical education we will first review current ACGME Common Program Requirements for trainee involvement with GME. We will discuss strategies to improve communication between the various stakeholders (DIO, program directors, coordinators, faculty, and hospital partners). We will invite open discussions with attendees about the structure and function of their house staff council and what has been achieved by their house staff councils in the past. We will also address things that have been tried and were not effective in creating a collaborative environment.

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

Do participants understand the structure and role of a house staff council? Do participants find that residents are involved in decision making at the GME level in their own programs? Did participants identify possible barriers, real or perceived, to creating an effective house staff council? Do participants understand the utility of having residents involved in decision making and its role in preventing trainee burnout. Can programs identify areas in which they can solicit/facilitate increased resident involvement.

## **(33) Application ID: 1086058**

More than a feeling: Compassion as a way to heal and connect

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Cheryl O'Malley**

Score: **0**

### **Presenter(s)**

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**Cheryl W. O'Malley, MD**

Position:

Associate Dean, Graduate Medical Education

Organization:

University of Arizona College of Medicine-Phoenix

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

The COVID-19 pandemic exhausted all members of the health care team at a time when connection and compassion were also threatened from increasingly divided political and social structures. Focusing on wellness, diversity and clinical competence (which includes professionalism and interpersonal communication) as separate entities falls short of achieving the potential of an integrated approach to include self compassion and a commitment to the principles of common humanity, empathy and action to be with and alleviate

suffering. Compassion has been studied to improve the health of patients and also to heal the healers.

The primary presenter, completed Stanford's Center for Compassion and Altruism Research (CCARE) Applied Compassion Academy in 2021 and will present the key components of the science of compassion and practical application in our GME programs. They will also describe the Compassion Center founded at the teaching hospital with a vision to inspire all employees and staff with programs and activities focused on compassionate action for self and others. A description of the physical space, events and activities that occur in the center, lessons learned and outreach activities will be described for other programs or organizations to adopt some components to meet their needs with the resources they have.

If accepted, members of the interprofessional team who founded the center and who lead in our teaching hospital will be added as additional presenters.

## **Target Audience**

Any interested AHME attendee will be able to relate to the topic and find it of interest. I presented the topic at a regional meeting and also the Department of Medicine grand rounds. One of our program coordinators who is an active member and has attended many prior AHME events suggested to me that it be submitted. Given that I am a physician and DIO, it likely will have a little more of a bend towards that group.

## **Session Objectives**

1. Understand the current evidence around how compassion impacts patient outcomes and physician well-being
2. Discuss the principle of common humanity and the opportunities for connection
3. Apply strategies to increase compassion as an individual
4. Describe one hospital's Compassion Center as a place to enhance the compassion of any employee or staff member

## **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?**

Compassion is thought to be the core of medicine. However, the evidence around burnout, poor patient experience and increasing silos points to where we are missing opportunities to practice compassion. The science shows that short interventions can make a big difference regarding meaningful patient outcomes AND the benefits on well-being of physicians. The practice of compassion has an important role in our non-clinical workplaces and lives as well.

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

To appreciate the role that compassion has in our work as leaders, teachers, physicians, and humans. It is the competency that connects wellness, educational outcomes, clinical outcomes, DEI, learning environment and society. Gaining that insight, that it is “more than a feeling” is the change that I desire.

**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 biggest barrier to achieving the change desired is the perception that attendees don't have time to participate in compassion enhancing activities. Another is a lack of self-compassion to acknowledge where in our lives we aren't being as compassionate as we could be. The session will include a presentation of the evidence of how brief (40 second) statements can enhance compassion.

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

This workshop will start with an introduction to the principles of compassion, the science and a description of the Compassion Center at Banner-University Medical Center Phoenix. Small groups will break out to discuss existing practices in their workplaces that nurture compassion and explore ideas and samples of specific strategies to increase compassion.

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

a. Did this workshop enhance your understanding of the current evidence around how compassion impacts patient outcomes and physician well-being? b. Did you gain ideas regarding how the principle of common humanity and the opportunities for connection could be brought into your workplace? c. What is one new strategy that you will employ to increase compassion in your life? d. What is one idea that you will bring back to your workplace to enhance compassion?

## **(34) Application ID: 1086085**

Operating GME through a merger of health systems

Session Type : **Breakout**

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:

Director, Graduate Medical Education

Organization:

Lakeland Regional Health

**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 is a complex and challenging process. This session will share the experiences from both institutions, what we have done to navigate the change and invite the attendees to share their best practices in this area.

## Target Audience

- DIOs
- GME leadership
- Program Directors

## Session Objectives

1. understand the challenges faced by both institutions through the merger process.
2. understand the actions taken in navigating the process, particularly in the areas of finance, operations and organizational structure.
3. share feedback about what has and has not worked at their institution to add to the collective body of knowledge.

## 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.

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 are better equipped, should the need arise, to navigate the essential processes of a merger.

**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 communication. Areas that impact GME can change quickly and the flow of information is sometimes interrupted. 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 would be to introduce an objective or sub area of the topic and then facilitate discussion. Open dialog will provide the best learning opportunity. Also, 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?

## **(35) Application ID: 1086115**

Hospital closure and GME program consequences

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Greg Ozark**

Score: **0**

### **Presenter(s)**

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#### **Greg Ozark, MD**

Position:

Vice President and Assistant Dean Graduate Medical Education

Organization:

Loyola Medicine and Stritch School of Medicine

#### **Role:**

Presenter

#### **Anne Hartford, MBA**

Position:

DIO

Organization:

Loyola Medicine

#### **Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Hospital merger and closures are becoming more common as health systems consolidate. GME at Loyola Medicine is responsible for the training of approximately 850 trainees in 75 programs at two separate sponsoring institutions involving a large academic medical center, a large Veteran's Hospital, and 2 community hospitals. In late 2019, Loyola GME was asked to become the Sponsoring Institution for the GME programs at Mercy Hospital & Medical Center in Chicago to oversee the GME programs as hospital sales and mergers were being considered. In July 2020, we were informed the hospital would close prior to the end of the Academic Year. This plenary session will share our experience maintaining GME program viability and oversight while assuring graduation requirements or arranging the transfer of the 82 remaining trainees. Participants will gain knowledge of the administrative, clinical, education, financial, and accreditation oversight and management required in this process.

## **Target Audience**

DIOs  
Faculty Members  
Institutional/GME Personnel  
Program Directors  
Program Coordinators  
Trainees/ students  
Hospital Administration/ CMOs

## **Session Objectives**

1. Review the process involved in hospital closure and how this process affects GME programs.
2. Understand the competing factors affecting GME in hospital closure.
3. Gain insight in how to assist trainees involved in a closing program.
4. Learn how to communicate with and leverage accrediting bodies during hospital closure.
5. Understand the process behind the temporary transfer of CMS training funds.

## **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 viability in the face of a slow closure of a hospital requires multiple, layered, and varied conversations with stakeholders representing a myriad of known and unknown interests. Knowledge gaps were discovered at every level, including the ACGME in how best to proceed.

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

Understand the varying needs and responsibilities of hospital, program, and GME leadership as they assist trainees and programs in closure

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 experience with hospital closure is a gap. This session will address those interested in being aware of their responsibilities

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

Lecture and QA

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

I have gained an understanding of the process involved in hospital closure and how it affects GME programs. I have gained new insight into the competing factors affecting GME in hospital closure. I have a better appreciation in how to assist trainees involved in a closing program.

## **(36) Application ID: 1086181**

Tiered Huddles in GME's Non-Clinical Space – It Can Be Done

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Krista LombardoKlefos**

Score: **0**

### **Presenter(s)**

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**Krista LombardoKlefos, MBA**

Position:  
GME Accreditation Administrator

Organization:  
Cleveland Clinic

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

#### **Session Description**

Communication is key – up the ladder, down the ladder and across the ladder. The Cleveland Clinic GME Office has 16 caregivers responsible for the education oversight and HR functions of 160 programs and 1,300 residents/fellows; communication is vital! Spend some time with us to learn how we established Tiered Huddles, brief, focused conversations that take place every day, within our office. Very common in the clinical world, but challenging to implement in administrative spaces due to our lack of consistent

metrics. We will share our design process, standard tools and structure, which you can customize to fit your needs! Audience members will learn that huddles come in all different varieties – within the program from resident to PD, or between PCs, including other departments and GME, whatever works best for your program or institute. We live in a culture of continuous improvement; I challenge you to attend this session and design a method to try tiered huddles in your program/institution that works the best for you. Communication is key and will lead to the GME community being heard.

## **Target Audience**

GME Office, Program Coordinators

## **Session Objectives**

1. Clearly define what a Tiered Huddle is and explain they are vital for the GME community.
2. Discuss common barriers to communication and how to overcome them.
3. Develop tools and structure to implement Tiered Huddles.

## **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?**

Communication - see how a non-clinical area took something used in a clinical setting and tailored to our needs. My plan would be to Organization. Discuss the importance of communication and why tiered huddles were initiated. Describe our project plan, standard work documents and layout our structure. How huddles have allowed us to advocate for programs, not just when problems arise, but continually. Group work and discussion: In groups audience will create a tiered huddle structure that will work for them. Resident to PC to PD to DIO, fellowship to core to GME, etc. The possibilities are endless and dependent on each program and institutions structure. They can use our standard tools as a springboard to create what they would need, as all resources are customizable. Report out to the large group so we can all learn. Next Steps: Presenters will describes the areas of strengths and targeted improvements we have identified. How to take tiered huddles to the next level with a visual management board. Wrap Up/QA: Where to go from here?

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

Way of thinking and doing things, you can save emails and meetings with quick huddles in various forms with various people.

**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?**

Time, structure and the buy-in from others. This does not just work overnight, there is culture change and challenges that need/will occur throughout the way that individuals need to prepare for.

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

I will have standard tools to provide, will help with set-up and design.

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

Do you see your institution implementing this?

## **(37) Application ID: 1086188**

Institutional Office Approach to Implementation of Milestone v2.0

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Krista LombardoKlefos**

Score: **0**

### **Presenter(s)**

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**Krista LombardoKlefos, MBA**

Position:  
GME Accreditation Administrator

Organization:  
Cleveland Clinic

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:  
2nd choice:

#### **Session Description**

Many of us have not had to think about Milestone Implementation since 2013....fast forward a few years to the ACGME releasing Milestones v2.0 in staggered years beginning in 2019. What to do? At the Cleveland Clinic the GME Office developed a multi-disciplinary team, accreditation and technology members to assist programs in all needed components of the process. Come hear how we developed a checklist, met with programs, and walked them

through updating everything in the RMS. We will share our wins and struggles and you will walk away with a toolkit of resources that will help.

## Target Audience

Program Coordinators

## Session Objectives

1. Understand the importance of Milestones v2.0 to a program
2. Develop a plan of implementing Milestones v2.0 in their program
3. Think of ways to collaborate with GME institutional offices on future projects

## 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?**

Milestones v2.0 - what they are, why they are important. From redesigning the evaluations to informing all teaching faculty and CCC - this work takes time and will not happen overnight.

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

We will walk the audience through our continuous improvement plan - including meetings we had, our checklist, job aids, and the explaining the importance of redesigning evaluations to meet the needs of the program.

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?**

Time, faculty, CCC engagement, overall usage with RMS, etc.

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

This is work that is mandatory for accreditation and the CCC every 6 months, so explaining how to get the CCC to run easier by leveraging your RMS with data to run in reports. What you put into the RMS you get out, so spending some time on the front end will save on the back end.

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

Standard form is fine.

## **(38) Application ID: 1086254**

Take It to the Bank: GME's Role in Resident Financial Education

Session Type : **Breakout**

Application Status: **Complete / Locked**

Submitter: **Nathaniel Minnick**

Score: **0**

### **Presenter(s)**

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**Nathaniel Minnick, DO**

Position:

Program Director - Transitional Year

Organization:

Riverside Regional Medical Center

**Role:**

Presenter

**Steven Minnick, MD MBA FACP, MD MBA FACP**

Position:

Director of Medical Education  
Director of medical education

Organization:

Ascension St. John Hospital - Detroit

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Traditional methods for educating residents on personal finance typically relied on outside speakers. This session explores how GME offices can create and monitor residents' progress through an asynchronous curriculum that explores the concepts of personal finance, investment, retirement accounts, and student debt management using common technology available to GME offices. Well-developed expert websites such as the AAMC website, personal finance websites, and podcasts offer new and effective ways to learn these topics, previously outside of the scope of GME offices

## **Target Audience**

DIOs, Program Directors, other individuals interested in this topic

## **Session Objectives**

1. Understand how personal finance topics can be effectively taught asynchronously
2. Explore how their institution can be more proactive in teaching personal finance
3. Recognize the resources available from select websites, podcasts, and the AAMC

## **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?**

Improve the way personal finance is taught, to allow the resident to be more engaged and invested in their own development. Provide GME offices a way to monitor individual residents' advancement through these topics.

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

GME offices will be able to create a curriculum that provides guided resident learning in the field of personal finance

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?**  
Staff expertise in this area and variable availability of technology
4. **What educational methods, formats, tools or approaches will you employ to facilitate the change and learning?**  
Lecture format
5. **What question(s) would you suggest we ask on your session's evaluation to be able to measure a change?**  
Is your institutional using this method already? Because of this session, will you explore this at your institution?

## **(39) Application ID: 1086408**

GME Funding and Financing: Nuts and Bolts

Session Type : **Plenary**

Application Status: **Complete / Locked**

Submitter: **Douglas McGee**

Score: **0**

### **Presenter(s)**

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**Douglas McGee, DO, FACEP**

Position:  
Chief Academic Officer

Organization:  
Einstein Healthcare Network

**Role:**

Presenter

**Mary Jo Wagner, MD, FACEP**

Position:  
Chief Academic Officer and ACGME DIO

Organization:  
Central Michigan University College of Medicine

**Role:**

Presenter

### **Session Description**

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#### **Topic**

1st choice:

2nd choice:

## **Session Description**

Where does funding for Graduate Medical Education come from and how is my program financed? This session will describe GME funding streams focusing on Medicare funding, the "cap" on GME funding, counting and claiming residents, the "initial residency period" and other funding issues that are core to managing any GME program. Program funding priorities are driven by many things including the ACGME requirements and understanding these are critical to securing appropriate funding from the hospital. Controlling expenses and seeking additional funding is key to the long term financial stability of your GME program.

## **Target Audience**

Program Coordinators and Administrators  
Program Directors  
Designated Institutional Officials  
GME Administrators

## **Session Objectives**

1. Describe Medicare GME funding including Direct Graduate Medical Education and Indirect Medical Education streams and how this impacts on a hospital's GME funding "cap".
2. Define the "per resident amount", initial residency period", funding issues related to transfer residents.
3. Compare and contrast the hospitals' "cap", the programs' approved complement, other ways the residents are counted on budgets and Medicare Cost reports.
4. Name the rotations that may be claimed on the Medicare cost report and those rotations that may not be claimed.
5. List two ways to control residency program expenses and two ways to increase residency program funding.

## **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 administrators at all levels are generally unfamiliar with how Graduate Medical Education programs are funded and financed. A basic understanding of these issues enhances program administrators' ability to appropriately manage the residency programs' finances and is considered a core competency for GME administrators at all levels.

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

Session attendees will become fluent in GME financing terms and mechanisms to improve the financial performance of the residency program and align the program's finances with the finances of the hospital or healthsystem.

**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?**

GME funding and financing can be confusing and is often managed by a hospital's finance department. For these reasons, GME administrators, including Designated Institutional Officials, Program Directors, and Program Coordinators often feel inadequate in discussing and managing GME funding and financing. The session will provide the learners with simple to understand and easy to apply explanations of this confusing subject.

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

Large group presentations are a good way to initially disseminate the information but QA or small group discussions for narrow questions (either in the body of the time allotted or at another scheduled time) helps meet the learners' needs. We generally provide a detailed course syllabus for the learners to reference after the conference.

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

After this session, do you feel more comfortable in discussing GME financing with your hospital administration? Do you feel more comfortable managing decisions within your program that have financial implications?